



Emergency Medical Services District

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

Travis Kusman, MPH, EMS Director

Karl Sporer, MD, Medical Director

Main (510) 618-2050

Fax (510) 618-2099

August 7, 2018

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

Dear Dr. Backer,

Attached please find the 2017 Alameda County EMS Plan Update (Update). This Update depicts those changes which have transpired within the Alameda County EMS system since our most recent submission. The California Emergency Medical Services Authority (EMSA) most recently 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' 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, as you are aware, the County is actively conducting a Request for Proposals process to competitively select and contract for services to the Exclusive Operating Area currently served by Paramedics Plus, to be effective 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 blue ink, appearing to read "Travis Kusman".

Travis Kusman, MPH, Paramedic
Director, Emergency Medical Services

Attachment

cc: Colleen Chawla, HCSA Director
Brian Aiello, EMS Deputy Director
Karl Sporer, EMS Medical Director



ALAMEDA COUNTY EMERGENCY MEDICAL SERVICES EMS SYSTEM PLAN 2017-18

EXECUTIVE SUMMARY

AUGUST 7, 2018

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
- EMERGENCY AMBULANCE SERVICES CONTRACTS
- SPECIALTY CENTERS – TRAUMA; STEMI; CARDIAC, PEDIATRIC RECEIVING CENTERS
- SPECIALTY PROGRAMS - EXAMPLES

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

- REORGANIZATIONS
- SYSTEM OPERATIONS AND 911 REQUEST FOR PROPOSAL
- HEALTH CARE SYSTEM OPERATIONS – CONTRACTS
- EMS POLICY

SECTION 3 – 2017-18 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 2016 EMS System Plan Update (with 2016-2017 Executive Summary) completed and approved by the California EMS Authority; 2017 Update submitted to EMSA August 2018

EMS TRAUMA PLAN

- Alameda County 2016 EMS Trauma Plan Update submitted and approved by CA EMSA September 2017; Trauma 2017 Update submitted to EMSA August 2018

EMS QUALITY IMPROVEMENT (QI) PLAN

- 2016 Update submitted and approved by CA EMSA September 2017; QI 2017 Update submitted to EMSA August 2018

EMS FOR CHILDREN (EMSC) PLAN

- Plan to submit EMSC Plan to EMSA August 2019, pending California EMSC proposed regulations

EMS SYSTEM VISION

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.

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, first responder paramedic services, transporting ambulances, and receiving hospitals.

ORGANIZATION

- Alameda County Emergency Medical Services (ALCO EMS) is a division of the Alameda County 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, health care facilities (hospitals), ambulance providers, and specialty centers for the emergency care of victims of major trauma (including children), stroke, and certain types of cardiac conditions. ALCO EMS facilitates the coordination of 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 160,000 patients annually for medical emergencies. The majority of 911 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.

NEXT PAGE

EMERGENCY AMBULANCE SERVICES - CONTRACTS

- Alameda County EMS is responsible for the procurement and provision 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. The 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 services through their respective city fire departments. The termination dates of these contracts are variable. Extensions to the ALS ambulance agreements with the cities of Alameda, Albany and Piedmont were approved by the County Board of Supervisors and executed providing for service through June 30, 2023, each with an option to extend for an additional five (5) year period. At the City's request, Berkeley's ALS ambulance agreement was extended with approval by the County Board of Supervisors providing for service through June 30, 2019. The County's agreement for 911 ambulance service by Paramedics Plus to the County's exclusive operating area (EOA) ends June 30, 2019. ALCO EMS is actively conducting a request for proposals (RFP) process as approved by the California Emergency Medical Services Authority (EMSA) to select a provider and implement a new contract for 911 emergency ambulance services to the County's EOA currently served by Paramedics Plus to be effective July 1, 2019.

CLINICAL SYSTEMS OF CARE AND SPECIALTY CENTERS – RESULTS BASED ACCOUNTABILITY

Consistent with the Alameda County Health Care Services Agency mission, ALCO EMS prioritizes promoting health equity and results based accountability in our ALCO EMS programs. For example, projects include:

[SPECIALTY CENTERS](#)STROKE RECEIVING CENTERS

- Alameda County EMS ensures that patients who are experiencing a possible cerebral vascular accident (Stroke) on scene, detected by clinical assessment, are transported to an EMS designated hospital (MOU in place) for specialty diagnostics and treatment: CT / CTA and if needed, IV fibrinolytic and or transfer to a comprehensive capable center for IR services.

STEMI / CARDIAC ARREST RECEIVING CENTERS

- Alameda County EMS ensures that patients who are experiencing a possible ST-elevation myocardial infarction (STEMI) on scene, detected by clinical exam and 12-lead electrocardiogram, are transported to an EMS designated hospital (MOU in place) for specialty diagnostics and treatment: coronary angiogram and if needed a Primary Percutaneous Coronary Intervention (PCI). Alameda County EMS also ensures that patients who were pulseless on scene or during transport who received attempted resuscitation and experience return of spontaneous circulation (ROSC) or presented with VF/VT are also transported to EMS designated STEMI / Cardiac Arrest Receiving Center hospitals (MOU in place), as these patients frequently require some of the same interventions. In addition to PCI, these specialty receiving facilities provide appropriate use of Targeted Temperature Management, Metabolic and Circulatory support as well as other diagnostic tests and therapies that are specific to post cardiac arrest patients.

TRAUMA RECEIVING CENTERS

- The Alameda County EMS Agency ensures overall trauma system design, monitoring and quality improvement, including trauma center designation and administration of the associated contracts. The Trauma quality

benchmarks include: 1) Maintenance of a trauma registry to track trauma system and trauma center performance on a case-by-case basis using the Lancet Trauma 1 database; 2) A bi-county Trauma Audit Committee (TAC), the purpose of which is to facilitate the quality assurance and improvement process by including outside experts for performance review of both the trauma centers and system on a quarterly basis; 3) Full participation in CEMSIS Trauma and EMS data sharing with the intent to improve patient outcomes; 4) Representation / participation at the State designated Regional Trauma Coordinating Committee (RTCC); 5) Representation / participation at internal Trauma Center Process Improvement and Clinical Oversight meetings.

PEDIATRIC RECEIVING CENTERS

- The Alameda County EMS Agency ensures overall EMS for Children (EMSC) system integration, design, monitoring and quality improvement. Alameda County EMS has a contract with the pediatric trauma center University of California San Francisco Benioff Children’s Hospital, Oakland (Level 1 Trauma Center) for collaboration to ensure hospital quality improvement for hospital pediatric “day-to-day” readiness, injury prevention, and disaster / surge capability. All hospitals are expected to receive pediatric patients with pediatric readiness. The hospital benchmarks recommend employment of a pediatric coordinator and quality improvement (QI) activities, policies and age-based equipment, as well as injury prevention and disaster preparedness programming. The Alameda County standard is consistent with national pediatric readiness guidelines and University of California San Francisco Benioff Children’s Hospital recommendations for improvement. Alameda County EMS is planning a new EMS for Children Quality Improvement Workgroup with University of California San Francisco Benioff Children’s Hospital. The first planning meeting was held July 27, 2018. The focus is to strengthen the Pediatric Readiness Project, QI and planning for pediatric disaster surge exercises. The scope of this workgroup will be consistent with new proposed EMSA EMSC regulations.

PROGRAM ACCOMPLISHMENTS - HIGHLIGHTS

INNOVATION, MANAGEMENT, AND OPERATIONS - COMMUNITY PROJECTS, AND COALITIONS

- Alameda County Emergency Medical Services has been and continues to be on the forefront of EMS innovation, management, and operations. Refer to the examples below:

EMERGENCY PREPAREDNESS AND RESPONSE DEPLOYMENTS

- Region II Regional Disaster Medical Health Specialist, Kelly Coleman, recognized for exemplary and effective coordination during the 2017 North Bay Firestorms.

HEARTSAFE PROJECT

- The HeartSAFE Project goal was envisioned to provide 185 Automated External Defibrillators (AEDs) with training, oversight, and maintenance in high risk / high traffic locations to increase Sudden Cardiac Arrest (SCA) survival rates in Alameda County. Alameda County EMS ensures this project remains sustainable and campaigns to promote community AEDs with the message: “When AED’s are available and used within 3 minutes, the survival of someone suffering from Sudden Cardiac Arrest (SCA) outside of a hospital will increase from 5% to a survival rate of up to 70%. Ensuring timely access to an AED, will strengthen the links in the chain of survival in the County. Because nearly half of cardiac arrest events are witnessed, efforts to increase survival rates focus on timely and effective delivery of interventions by bystanders and EMS personnel.” Alameda County EMS has planned to continue the HeartSAFE project without interruption with ninety three community Board of Supervisor sites for three years. The project includes maintenance of AEDs at each community

location by Alameda County EMS. Maintenance of AEDs located at County owned and leased sites will continue through collaboration with Alameda County Risk Management for three years including AED/CPR training.

CPR 7 and NEW CPR 9

- CPR 7 is a program developed for public school 7th graders in Alameda County. In the 6th and 7th year (2015-2017 school years), 17 middle schools in Alameda County participated. Approximately 14,000 - 7th graders were trained in cardiopulmonary resuscitation (CPR) and in turn trained their families and friends, multiplying (x4) the impact of their own participation in the program. As of the conclusion of the 2016-2017 school year, Alameda County EMS has facilitated training over 10% of the Alameda County population in CPR. The CPR 7 program was featured in a past edition of the Journal of Emergency Medical Services. As recently passed state legislation requires ninth graders that take health science be trained in Hands Only CPR as a graduation requirement, Alameda County EMS will transition towards supporting CPR 9 in a multi-year process as of the up-coming 2017-18 school year.
- In 2017-18, Alameda County EMS implemented a pilot project providing reusable manikins instead of individual/disposable CPR training kits. EMS is moving toward supporting the new 9th grade CPR training effort using the reusable manikins.

EMS CORPS

- EMS Corps is a full-time Alameda County EMS program designed to change the trajectory of Boys and Men of Color (BMOC) and create career opportunities for participants in EMS, public safety, and/or health care services. ALCO EMS facilitates the instruction of the EMT training component of the EMS Corps program, realistically preparing graduates for future success in the work environment. All of the participants of the 12th cohort successfully passed final exam.

NEXT PAGE

SECTION 2 – SYSTEM OPERATIONS AND REGULATORY COMPLIANCE

NEW CHANGES, UPDATES, & MODIFICATIONS

The Alameda County EMS agency has consistently adapted to on-going 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 changes, 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 2017-18. 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 contingency plan for and respond to continuously evolving threats including those related to unrest associated with the current national political climate, domestic and international terrorism, natural and human-caused disasters.

EMS SYSTEM EVALUATION AND REQUEST FOR PROPOSALS (RFP)

ENSURES SYSTEM SUSTAINABILITY AND CONTINUITY

The Alameda County EMS Agency is actively conducting a RFP approved by EMSA for 911 emergency ambulance services for the Exclusive Operating Area currently 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)

At the time of writing of this update, the Alameda County EMS Agency is in the Evaluation Period of the RFP process, having received proposals from several bidders. Refer to RFP timeline table on [page 12](#).

NEW CHANGES, UPDATES, & MODIFICATIONS

Alameda County EMS continues to sustain and strengthen the 911 emergency ambulance services system through EOA contract management. As previously noted, Paramedics Plus's contract was extended through June 30, 2019 and ALCO EMS has implemented successor 911 ambulance agreements with the cities of Alameda, Albany, Berkeley and Piedmont.

EMS RE-ORGANIZATIONS / STAFFING CHANGES – SYSTEM IMPACT AND BENEFITS

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. Transitions continue to occur within the HCSA executive leadership team.
- EMS Director, Travis Kusman, MPH, Paramedic, currently reports directly to Colleen Chawla, Agency Director, Health Care Services Agency. He previously reported to HCSA Interim Director Rebecca Gebhart. As the EMS Director, Travis Kusman is responsible for ensuring the ongoing planning, implementation and evaluation of the local EMS system, and ensures the local / regional medical coordination during a disaster. Travis Kusman was appointed by EMSA and the California Department of Public Health as the Regional Disaster Medical / Health Coordinator for the California Office of Emergency Services Mutual Aid Region II effective August 1, 2018.
- The EMS Deputy Director, EMS Medical Director and EMS Prehospital Care Coordinator (PHCC) team provides essential support to the EMS Director. Finance, Budget, and Administrative leadership staff support provided by the HCSA to EMS continues to evolve.
- ALCO EMS completed a functionally-based re-organization resulting in the establishment of the following organizational areas: Finance and Administration; System Operations and Regulatory Compliance; Emergency Preparedness and Response; Injury Prevention; and Health Care Career / Workforce Development Programs.
- 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); disaster preparedness; and hospital -EMS integration).

EMS GENERAL ADMINISTRATION - STAFFING AND PROGRAM CHANGES

- Refer to the General Administration and Staffing changes below.

DIRECTORS AND SUPERVISORS

Alameda County EMS promoted two staff listed below;

- BRIAN AIELLO (Deputy Director)
- KATHRYN WOOLBRIGHT (Supervising Program Specialist – Injury Prevention); effectively transitioned Kat Woolbright into Supervising Program Specialist position following retirement of Francell Haskins.

PREHOSPITAL CARE COORDINATORS (PHCCs) - Alameda County EMS hired three Prehospital Care Coordinators (PHCC):

- ANDREW SULYMA (System Operations; Contract Compliance; Non-Emergency Permitted Ambulance Ordinance; HCSA Communications Liaison; EMS Dispatch Liaison; EMS Radio Communications; Unusual Occurrence Management)
- WILLIAM MCCLURG (911 Contract Management: APOT – Local Monitoring and State reporting; Hospital and Facility Liaison; Primary EOA Ambulance Transport Contracted Provider Liaison)
- KREIG HARMON (Training Programs; ALCO EMS Website)

NEW CHANGES, UPDATES, & MODIFICATIONS

PROGRAM SPECIALIST - Recruited, interviewed and hired Injury Prevention Program Specialist Emma Olenberger

- CAROL POWERS has assumed responsibility as Senior Injury Prevention Program Coordinator

EMS ORGANIZATION CHANGES

- Physically relocated Injury Prevention team from first to second floor of office to better integrate with broader EMS team.

EMS COMMITTEES - CURRENT AND NEW: STRENGTHENED VIA ADDITION OF PHCCs

<u>LOCAL</u>	
COUNTYWIDE DISPATCH COMMITTEE (MDRC) - COORDINATION	QUALITY COUNCIL MEETING
ALAMEDA COUNTY REGIONAL EMERGENCY COMMUNICATIONS CENTER OPERATIONS MEETING	ALAMEDA COUNTY FIRE CHIEF'S ASSOCIATION AND EMS SECTION
NON-EMERGENCY PERMITTED AMBULANCE PROVIDER MEETINGS - COORDINATION	RECEIVING HOSPITAL COMMITTEE
TRAUMA AUDIT COMMITTEE	KAISER OAKLAND APOT WORKGROUP
PHCC STAFF MEETINGS	ALAMEDA COUNTY COMMUNICATIONS SECTION GROUP
PEDIATRIC READINESS COMMITTEE (EMSC ADVISORY COMMITTEE)	STROKE RECEIVING CENTER MEETINGS
STEMI/ CARDIAC ARREST RECEIVING CENTER MEETINGS	<u>REGIONAL / STATE</u>
DISASTER MEDICAL CO-LOCATION OF CARE PROVIDERS PROJECT MEETINGS	UASI MEDICAL SHELTER COMMITTEE
HPP COORDINATORS MEETING	NICU TASK FORCE - JOINT ALAMEDA/CONTRA COSTA COUNTY
EMERGENCY MANAGERS ASSOCIATION (EMA)	MHOAC
UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND - EMERGENCY PREPAREDNESS MEETINGS	CDPH/EMSA PEDIATRIC SURGE COMMITTEE
SENIOR INJURY PREVENTION CONFERENCE COMMITTEE	CDPH/EMSA PEDIATRIC SURGE EMS SUB-COMMITTEE
EMS WEEK PLANNING MEETINGS	HPP CORRINATORS MEETING - REGIONAL
HCSA EMERGENCY OPERATIONS LEADERSHIP & PLANNING WORKGROUPS	ABAHO
HOSPITAL COMMAND CENTER 700/800 COMMUNICATIONS TESTING	EMSA - EMS FOR CHILDREN TECHNICAL ADVISORY COMMITTEE
DISASTER PREPAREDNESS HEALTH COALITION (DPHC) / STEERING COMMITTEE	REGIONAL TRAUMA COORDINATING COMMITTEE (RTCC)

EMS GENERAL ADMINISTRATION - SYSTEM INFORMATION TECHNOLOGY UPGRADES

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

NEXT PAGE

NEW CHANGES, UPDATES, & MODIFICATIONS

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 EMS Branch DOC has been initiated.
- *Completed Furniture and Equipment upgrade for the Medical / Health Branch of the County Emergency Operations Center (EOC). The Branch 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. The EMS communications system at the Branch has been upgraded with new radio communications technology.*

MOBILE OFF-SITE OPERATIONAL CAPABILITY

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

HOSPITAL MERGERS

- Although significant Alameda County hospital reorganizations occurred between 2015 and 2017, the EMS provider community continues to acclimate to these changes. Alameda County EMS continues to designate 13 receiving hospitals. Hospital systems operating within the County continue to reorganize through building expansions, structural improvements, mergers, and leadership changes.
- Hospital landscape changes that occurred in 2015 and continue through 2018 are as follows:
 - ValleyCare is now owned and operated by Stanford. The name is now Stanford Health Care – ValleyCare Hospital.
 - The Oakland Children's Medical and Research Center is a partner with the University of California San Francisco (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 including the addition of pediatric beds in the pediatric intensive care unit.
 - The Alameda Health System has expanded and now includes Alameda and San Leandro Hospitals.

HOSPITAL CONSOLIDATION AND RELOCATIONS – PLANNED

- Alta Bates Summit Medical Center continues planning to relocate and consolidate by 2030. The Alta Bates Regional Task Force is meeting to address proactive strategies to mitigate and plan for potential closure of the Berkeley hospital campus. Preliminary meetings have occurred in preparation for a system-wide Impact Analysis Report which will be coordinated by the HCSA Office of the Agency Director.

911 EMS AND FIRE DEPARTMENT ORGANIZATIONAL LEADERSHIP TRANSITIONS -

- Paramedics Plus leadership changes – New Director of Operations and Chief Operating Officer (2017-2018). Numerous changes have occurred in the Fire Department leadership. Fire Chiefs in several jurisdictions have changed including, Alameda, Berkeley, Fremont, Piedmont and Livermore/Pleasanton due to retirements.

NEW CHANGES, UPDATES, & MODIFICATIONS

SYSTEM OPERATIONS AND CONTRACT COMPLIANCE

COMPLIANCE MANAGEMENT FOR CONTRACTS

- Ongoing compliance management for contracted EMS providers, including Paramedics Plus, Fire Department providers, and Emergency Medical Dispatch providers (Alameda County Regional Emergency Communications Center and Oakland Fire Department).
- Continue to monitor compliance and overall performance by all contracted and permitted EMS providers.

ALAMEDA COUNTY REGIONAL EMERGENCY COMMUNICATIONS CENTER (ACRECC)

- Current Agreement provides for services through June 30, 2019 with an option to extend through October 2021.

911 TRANSPORT - PARAMEDICS PLUS

- Paramedics Plus is currently serving the County's Exclusive Operating Area under an Agreement which expires June 30, 2019.

CONTRACT EXTENSIONS - FRALS AND FIRE TRANSPORT

- 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	6/30/19
Alameda County Fire Dept. ACRECC	Medical Dispatch Services Agreement	6/30/19 with option to extend
City of Alameda	FRALS/Ambulance	6/30/23 with option to extend
City of Albany	FRALS/Ambulance	6/30/23 with option to extend
City of Berkeley	Ambulance	6/30/19
City of Berkeley	FRALS	9/30/18 with extension in progress
City of Dublin	FRALS	6/30/19
City of Emeryville	FRALS	6/30/19
City of Fremont	FRALS	6/30/19
City of Hayward	FRALS	6/30/19
City of Livermore	FRALS	6/30/19
City of Newark	FRALS	6/30/19
City of Oakland	FRALS	6/30/19
City of Piedmont	FRALS/Ambulance	6/30/23 with option to extend
City of Pleasanton	FRALS	6/30/19
City of San Leandro	FRALS	6/30/19
City of Union City	6/30/19	6/30/19

NEW CHANGES, UPDATES, & MODIFICATIONS

PARAMEDICS PLUS – BLS UNITS

- Paramedics Plus continues to add BLS unit hours (ambulance coverage) into the system. BLS units continue to respond preferentially to ALS units to 5150 and low Priority (Omega, Alpha and select Bravo Medical Priority Dispatch System Determinant Level call, primarily in Zone 2 which is the Oakland metro area.

911 REQUEST FOR PROPOSAL

- Finalized and released EMSA approved Request for Proposal EMS-901017 for 911 Emergency Ground Ambulance Service (RFP), with service to the County's EOA currently served by Paramedics Plus 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. At the time of the writing of this Update, the RFP is in the Evaluation Period with proposals received from several bidders.

RFP # EMS 901017 – SCHEDULE OF ACTIVITIES AND TIMELINE

CALENDAR OF EVENTS

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	September 25, 2018
Board Award Date	September 25, 2018
Contract Start Date	October 1, 2018: Contractor will begin mobilization efforts to insure that it can begin service on service start date.
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.

Note: Award and start dates are approximate.

NEXT PAGE

NEW 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	DATE CONTRACT SIGNED	DATE CONTRACT EXPIRES
SUTTER - AMR	12/20/2016	12/20/2018
ROYAL AMBULANCE	12/6/2016	12/6/2018
NORCAL AMBULANCE	12/5/2016	12/5/2018
UNITED AMBULANCE	8/30/2017	8/30/2019
FALCK AMBULANCE	11/4/2016	11/4/2018
FALCON CCT	5/1/2017	5/1/2019
PROTRANSPORT-1	12/30/2016	12/30/2018
ARCADIA AMBULANCE	5/10/2018	5/10/2020
BAYSHORE AMBULANCE	3/16/2017	3/16/2019
BAYMEDIC AMBULANCE	5/16/2017	5/16/2019
WESTMED AMBULANCE	12/16/2016	12/16/2018

NEW PERMITTED NON-EMERGENCY AMBULANCE PROVIDER

- Addition of United Ambulance as an Alameda County permitted provider under the Alameda County Ambulance Ordinance.

NON-EMERGENCY PERMITTED AMBULANCE PROVIDERS - DISASTER READINESS

- Continued integration of Non-emergency ambulance providers into the County disaster plan to assist in large-scale treatment and transport of patients
- Supported the deployment of Non-emergency permitted providers to the Napa/Sonoma fires 2017, and provided assistance to all participants in acquiring County and State reimbursement for services rendered.
- These providers will be training their EMT's on the new expanded State scope of practice and the associated equipment required will become 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 Non-Emergency Permitted Ambulance Providers, ensuring compatibility with 911 public safety and receiving hospital radio communications systems. Established new radio Code Plug for Non-Emergency Permitted Ambulance Providers facilitating County and State EMS radio interoperability and continued to monitor radio use compliance.

CRITICAL CARE PARAMEDIC (CCP)

- EMSA allows Critical Care Paramedic (CCP) 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 medically stabilized at one facility and need to be transferred to another facility. EMS has adopted the use of state and national inter-facility transport standards to monitor and regulate this program. The CCP Inter-facility Transport Agreement with American Medical Response 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.

NEW CHANGES, UPDATES, & MODIFICATIONS

COMMUNICATION SYSTEM OPERATIONS

COMMUNICATIONSePCR – DEFINITIVE NETWORKS INCORPORATED HOSTING / Training Services

- Refer to 2016-17 Progress Update form for additional information. Definitive Networks Incorporated Data Hosting / Training Services contract extended to October 2019.

MPDS

- *ALCO EMS rectified a situation that materialized as a result of Version changes in the MPDS system which produced substantially more ECHO level respiratory responses in our system and other large systems which didn't correspond to patient acuity. ALCO EMS partnered closely with ALCO ACE Accredited EMD centers (Oakland Fire Department and ACRECC) as well as the International Academies of Emergency Dispatch (IAED) to prudently and in an evidence based manner implement changes to IAED protocols to resolve the issue within and outside of the Alameda County EMS System.*

COMMUNICATION RADIOS - NON-EMERGENCY PERMITTED AMBULANCE PROVIDERS

- Enhanced emergency communication radio infrastructure of EMS Agency Non-Emergency Permitted Ambulance Providers to ensure compatibility and that each ambulance is equipped with public safety and receiving hospital radio communications systems.

REDDINET – UPGRADES AND TRAINING

- ReddiNet MOU renewed June 2016 with EMS and FRALS Transport providers and to be updated prior to June 2019. ReddiNet training and exercise conducted on-site for City of Alameda, Piedmont, and Albany Fire Departments in 2017. Cynthia Frankel, ReddiNet Coordinator will continue to support ReddiNet training needs.
- ReddiNet upgrades for multiple clinic locations (ie. several sites for East and West Oakland Health Centers now have access to ReddiNet and are unbundled).
- New users including non-emergency permitted ambulance providers and skilled nursing facilities added to ReddiNet
- Preparing for ReddiNet redesign to be rolled-out in September 2018 - ReddiNet will be accessed on the web via HTML instead of the previous requirement for adobe flash player.
- Focused on ReddiNet medical surge and patient tracking and conducted exercises with Alameda County OES, Eden Medical Center, Kaiser Permanente Oakland, Kaiser Permanente San Leandro, St. Rose hospital, Skilled Nursing Facilities, and Clinics.

CERTIFICATIONS AND INVESTIGATIONEMT CERTIFICATIONS

- On-going 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.

NEXT PAGE

NEW CHANGES, UPDATES, & MODIFICATIONS

CLINICAL SYSTEMS OF CARE - HOSPITALS – NEW CONTRACTS

- PREVIOUS CHANGES CONTINUED FROM 2016-17

ALAMEDA COUNTY BASE HOSPITAL

- Melody Glenn, MD is the new Base Hospital Medical Director as of July 1, 2018.

TRAUMA CENTERS – Master Contract Amendments

- Trauma Center Agreements negotiated and implemented for services through 2021 with:
 - Alameda Health System – Highland Hospital
 - UCSF Benioff Children’s Hospital Oakland
- Trauma Center Agreement negotiated and to be presented to County Board of Supervisors in August 2018 for services through 2021 with:
 - Sutter Health - Eden Hospital
- Verification by the American College of Surgeons’ Committee on Trauma continues as a requirement of the Alameda County Trauma Center agreements.

TRAUMA HOSPITALS – NEW DESIGNATIONS/CERTIFICATIONS - 2017

- American College of Surgeons (ACS) initial verification was completed at all Alameda County Trauma Centers in May 2013. At that time verification was as follows: UCSF Benioff Children’s Hospital Oakland - Level 1 Pediatric Trauma Center (TC), Alameda County Medical Center (Highland) – Level 2 Adult TC and Sutter Eden Medical Center – Level 2 Adult TC. ACS Verification is now a requirement of the Alameda County Trauma Center MOU .
- All three Trauma Centers completed their first re-verification in April 2017 with verification as follows: UCSF Benioff Children’s Hospital Oakland - Level 1 Pediatric (TC); Sutter Eden Medical Center – Level 2 Adult TC; and Alameda Health System’s Highland– changed status to Level 1 Adult TC.

CARDIAC ARREST, STROKE, AND STEMISTEMI/CARDIAC ARREST, STROKE RECEIVING CENTER - Agreement RENEWALS:

- Negotiated and implemented three year Agreements for Washington Hospital (STEMI/Cardiac Arrest and Stroke Receiving Center), Kaiser Fremont (STEMI/Cardiac Arrest Receiving Center), Highland (STEMI/Cardiac Arrest Receiving Center), Summit Medical Center (Stroke Receiving Center).

STEMI/CARDIAC ARREST RECEIVING CENTER – NEW MOU:

- Established a new Agreement for Kaiser Permanente Oakland (STEMI/Cardiac Arrest Receiving Center) with service initiated January 1, 2017.

CLINICAL SYSTEMS OF CARE – HOSPITAL CONTRACTS 2016- 2018

HOSPITAL PEDIATRIC READINESS PROJECT - STRENGTHEN PEDIATRIC READINESS

- Contract with UCSF Benioff Children’s Hospital provides for Emergency Department (ED) Pediatric Readiness Project Site Visits and follow-up reports with recommendations reviewed with participating hospitals for improvement. The associated review processes for participating hospitals occurred between January 2017-and January 2018. Negotiated and scheduled to submit new Agreement to County Board of Supervisors for UCSF Benioff Children’s Hospital provided Pediatric Readiness Project services in August 2018. Alameda County EMS is prepared to implement pending EMSA EMSC regulations

NEW CHANGES, UPDATES, & MODIFICATIONS

PROCUREMENT / CONTRACT SUMMARY

FY 2017-2018 - EMS PROCUREMENTS AND CONTRACTS - SUMMARY

EMS MASTER LIST OF MOUS	TYPE
Alta Bates Summit Medical Center Campus	Stroke and STEMI / Cardiac Arrest MOU
UCSF Benioff Children's Hospital, Oakland	Trauma Contract
Kaiser Permanente Oakland	Stoke 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

PROGRAM	PARTNERS / PROVIDERS	PARTNERS / PROVIDERS
Trauma	Alameda Health System, Adult Trauma	Definitive Networks, Incorporated
Trauma	Alameda Health System, Adult Trauma Dispro	Beyond Lucid Technologies
Trauma	Alameda Health System, Base Hospital	Office of Administrative Hearings (DGS)
Trauma	Sutter Health Eden Med Center, Trauma	UCSF Fellowship
Trauma	Sutter Health Eden Med Center, Trauma Dispro	Hospital Association of Southern CA (HASC) ReddiNet
Trauma	UCSF Benioff Children's Hospital Pediatric Trauma	UCSF Benioff Children's Hospital, ED Pediatric Readiness
Trauma	UCSF Benioff Children's Hospital Pediatric Trauma Dispro	Physio-control/Pulse-point
FRALS	ACRECC Ambulance Dispatch Services	City of Alameda, Community Paramedicine 2017
FRALS	Alameda County Fire Department, FRALS	AHS MOU Community Paramedicine
FRALS	City of Alameda, FRALS / Ambulance	Base Hospital Contract
FRALS	City of Albany, FRALS / Ambulance	Target Solutions
FRALS	City of Berkeley, Ambulance Transport only	RDMHS State
FRALS	City of Berkeley, FRALS only	Zoll Data Systems
FRALS	City of Dublin, FRALS	First Watch
FRALS	City of Emeryville, FRALS	Youth Alive
FRALS	City of Fremont, FRALS	City of Fremont, Afghan Health & Med Safety
FRALS	City of Hayward, FRALS	Daybreak Adult Care Centers
FRALS	City of Livermore, FRALS	Senior Support Program of Tri Valley
FRALS	City of Newark, FRALS	St. Mary's Center, Medication Safety Pilot
FRALS	City of Oakland, FRALS	United Seniors of Oakland & Alameda County
FRALS	City of Piedmont, FRALS / Ambulance	
FRALS	City of Pleasanton, FRALS	
FRALS	City of San Leandro, FRALS	
FRALS	City of Union City, FRALS	

2019 EMS ADMINISTRATION POLICIES and FIELD PROTOCOLS

2019 FIELD MANUAL PROTOCOL UPDATES

(2018 DEVELOPMENT, TO BE IMPLEMENTED BY JANUARY 1, 2019)

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

NEW CHANGES, UPDATES, & MODIFICATIONS

- DEATH IN THE FIELD p. 88 - MODIFY Medical (Cardiac) Arrest - Discontinuation of CPR: if non-shockable rhythm persists, despite appropriate, aggressive ALS interventions for 30 minutes (OR if ETCO₂ < 10 after 20 minutes), consider discontinuation of CPR
- EQUIPMENT p. 98-104 - Clarifies equipment specifications associated with 2019 field policy updates
- IFT MODIFY Base Contact Requirements 5.3 from “closest” to “closest most appropriate”
- OLANZAPINE (ADD - NEW) – Move to Procedures Section
- PSYCHIATRIC AND BEHAVIORAL EMERGENCIES
 - Excited Delirium algorithm pathway converges links to applicable existing field manual treatment policies.
- RESPONDING UNITS – Modified Canceling/Reducing Code
- UNUSUAL OCCURRENCE - Identifies improvement opportunities in clinical outcomes and/or system structures / processes.

PROCEDURES SECTION

- ADVANCED AIRWAY
 - Pediatric Intubation removed per EMSA requirement
- CONSENT AND REFUSAL GUIDELINES
 - “Competent.....” modified to “Patient, parent, or guardian must have legal and mental Decision Making Capacity.” “The Assess and Refer process identifies patients whose condition does not require transport by 911 emergency ambulance. All 911 calls for EMS will receive an appropriate response, timely assessment and appropriate patient care.”
- ASSESS AND REFER (NEW FIELD POLICY)
 - An alternative for select 911 patients who have been evaluated by a Paramedic.
 - Work group established and a survey of Alameda County Paramedics about acceptability and issues with policy was completed and collated.
 - Pilot program currently in progress
 - Further work planned on operational and training aspects of this policy with full implementation anticipated January 2019.
 - Does the patient, parent, or guardian have Decision Making Capacity?
 - How concerned are you with this patient’s current medical issue?
 - How likely is this patient to successfully navigate the provided referral?
- HEMORRHAGE CONTROL - September 2015 American College of Surgeons Bulletin
 - Wound Packing added “After significant feedback from experienced military medics, in 2003 the CoTCCC recommended a hemostatic dressing that could be packed into a wound but that had hemostatic performance that was superior to standard gauze.”

NEW CHANGES, UPDATES, & MODIFICATIONS

2017-2018 EMS ADMINISTRATION POLICIES and FIELD MANUAL PROTOCOLS

2018 FIELD MANUAL PROTOCOL UPDATES

(DEVELOPED IN 2017, IMPLEMENTED JANUARY 2018)

GENERAL SECTION

- ASSAULT/ABUSE/DOMESTIC VIOLENCE – If patient not transported and if safe, appropriate and feasible, perform a DV Lethality Screen, Added DV algorithm
- BURN PATIENT CARE – Remove Base contact requirement
- CPR –
 - Update CPR Matrix to 2015 AHA guidelines,
 - Remove hypoglycemia as cause of persistent arrest
 - Added Mechanical CPR Contraindications
- CRUSH SYNDROME – Removed Base Contact Requirement
- HYPERKALEMIA – Added Albuterol
- LOCAL OPTIONAL SCOPE – Added Pulse Oximetry, Glucometer, ASA, Epinephrine Adult/Pediatric Auto Injectors, Naloxone training and supplies required for BLS 911
- TRANSPORT GUIDELINES - “reasonable transport time” should be considered for transport destination

ADULT / PEDIATRIC SECTIONS

- RESPIRATORY DEPRESSION – Simplified treatment algorithm
- BRADYCARDIA/ROSC/SEPSIS/SHOCK POLICIES – Added Push Dose Epinephrine. Remove Dopamine
- NEONATE – Added “In healthy full-term newborns, routine bulb syringe suctioning is not indicated”
- ACUTE STROKE - Facilitates communication of stroke witness information for 2018 with addition of assessment gaze
- ASYSTOLE / PEA - Aligns with AHA ACLS guidelines
- SHOCK Added push dose Epinephrine
- EPINEPHRINE – Simplified epinephrine concentration and use of push dose Epinephrine for shock
- SEPSIS Modified fluid administration, added push dose Epinephrine
- ALTE Modified to BRUE

PROCEDURES SECTION

- ALS RESPONDER - “First Responder and transport personnel providing patient care are responsible for accurately documenting all available and relevant patient information on the electronic health record.”
- DEATH IN THE FIELD – UPDATED POLICY – Clarified patient treatment and withholding resuscitation
- ADVANCED AIRWAY MANAGEMENT – ETT “Attempt” definition is “insertion of laryngoscope blade”
- DEATH IN THE FIELD –Clarified patient treatment and withholding resuscitation
- INTRAOSSUEOUS INFUSION – Added Humeral IO route

MCI

- MCI POLICY –Clarified patient triage, transport, and tracking; SALT or START triage can be used for pediatric patients.

NEW CHANGES, UPDATES, & MODIFICATIONS

2017-2018 ADMINISTRATION POLICIES

- TRAUMA RE-TRIAGE PROCEDURE (ADULT) – MODIFIED JANUARY 2018
- TRAUMA RE-TRIAGE PEDIATRIC (PEDIATRIC) – MODIFIED JANUARY 2018
- EMS DUTY OFFICER NOTIFICATION POLICY – NEW JANUARY 2017 - has been finalized and implemented by Alameda County Regional Emergency Communications Center to improve EMS system performance through notification of and action by EMS Agency Duty Officer
- TRANSFER OF CARE (TOC) GUIDELINES (Updated & Clarified) – Policy initially developed in 2015.
Transfer of Care to emergency department personnel of patients arriving by 911 emergency ambulance requires “Time Standard” of no greater than 30 minutes. In Alameda County, expectation of EMS Agency that transfer of care of patients from 911 ambulances to EDs transpires at earliest opportunity; not later than 30 minutes following arrival of ambulance.
- AMBULANCE PATIENT OFFLOAD TIME (APOT) Reports are provided to EMS receiving hospitals by the EMS Agency on a monthly basis to assist in tracking performance. Clarifying ALCO EMS expectation (hospital, field and ACRECC) regarding Ambulance Patient Offload Time (30 min or less for transfer of care to hospitals) and implementing process control measures. EMS Director provides clarifications and meets with hospital executive leadership to drive positive change. Significant APOT AND Ambulance Patient Offload Delay (APOD) improvements have been realized and sustained. Duty Officer assists in resolving associated issues.
- POLICY 2000 SKILLS AND POLICY MAINTENANCE COMPETENCIES Update in progress
- EQUIPMENT QUALITY IMPROVEMENT POLICY DEVELOPED
- REDDINET ADMINISTRATIVE POLICY - PROPOSED
- PUBLIC SAFETY NALOXONE
 - Law Enforcement Programs to provide naloxone (Narcan) for suspected opiate overdoses
 - Refer to the table below for approved “Naloxone” programs and programs with inquiries but no approval.

LAW ENFORCEMENT PROGRAMS	STATUS	DATE APPROVED
• ALAMEDA COUNTY SHERIFF'S OFFICE	APPROVED	7/24/2018
• EAST BAY PARKS POLICE DEPARTMENT	APPROVED	2/13/2018
• FREMONT POLICE DEPARTMENT	APPROVED	10/6/2017
• HAYWARD POLICE DEPARTMENT	APPROVED	6/27/2018
• LIVERMORE POLICE DEPARTMENT	APPROVED	7/24/2018
• NEWARK POLICE DEPARTMENT	APPROVED	11/17/2017
• OAKLAND POLICE DEPARTMENT	APPROVED	7/2/2018
• PLEASANTON POLICE DEPARTMENT	APPROVED	11/2018
• SAN LEANDRO POLICE DEPARTMENT	APPROVED	7/23/2018
• UNION CITY POLICE DEPARTMENT	APPROVED	6/6/2018

IDENTIFIED MAJOR NEEDS:

1. Review proposals received in response to RFP for 911 emergency ambulance services to County Exclusive Operating Area (EOA); negotiate, award and implement new contract for services to County's EOA currently served by Paramedics Plus.
2. Continue to facilitate reductions system-wide in Ambulance Patient Offload Time (APOT), Ambulance Patient Offload Delays (APOD) and the number of avoidable ambulance transports
3. Continue to adapt to on-going hospital transitions and prepare for reorganizations/consolidations including the possible closure / relocation of Alta Bates Summit Berkeley Campus at some time prior to 2030.
4. Continue to monitor and ensure contract compliance - Paramedics Plus, fire based first responder and transport providers, and Alameda County Regional Communications Center as priorities.
5. Continue to develop / seek to participate in county-wide health information exchange with focus on bi-directional data exchange with all receiving hospitals.
6. Continue to finalize the Alameda County MHOAC Manual and Incident Response Guides for the Health Care Services Agency
7. Strengthen Medical Surge Plans for hospital bed expansion with focus on pediatrics, patient tracking, and patient movement, and mass casualty events.
 - o Facilitate CDPH/EMSA Pediatric Surge recommendations. Promote utilization of TRAIN Model for all Alameda County hospitals.
 - o Continue to test ReddiNet customized polling to assess medical surge bed expansion capability
 - o Continue to conduct the "No Notice / Limited Notice" Coalition Surge test for "real time" capability to identify evacuating patients and types of transport available for receiving hospitals.
 - o Leverage cross sector partners to participate in medical surge / MCI preparedness and exercises including: health care facilities (hospitals, clinics, and skilled nursing facilities); 911 and non-911 ambulance providers; local jurisdictions (i.e. City of Oakland); and Alameda County Departments and Agencies including the Alameda County Office of Emergency Services, Health Care Services Agency (EMS, Public Health, Behavioral Health, and Environmental Health)
 - o Further prepare for Ambulance Strike Team deployments, develop program and conduct continued training
 - o Support Regional and State projects – Community Paramedicine, Ebola and Infectious Disease patient; California Patient Movement Plan, California CDPH /EMSA Pediatric Surge project, and pending proposed EMS for Children Regulations.
 - o Ensure adequate supplies and ability to deploy them, including MCI Deployment Modules.
 - o Continue to test Co-Location mass patient care concept with goal of broader program implementation.
8. Strengthen redundant and interoperable communication systems and provide customized training for ReddiNet, EBRCSA, and CAHAN.
9. Facilitate ongoing Quality Improvement in conjunction with Specialty Receiving Centers - Continued data collection and process improvement for cardiac, stroke and trauma centers.
10. Enhance Electronic Patient Care Reporting (ePCR) system with support for users including quality improvement data extracts and analysis and transition to electronic transfer of information to receiving hospitals.
11. Conduct Pediatric Readiness "Day-to-Day" and Medical Surge Hospital Emergency Department Site Visits. Implement new agreement with UCSF Benioff Children's Hospital to strengthen pediatric readiness project.

12. Promote retention and further development of existing specialty care centers including trauma centers: UCSF Benioff Children's, Highland (Alameda Health System), and Eden Hospitals.
 - o Maintain ACS Verification as a requirement of the contracts with trauma centers and completion of a System-Wide Trauma Evaluation by the ACS.
13. Develop and implement alternative resources for care and transportation of behavioral health clients on 5150 Welfare and Institutions Code holds.
14. Continue work on Stop the Bleed campaign, Phase II

GOALS:

1. Review proposals received in response to RFP for 911 emergency ambulance services to County Exclusive Operating Area (EOA), negotiate, award and implement new contract for services to County's EOA currently served by Paramedics Plus. Implement successor contract for fire department based ambulance services in Berkeley. Implement successor contracts for First Responder Advanced Life Support (FRALS) services. Goal: ensure an EMS System that is clinically and operationally excellent as well as financially viable.
2. Decrease Ambulance Offload Time (APOT); transfer of care of patients from 911 ambulances to emergency departments to transpire no later than thirty (30) minutes following the arrival of the ambulance; Monitor First Watch Hospital Offload Dashboard and further develop analytic tools for Ambulance Patient Offload Delays (APOD)
3. Monitor and evaluate 911, FRALS, ACRECC and hospital contract compliance.
4. Strengthen system-wide MCI/disaster/surge capability and capacity; ensure robust planning, training and risk mitigation with focus on vulnerable populations.
5. Strengthen Alameda County MHOAC Manual with Incident Response Guides and supporting medical surge plans, communications, and information management infrastructure. Conduct exercises with focus on health care facility, first responder, BLS and ALS integration. Maximize partnership with Alameda County Health Care Services Agency Divisions - Behavioral Health Care, Public Health and Environmental Health.
6. Continued enhancement of quality improvement programs including those associated with pediatric, cardiac, stroke and trauma specialty care systems
 - o SHORT-RANGE PLAN - Work with emergency medical dispatch centers regarding education and specific QA/QI for calls that are or could be cardiac arrest and warrant Dispatch Assisted Pre-Arrival CPR and AED instructions.
7. Engage in community partnerships facilitating intervention and more comprehensive service delivery to at-risk populations to include children, seniors, as well as those with functional and / or behavioral health care needs.
8. Continue to participate in and host the Regional Trauma Care Committee and Pediatric Readiness Advisory Committee with UCSF Benioff Children's Hospital
 - o Monitor the status of the pending CA EMSC Regulations. Strengthen the program consistent with regulations once approved.
 - o Continue to promote the TRAIN Model with focus on NICU.
9. Continue to lead (host) and/or participate in the State, Regional and local Disaster Committees to include:
 - o Regional: - Lead (host) Region 2 MHOAC Committee; participate on Association of Bay Area Health Officers (ABAHO), and UASI Emergency Management and Medical Surge Workgroup; lead Ebola/ Infectious Disease Workgroup
 - o State - Participate in the Patient Movement, California Medical / Health Emergency Operations Manual Committee and Workgroups; California CDPH/EMSA Pediatric Surge Committee and EMS Sub-Committee

10. Continue field use of TXA field
11. Enhance preparedness to respond to multiple casualty incidents given reality of Hybrid Targeted Violence, Active Shooters, terrorism, and multi-site coordinated attacks.
 - o Strengthen triage, patient tracking, and patient movement functions while simplifying workflow for responders.
 - o Deploy additional MCI Deployment Modules with Point of Wounding / Triage response packs across system. Continue development of Tactical EMS and Rescue Task Force programs. Continue to design and implement Public Access Hemorrhage Control program.
 - o Enhance ReddiNet capabilities and facilitate training for all EMS system partners
 - o Strengthen Medical Surge Hospital Bed Expansion Capability and process for a surge of patients
12. Provide opportunities for EMS training to high risk communities
 - o EMS Corps - Short term plan: improve follow-up with and support of alumni
 - o EMS Corp - Long term plan: Develop alumni to regularly assist in EMT training; develop EMT refresher and skills classes to be available for a nominal fee; develop program to include young women of color; develop ongoing mentorship program.
13. Provide Domestic Violence (DV) Awareness, Policy, and Training
 - o Domestic Violence – Short Term: Improve EMS awareness of DV and impact on community health; Evaluate and adjust DV policy and procedures for telephone referrals as may be necessary; Improve EMS provider documentation related to DV; Improve data collection related to DV;
 - o Domestic Violence - Long-term: Increase EMS identification of DV victims (through data collection); Increase referrals from the field to DV services (through data collection); Receive regular, appropriate feedback related to referrals; and decrease incidents of death and disability from DV
14. Strengthen EMS Paramedic Preceptor program: Short term plan: Implement policy details, Improve communication with preceptors, providers and paramedic training programs; Long term plan: Improve paramedic preceptor performance; Improve paramedic preceptor professionalism; and Improve paramedic preceptor accountability
15. Continue HeartSAFE project with community AED maintenance and provide AEDs for law enforcement vehicles as financially feasible.

MAJOR PROGRAM SOLUTIONS:

Changes and enhancements that will strengthen the EMS system are outlined below.

VISION

- Identify and continue to implement solutions consistent with the Triple Aim of the Institute for Healthcare Improvement
- Promote "Whole Person Care" approach within Alameda County EMS system; continue to collaborate with and integrate services provided by the County Behavioral Health Care Services Agency.

SYSTEM OPERATIONS AND REGULATORY REQUIREMENTS

911 CONTRACTS

- Ensure system sustainability and continuity
- Implement new and/or extend existing contracts as necessary and appropriate.

QUALITY IMPROVEMENT

- Strengthen continuous quality improvement program on an ongoing basis.

DATA SOLUTIONS

- Enhance Bi-Directional Data Sharing Capabilities - amongst Dispatch Centers, First Responder, Transport Providers and hospitals – Leverage HL7 compliant software systems to get EMS data into hospital data systems and get outcome data out of hospital systems.

QUALITY IMPROVEMENT & TRAINING - PEDIATRICS

- Emergency Department Pediatric “Readiness” - Conduct Site Visits, customized evaluations, and follow-up visits for hospitals in 2018 and 2019. Renew agreement with UCSF Benioff Children’s Hospital.
- Update Pediatric Medical Surge Plan pending CDPH/EMSA Pediatric Surge recommendations and pending proposed EMS for Children Regulations.

POLICY

- Facilitate EMS new policy / procedure update – Disseminate annual information update; conduct training

EMERGENCY PREPAREDNESS AND RESPONSEDISASTER SURGE / MCI - RESOURCES

- Completed Medical Health Branch Upgrade / Remodel at the County Emergency Operations Center
- Strengthen MCI/disaster response resource capability and capacity
- Build mass casualty module resource inventory with the MCI Deployment modules

DISASTER COMMUNICATIONS

- Ensure interoperable and redundant disaster communications - Strengthen infrastructure and interoperable and redundant communications.
- Expand participating partner access and training on ReddiNet and EBRCSA public safety radio communications system
- Ensure ReddiNet System upgrades and training for Health Care system disaster planning coalition partners

DISASTER PLANS

- Contribute to HPP Workplan Medical Surge Deliverables with National 2018-19 benchmarks
- Finalize the Alameda County MHOAC Manual and Incident Response Guides
- Develop a pediatric medical surge hospital expansion framework planning methodology for increasing bed capacity for critical care patients based on CDPH/EMSA Pediatric Surge recommendations.
- Expand transportation options to assist in facilitating hospital expansion and decompression of Operational Area (OA) during a medical surge event (i.e. Co-Location Clinic Field Treatment Site Project and Coalition Surge Test Evacuation test)

DISASTER TEAMS

- Strengthen, implement, and maintain the quarterly Region II RDMHS Ambulance Strike team leader course
- Maintain Alameda County Tactical Emergency Medical Support (TEMS) team and enhance ongoing training

DISASTER TRAINING

- Strengthen, refine, and ensure continued local and Law Enforcement (POST) approval for the Alameda County EMS 40 hour Tactical Medicine Technician course.
- Maintain Alameda County Tactical Emergency Medical Support (TEMS) team and enhance ongoing training
Conduct active shooter medical intervention training programs for broad-based first responder participants
- Lead the Region II ambulance strike team in disaster response operations as needed
- Organize Urban Shield Mass Casualty Incident full scale exercise planned for September 2018.

MCI POLICIES

- Evaluate potential need to revise in 2018-19

TRANSPORT PROVIDER – PARTNERS

- Maximize utilization of Non-Emergency Permitted ambulance providers in medical surge events. Ensure communications via ReddiNet and EBRCSA. Re-inspect Non-Emergency Permitted ambulance providers as necessary.

LOCAL HCSA - EMERGENCY PREPAREDNESS AND RESPONSE

- Continue to drive and support Alameda County Health Care Services Agency (HCSA)-level emergency preparedness and response activities including ongoing development and implementation of common emergency radio communications infrastructure across the divisions.
- Continue work on initial version of Alameda County MHOAC program manual

LOCAL ALAMEDA COUNTY COALITION – DISASTER PLANNING AND RESPONSE

- Promote sustainable relationships and collaborate with Bay Area Operational Area disaster response partners at multiple levels: field, local jurisdiction, OA, and Region
- Participate and support hospital “on-site” medical surge planning as needed
- Co-facilitate the Alameda County Disaster Planning Health Coalition (DPHC) and Steering Committee with Public Health
- Lead the Health Care Services Agency Disaster Operations Leadership Committee to strengthen disaster response

STATE DISASTER PLANNING

- Given that the state and region including EMSA, CDPH, OES, ABAHO and the Bay Area UASI have several ongoing projects to expand surge capacity, ALCO EMS will participate and /or lead the committees
- Continue to Co-Lead the California Neonatal/Pediatric Disaster Coalition
- Support the CDPH/EMSA Pediatric Surge Project.
- Facilitate planning to support the CA Patient Movement Project with focus on pediatrics
- Participate on the California Patient Movement Committee

REGIONAL DISASTER PLANNING

- Strengthen the Region II RDMC/S role in cooperation and collaboration with the new RDMHC, Travis Kusman
- Lead ongoing Region II Ebola / Infectious Disease Transportation Plan development and implementation.
- Promote Regional ReddiNet Coordination through the MHOAC Committee
- Support continued work on the ABAHO - MAC Project and Medical Shelter Support project as needed
- Support the Catastrophic Earthquake Planning using new Hayward Fault scenario.
- Lead the 2017 and 2018 Urban Shield Medical Branch planning
- Participate and support the UASI Medical Shelter and Emergency Management Workgroup

RESEARCH

- Promote Patient Care “Best Practices” - Sustain and strengthen research and disseminate information via publications. Examples: Continue to collaborate with EOA emergency ambulance services provider on Tactical EMS program as well as first responders on Rescue Task Force program. Beta Test new opportunities for service provision to vulnerable populations.
- Strengthen EMS System Capability and Capacity to continue research and innovation – Ensure sustainable research funding sources. Seek revenue to enhance already existing programs to conduct approved trials.

COMMUNITY – WHOLE PERSON CARE – TRAINING

- Update metrics for Community Paramedicine Pilot for possible 2018 extension

- Continue development and implementation of Pilot Community Assessment, Treatment and Transport (CATT) program in conjunction with Alameda County Behavioral Health Care Services (BHCS) to enhance services to individuals experiencing mental health crisis in the community and reduce prevalence of 5150 holds.
- Recruit Students for EMS Corps Cohort 14. Partner with San Mateo County to accept four students into the EMS Corps and potentially provide two new employment partners. Graduate 16 EMS Corps Students in the upcoming quarter and increase the number of graduates gaining employment. Continue planning to conduct an EMS Corps cohort for young women.
- Obtain additional funding and support for Health Coach Program and expansion of EMS Corps to women.

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress UPDATED 8/7/18	Objective
----------	------------------	----------------------------	-----------------------------------	----------------------------------	----------------------------	-----------

Agency Administration:						
1.01	LEMSA Structure	✓			<p><u>PROGRESS TO DATE:</u> <u>EMS ORGANIZATION</u></p> <ul style="list-style-type: none"> Alameda County (ALCO) EMS became a division of the Alameda County Health Care Services Agency (HCSA). Transitions continue to occur within HCSA leadership. <u>EMS Director</u>, Travis Kusman, MPH, Paramedic, reports directly to Colleen Chawla, Agency Director, Health Care Services Agency. As the Director, Travis Kusman is responsible for ensuring the ongoing planning, implementation and evaluation of the local EMS system, and ensures the local / regional medical coordination during a disaster. The <u>EMS Deputy Director, EMS Medical Director and EMS Prehospital Care Coordinator (PHCC)</u> team provide essential support to the Director. Finance, Budget, and Administrative leadership staff support at the HCSA level to EMS continues to evolve. ALCO EMS completed an internal reorganization based upon the core functional areas of Finance and Administration, System Operations and Regulatory Compliance, Emergency Preparedness and Response, Injury Prevention and Career and Workforce Development programs. 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), disaster preparedness, and hospital -EMS integration). 	<p><i>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.</i></p> <p><u>OBJECTIVE:</u></p> <ul style="list-style-type: none"> Ensure formal EMS organization with technical and clinical expertise and competency. <p>(Refer to the EMS System plan Table 2 for the updated Alameda County EMS Organization Chart)</p>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress UPDATED 8/7/18	Objective
----------	------------------	----------------------------	-----------------------------------	----------------------------------	----------------------------	-----------

					<p>EMS GENERAL ADMINISTRATION - STAFFING AND PROGRAM CHANGES</p> <ul style="list-style-type: none"> Refer to the General Administration and Staffing changes below. <p><u>PREHOSPITAL CARE COORDINATORS</u> - Alameda County EMS recruited, interviewed and hired three new Prehospital Care Coordinators (PHCC) staff as follows:</p> <ul style="list-style-type: none"> <u>ANDREW SULYMA</u> (System Operations; Contract Compliance; Non-Emergency Permitted Ambulance Ordinance; HCSA Communications Liaison; EMS Dispatch Liaison; EMHS EBRCS Radio Communications; Unusual Occurrence Management) <u>WILLIAM MCCLURG</u> (Contract Management; APOT and APOD Management; Hospital and Facility Liaison; Primary EOA Ambulance Transport Contracted Provider Liaison. <u>KREIG HARMON</u> (Training Programs; EMS Website) <p><u>DIRECTORS AND SUPERVISORS</u></p> <ul style="list-style-type: none"> <u>TRAVIS KUSMAN</u> - Appointed Region II RDMHC in 2018. <u>BRIAN AIELLO</u> - Promoted to EMS Deputy Director <u>KATHRYN WOOLBRIGHT</u> - Promoted to Supervising Program Specialist - Injury Prevention <p><u>PROGRAM SPECIALIST / COORDINATOR</u></p> <ul style="list-style-type: none"> <u>EMMA OLENBERGER</u> Recruited, interviewed and hired as new Program Specialist (Injury Prevention) <u>CAROL POWERS</u> has assumed full time role as Senior Injury Prevention Program Coordinator Reports to Medical Director <p style="text-align: center;">NEXT PAGE</p>	
--	--	--	--	--	--	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress UPDATED 8/7/18	Objective
----------	------------------	----------------------------	-----------------------------------	----------------------------------	----------------------------	-----------

1.02	LEMSA Mission	✓			<p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> • 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.” Given the vision, Alameda County EMS continues to leverage partners for effective outcomes: <ul style="list-style-type: none"> ○ Alameda County EMS facilitates collaboration with stakeholders and partners (public and behavioral health as priorities), propagating a flexible system that continuously adapts to the changing healthcare environment. ○ Collectively, Alameda County EMS is delivering services that are consistent with the Institute for Healthcare Improvement’s “<i>Triple Aim</i>” of: <ul style="list-style-type: none"> ➤ Improving the patient experience of care (including quality and satisfaction) ➤ Improving the health of populations; and ➤ Reducing the per capita cost of healthcare 	<p><u>OBJECTIVE:</u></p> <ul style="list-style-type: none"> • To ensure EMS Plan, implementation, and evaluation of the EMS system <p><u>ALAMEDA COUNTY (ALCO) EMS VISION</u></p> <ul style="list-style-type: none"> • <u>VISION</u> Alameda County EMS will explore new frontiers while creating an environment where collaboration and consensus building thrive among staff and stakeholders. • <u>MISSION</u> ALCO EMS ensures provision of quality emergency medical services and prevention programs to improve health and safety in Alameda County. • <u>VALUES</u> ALCO EMS values a caring environment sustained by empowerment, honesty, integrity and mutual respect. We embrace excellence through innovation, teamwork and community capacity building. <p><i>Refer to the “<u>EMS Agenda for the Future.</u>” vision below:</i></p> <ul style="list-style-type: none"> • <i>“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 cont. ”</i>
------	---------------	---	--	--	--	---

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

8/7/18

1.02	LEMSA Mission	✓			<p><u>PROGRESS TO DATE:</u></p> <p>In July 2015, the Alameda County EMS Agency (ALCO EMS) began preparing to release a RFP for 911 emergency ambulance services, with the goal of ensuring an EMS System that is clinically and operationally excellent as well as financially stable:</p> <ul style="list-style-type: none"> • <u>OVERARCHING GOALS</u> <ul style="list-style-type: none"> ○ Sustain and improve quality of clinical care the patient receives ○ Stabilize or reduce the cost of EMS services (financial stability) ○ Improve patient satisfaction • <u>SIX FUNDAMENTAL TENANTS</u> <ul style="list-style-type: none"> ○ Preserving a high level of emergency medical response throughout the County ○ Producing a system that is cost-effective while preserving a high level of response and care ○ Designing a system that is County-wide (ie. Current Exclusive Operating Area (EOA) allowing for consistency of service throughout all areas and jurisdictions of the County) ○ Maintaining and supporting the current workforce ○ Producing a system that is sustainable for the long term ○ Maintaining appropriate regulatory and oversight relationship and functions between local EMS agency (LEMSA) and chosen provider(s) <p><u>EMERGENCY AMBULANCE SERVICES - CONTRACTS</u></p> <ul style="list-style-type: none"> • Alameda County EMS is responsible for the procurement and provision 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. The 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 services through their respective city fire departments. • ALCO EMS is conducting a RFP process, to select and implement a contract for services to the Exclusive Operating Area (EOA) currently served by Paramedics Plus prior to June 30, 2019. <p>NEXT PAGE <u>FRALS, FIRE AMBULANCE TRANSPORT AND MEDICAL DISPATCH</u></p>	<p><i>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.</i></p> <p>Refer to the “EMS Agenda for the Future.” vision below:</p> <ul style="list-style-type: none"> • <i>“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.</i> • <i>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.”</i>
------	---------------	---	--	--	---	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p><u>SERVICE</u> Extensions to the ALS ambulance and first responder agreements with the cities of Alameda, Albany and Piedmont were approved by the County Board of Supervisors and executed providing for service through June 30, 2023, each with an option to extend for an additional five (5) year period. At the City's request, Berkeley's ALS ambulance agreement was extended with approval by the County Board of Supervisors providing for service through June 30, 2019 and its First Responder Advanced Life Support (FRALS) agreement through September 30, 2019. The latter is scheduled to go before the County Board of Supervisors prior to expiration, extending service through June 30, 2019. All other FRALS agreements County-wide provide for service through June 30, 2019. The Emergency Medical Dispatch agreement with the Alameda County Regional Emergency Communications center provides for service through June 30, 2019 and contains options to extend thereafter.</p>													
1.03	Public Input	✓			<p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> Various <u>committee collaborations</u> are continuing to ensure public input and EMS agency representation as follows: EMS Quality Council; Emergency Medical Oversight Committee EMOC; Receiving Hospital Committee; STEMI Committee; Stroke Committee; Trauma Audit Committee; Regional Trauma Audit Committee; Data Steering Committee; ePCR Change Committee; EMS Section Chiefs Committee; Alameda County Fire Chiefs Committee; EMSAAC/EMDAAC; LEMSA Coordinators Meeting; and other ad-hoc committees (ie. ReddiNet and Medical Surge Workgroup Committee) Refer to comprehensive list of Alameda County EMS meetings that provide public input. <table border="1" data-bbox="583 1182 1442 1549"> <thead> <tr> <th colspan="2" data-bbox="583 1182 1442 1214"><u>LOCAL</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="583 1214 968 1279"> <ul style="list-style-type: none"> COUNTYWIDE MDRC DISPATCH COMMITTEE – COORDINATION </td> <td data-bbox="968 1214 1442 1279"> <ul style="list-style-type: none"> QUALITY COUNCIL AND QUALITY MEETING </td> </tr> <tr> <td data-bbox="583 1279 968 1344"> <ul style="list-style-type: none"> ACRECC OPERATIONS MEETING </td> <td data-bbox="968 1279 1442 1344"> <ul style="list-style-type: none"> ALAMEDA COUNTY FIRE CHIEF'S AND EMS SECTION </td> </tr> <tr> <td data-bbox="583 1344 968 1442"> <ul style="list-style-type: none"> NON-EMERGENCY PERMITTED PROVIDER MEETINGS – COORDINATION </td> <td data-bbox="968 1344 1442 1442"> <ul style="list-style-type: none"> RECEIVING HOSPITALCOMMITTEE </td> </tr> <tr> <td data-bbox="583 1442 968 1490"> <ul style="list-style-type: none"> TRAUMA AUDIT COMMITTEE </td> <td data-bbox="968 1442 1442 1490"> <ul style="list-style-type: none"> KAISER OAKLAND APOT WORKGROUP </td> </tr> <tr> <td data-bbox="583 1490 968 1549"> <ul style="list-style-type: none"> EMS PROGRAM MANAGERS – PHCC MEETINGS </td> <td data-bbox="968 1490 1442 1549"> <ul style="list-style-type: none"> ALCO COUNTY COMMUNICATIONS SECTION GROUP </td> </tr> </tbody> </table>	<u>LOCAL</u>		<ul style="list-style-type: none"> COUNTYWIDE MDRC DISPATCH COMMITTEE – COORDINATION 	<ul style="list-style-type: none"> QUALITY COUNCIL AND QUALITY MEETING 	<ul style="list-style-type: none"> ACRECC OPERATIONS MEETING 	<ul style="list-style-type: none"> ALAMEDA COUNTY FIRE CHIEF'S AND EMS SECTION 	<ul style="list-style-type: none"> NON-EMERGENCY PERMITTED PROVIDER MEETINGS – COORDINATION 	<ul style="list-style-type: none"> RECEIVING HOSPITALCOMMITTEE 	<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 PROGRAM MANAGERS – PHCC MEETINGS 	<ul style="list-style-type: none"> ALCO COUNTY COMMUNICATIONS SECTION GROUP 	<p><i>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 <u>EMS Systems Standards and Guidelines</u>.</i></p> <p><u>OBJECTIVE:</u></p> <ul style="list-style-type: none"> Continue obtaining input from consumer and healthcare partners.
<u>LOCAL</u>																		
<ul style="list-style-type: none"> COUNTYWIDE MDRC DISPATCH COMMITTEE – COORDINATION 	<ul style="list-style-type: none"> QUALITY COUNCIL AND QUALITY MEETING 																	
<ul style="list-style-type: none"> ACRECC OPERATIONS MEETING 	<ul style="list-style-type: none"> ALAMEDA COUNTY FIRE CHIEF'S AND EMS SECTION 																	
<ul style="list-style-type: none"> NON-EMERGENCY PERMITTED PROVIDER MEETINGS – COORDINATION 	<ul style="list-style-type: none"> RECEIVING HOSPITALCOMMITTEE 																	
<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 PROGRAM MANAGERS – PHCC MEETINGS 	<ul style="list-style-type: none"> ALCO COUNTY COMMUNICATIONS SECTION GROUP 																	

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<table border="1"> <tr> <td data-bbox="583 266 968 363"> <ul style="list-style-type: none"> PEDIATRIC READINESS ADVISORY COMMITTEE (EMSC COMMITTEE) </td> <td data-bbox="968 266 1434 363"> <ul style="list-style-type: none"> STROKE RECEIVING CENTER MEETINGS </td> </tr> <tr> <td data-bbox="583 363 968 428"> <ul style="list-style-type: none"> STEMI/ CARDIAC ARREST RECEIVING CENTER MEETINGS </td> <td data-bbox="968 363 1434 428"></td> </tr> <tr> <td data-bbox="583 428 968 493"> <ul style="list-style-type: none"> CO-LOCATION PROJECT MEETINGS </td> <td data-bbox="968 428 1434 493">REGIONAL / STATE</td> </tr> <tr> <td data-bbox="583 493 968 526"> <ul style="list-style-type: none"> HPP COORDINATORS MEETING </td> <td data-bbox="968 493 1434 526"> <ul style="list-style-type: none"> NICU TASK FORCE – JOINT ALCO/CCC </td> </tr> <tr> <td data-bbox="583 526 968 591"> <ul style="list-style-type: none"> EMERGENCY MANAGERS ASSOCIATION (EMA) </td> <td data-bbox="968 526 1434 591"> <ul style="list-style-type: none"> MHOAC </td> </tr> <tr> <td data-bbox="583 591 968 753"> <ul style="list-style-type: none"> UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND – EMERGENCY PREPAREDNESS MEETINGS and PEDIATRIC READINESS ADVISORY GROUP </td> <td data-bbox="968 591 1434 753"> <ul style="list-style-type: none"> CDPH PEDIATRIC SURGE COMMITTEE </td> </tr> <tr> <td data-bbox="583 753 968 786"> <ul style="list-style-type: none"> SIPP CONFERENCE COMMITTEE </td> <td data-bbox="968 753 1434 786"> <ul style="list-style-type: none"> PEDIATRIC SURGE EMS SUB-COMMITTEE </td> </tr> <tr> <td data-bbox="583 786 968 818"> <ul style="list-style-type: none"> EMS WEEK PLANNING MEETINGS </td> <td data-bbox="968 786 1434 818"> <ul style="list-style-type: none"> HPP CORRINATORS MEETING - REGIONAL </td> </tr> <tr> <td data-bbox="583 818 968 883"> <ul style="list-style-type: none"> HCSA LEADERSHIP EMERGENCY OPERATIONS & WORKGROUP </td> <td data-bbox="968 818 1434 883"> <ul style="list-style-type: none"> ABAHO </td> </tr> <tr> <td data-bbox="583 883 968 980"> <ul style="list-style-type: none"> HOSPITAL COMMAND CENTER 700/800 COMMUNICATIONS TESTING </td> <td data-bbox="968 883 1434 980"> <ul style="list-style-type: none"> EMS FOR CHILDREN TECHNICAL ADVISORY COMMITTEE (TAC) </td> </tr> <tr> <td data-bbox="583 980 968 1078"> <ul style="list-style-type: none"> DISASTER PREPAREDNESS HEALTH COALITION (DPHC) / STEERING COMMITTEE </td> <td data-bbox="968 980 1434 1078"> <ul style="list-style-type: none"> REGIONAL T4RAUMA COORDINATING COMMITTEE (RTCC) </td> </tr> </table>	<ul style="list-style-type: none"> PEDIATRIC READINESS ADVISORY COMMITTEE (EMSC COMMITTEE) 	<ul style="list-style-type: none"> STROKE RECEIVING CENTER MEETINGS 	<ul style="list-style-type: none"> STEMI/ CARDIAC ARREST RECEIVING CENTER MEETINGS 		<ul style="list-style-type: none"> CO-LOCATION PROJECT MEETINGS 	REGIONAL / STATE	<ul style="list-style-type: none"> HPP COORDINATORS MEETING 	<ul style="list-style-type: none"> NICU TASK FORCE – JOINT ALCO/CCC 	<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 and PEDIATRIC READINESS ADVISORY GROUP 	<ul style="list-style-type: none"> CDPH PEDIATRIC SURGE COMMITTEE 	<ul style="list-style-type: none"> SIPP CONFERENCE COMMITTEE 	<ul style="list-style-type: none"> 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 LEADERSHIP EMERGENCY OPERATIONS & WORKGROUP 	<ul style="list-style-type: none"> ABAHO 	<ul style="list-style-type: none"> HOSPITAL COMMAND CENTER 700/800 COMMUNICATIONS TESTING 	<ul style="list-style-type: none"> EMS FOR CHILDREN TECHNICAL ADVISORY COMMITTEE (TAC) 	<ul style="list-style-type: none"> DISASTER PREPAREDNESS HEALTH COALITION (DPHC) / STEERING COMMITTEE 	<ul style="list-style-type: none"> REGIONAL T4RAUMA COORDINATING COMMITTEE (RTCC) 	
<ul style="list-style-type: none"> PEDIATRIC READINESS ADVISORY COMMITTEE (EMSC COMMITTEE) 	<ul style="list-style-type: none"> STROKE RECEIVING CENTER MEETINGS 																											
<ul style="list-style-type: none"> STEMI/ CARDIAC ARREST RECEIVING CENTER MEETINGS 																												
<ul style="list-style-type: none"> CO-LOCATION PROJECT MEETINGS 	REGIONAL / STATE																											
<ul style="list-style-type: none"> HPP COORDINATORS MEETING 	<ul style="list-style-type: none"> NICU TASK FORCE – JOINT ALCO/CCC 																											
<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 and PEDIATRIC READINESS ADVISORY GROUP 	<ul style="list-style-type: none"> CDPH PEDIATRIC SURGE COMMITTEE 																											
<ul style="list-style-type: none"> SIPP CONFERENCE COMMITTEE 	<ul style="list-style-type: none"> 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 LEADERSHIP EMERGENCY OPERATIONS & WORKGROUP 	<ul style="list-style-type: none"> ABAHO 																											
<ul style="list-style-type: none"> HOSPITAL COMMAND CENTER 700/800 COMMUNICATIONS TESTING 	<ul style="list-style-type: none"> EMS FOR CHILDREN TECHNICAL ADVISORY COMMITTEE (TAC) 																											
<ul style="list-style-type: none"> DISASTER PREPAREDNESS HEALTH COALITION (DPHC) / STEERING COMMITTEE 	<ul style="list-style-type: none"> REGIONAL T4RAUMA COORDINATING COMMITTEE (RTCC) 																											
1.04	Medical Director	✓			<p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> As the Chair of the Alameda County EMS Quality Council, Dr. Sporer provides leadership, collaboration with system-wide partners and leverages input from our stakeholders from the committees listed in 1.03. 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 and other services by a Medical Fellow. UCSF has appointed a half-time Medical Fellow, who is a qualified physician in the field of emergency medicine to educate and train EMS staff. The Fellow assists in the 	<p><i>Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.</i></p> <p><u>OBJECTIVE:</u></p> <ul style="list-style-type: none"> Continue with the current staffing for EMS Medical Director – Karl Sporer, MD and EMS and Disaster Medicine Fellow 																						

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					development of appropriate training materials for the annual paramedic update trainings and presents at Bay Area Paramedic Journal Club meetings. Reports to Medical Director – New Fellow <u>SAMMY HODROGE</u> started at EMS July 2018	
--	--	--	--	--	--	--

Planning Activities:

1.05	System Plan	✓			<p><u>PROGRESS TO DATE:</u> CA EMSA APPROVAL - SYSTEM PLANS AND REGULATORY COMPLIANCE <u>EMS SYSTEM PLAN</u></p> <ul style="list-style-type: none"> Alameda County 2016 EMS System Plan Update (with 2016-2017 Executive Summary) completed and approved by the California EMS Authority; 2017 Update submitted to EMSA August 2018 The 2015 Alameda County EMS System Plan was approved in 2016. The 2014 Alameda County EMS System Plan was approved in 2015. <p><u>EMS TRAUMA PLAN</u></p> <ul style="list-style-type: none"> Alameda County 2016 EMS Trauma Plan Update and approved by CA EMSA; 2017 Update submitted to EMSA August 2018 <p><u>EMS QUALITY IMPROVEMENT (QI) PLAN</u></p> <ul style="list-style-type: none"> 2016 Updated and approved by CA EMSA; 2017 Update submitted to EMSA August 2018 <p><u>EMS FOR CHILDREN (EMSC) PLAN</u></p> <ul style="list-style-type: none"> Plan to submit EMSC Plan to EMSA August 2018-19 consistent with new proposed CA EMSC regulations; Planning for approved EMS for Children proposed regulations <p><u>EMS SYSTEM Evaluation and Request for Proposals (RFP)</u> ALCO EMS is currently conducting a RFP process, to select and implement a contract for services to the Exclusive Operating Area (EOA) currently served by Paramedics Plus prior to June 30, 2019.</p> <ul style="list-style-type: none"> Continue contract compliance with the extension of the Paramedics Plus 911 Emergency Ground Ambulance Service through June 30, 2019 <p><u>CONTRACT EXTENSIONS – FRALS AND FIRE TRANSPORT</u></p> <ul style="list-style-type: none"> Extensions of the Alameda County Regional Emergency Communications Center (<u>ACRECC</u>) emergency medical dispatch, First Responder Advanced Life Support (FRALS) as well as 4 fire department based successor ambulance transport agreements. Finalized and executed all First Responder Advanced Life Support 	<p><i>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.</i></p> <p><u>NEW</u> Objective: EMS System Planning NEW OVERARCHING GOALS</p> <ul style="list-style-type: none"> Sustain and improve quality of clinical care the patient receives Stabilize or reduce the cost of EMS services Improve patient satisfaction <p>SIX FUNDAMENTAL TENANTS</p> <ol style="list-style-type: none"> Preserving a high level of emergency medical response throughout the County Producing a system that is cost-effective while preserving a high level of response and care Designing a system that is County-wide (ie. Current Exclusive Operating Area (EOA) allowing for consistency of service Throughout all areas and jurisdictions of the County Maintaining and supporting the current workforce Producing a system that is sustainable for the long term Maintaining the appropriate regulatory and oversight functions between the local EMS agency (LEMSA) and the chosen provider(s)
------	-------------	---	--	--	---	---

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>(FRALS) and Fire-transport contract extensions, as developed during the prior reporting period</p> <ul style="list-style-type: none"> Continue negotiations for successor FRALS and Fire-transport agreements with Cities 	
1.06	Annual Plan Update	✓	✓		<p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> 2014 EMS System Plan submitted and approved in 2015. EMS System Plan Update for 2015-16 completed and submitted in July 2016 and approved in August 2016. EMS System Plan Update for 2016-17 completed and submitted in July 2017 and approved September 2017. 	<p><i>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</i></p> <p><u>OBJECTIVE:</u> Update the EMS System Plan yearly or as prescribed and submit to EMSA (<u>short range</u>)</p>
1.07	Trauma Planning*	✓	✓	✓	<p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> ACS Certification is now a requirement of current Trauma Center contracts New contracts implemented in 2015. <i>EMS planned for verification and re-verification visits by the American College of Surgeons for the County's 3 trauma centers.</i> Alameda Health System - Highland Hospital had a consultation visit for Level 1 status in May 2016 in which Alameda County EMS leadership participated. ALCO EMS facilitated the American College of Surgeons (ACS) "Trauma Consultation," survey at the Alameda Health System – Highland Hospital. The completed consultation assisted in creating a roadmap for movement towards Level 1 certification. All trauma centers successfully completed scheduled ACS re-verification April 2017: UCSF Benioff Children's Hospital Oakland, Level 1-Pediatric Alameda Health System – Highland Hospital, Level 1-Adult ** Sutter Eden Medical Center, Level 2-Adult Alameda Health System - Highland Hospital upgraded to Level 1 from previous status as Level 2. ** ALCO EMS continues to participate in and host the Regional Trauma Coordinating Committee (RTCC). <p><u>TRANEXAMIC ACID (TXA) PILOT STUDY</u></p> <ul style="list-style-type: none"> ALCO EMS participation in TXA pilot study ended in fall of 2017 and continued field use of TXA awaiting state approval for optional scope which occurred in June 2018. This Pilot study of IV administration of TXA to control life-threatening hemorrhage was completed. TXA is now part of our local optional scope of practice. Outcome study demonstrating a mortality benefit was submitted for peer review 	<p><i>The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.</i></p> <p><u>OBJECTIVE:</u> 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.</p> <p><u>Short-Range Plan:</u></p> <ul style="list-style-type: none"> Maintain ACS Verification as a requirement of the contracts with our trauma centers. <p><u>Long Range Plan</u></p> <ul style="list-style-type: none"> Completion of a System-Wide Trauma Evaluation by the ACS <p><u>Short Range Plan:</u></p> <ul style="list-style-type: none"> Improve the functionality of our Trauma Audit Committee by adding a pre-TAC component. Improve our analysis of existing trauma data. <p><u>Short Range Plan:</u></p> <ul style="list-style-type: none"> Renew Trauma Contracts with ALL three existing Alameda County Trauma Centers for another THREE year term (2018-2021).

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					publication.	
1.08	ALS Planning*	✓	✓	✓	<p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> Advanced Life Support has been available county-wide since 1986. Advanced Life Support available on first response vehicles county-wide since 2011. Medical Priority Dispatch (MPDS) has been implemented in over 90% of the system. Current contract allows the use of BLS for Omega, Alpha and Bravo calls. Currently using BLS for some Omega, Alpha and Bravo calls in the north county. Evaluation of the MPDS system was completed and published. Data driven approach to response patterns implemented. ALCO EMS partnered closely with ALCO EMS approved ACE Accredited EMD centers (Oakland Fire Department (OFD) and Alameda County Regional Emergency Communications Center (ACRECC) as well as the International Academies of Emergency Dispatch (IAED) to prudently and in evidence based manner rectify a situation that materialized as a result of Version changes in the MPDS system which produced substantially more ECHO level respiratory responses which did not correlate with the expected clinical acuity in our system and other large systems world-wide. 	<p><i>Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.</i></p> <p><u>OVERALL OBJECTIVES:</u></p> <ul style="list-style-type: none"> Ensure seamless delivery of 911 services to the citizens of Alameda County by integrating all FRALS providers into one contract template. Utilize evidence based process to tailor ALS response to provide enhanced focus on high acuity patients. Reconfigure resource contingent assigned to low acuity patients. Utilize a stakeholder based workgroup process to facilitate. <p><u>SHORT-RANGE PLAN:</u></p> <ul style="list-style-type: none"> Development of the work group. <p><u>LONG-RANGE PLAN:</u></p> <ul style="list-style-type: none"> MPDS in 100% of the system with assigned response contingents defined on an ongoing basis to match patient needs in an evidence based manner.
1.09	Inventory of Resources	✓	✓		<p><u>PROGRESS TO DATE:</u></p> <p><u>RESOURCE DIRECTORIES:</u></p> <p><u>COMMUNICATION SYSTEMS</u></p> <ul style="list-style-type: none"> Updated <u>email distribution lists</u> for Health Care Services Agency (HCSA) leadership notification <u>REDDINET</u> - Updated Master ReddiNet Contact List <u>Disaster Preparedness Health Coalition (DPHC)</u>, and <u>EMS Distribution lists</u> updated in 2017 <u>CAHAN</u> distribution lists updated including transport providers updated by EMS <u>AC Alert</u> Notification Distribution list in partnership with Public Health <u>EMS Metrics</u> - Master Resource Directory /distribution lists updated 2016-17. RDMHS updated Metrics with regional and operational area equipment resources and plans in 2015, 2016, and 2017 <u>Pediatric and NICU Point of Contact</u> Distribution lists updated; partnership project with Contra Costa County EMS 	<p><i>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.</i></p> <p><u>OBJECTIVES:</u></p> <p><u>SHORT RANGE</u></p> <ul style="list-style-type: none"> 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. Coordinate with the ReddiNet Coordinator and HPP EMSA Coordinator to ensure disaster contacts are updated in ReddiNet and HPP Disaster Preparedness

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p><u>VEOCI – RESOURCE MANAGEMENT SYSTEM</u></p> <ul style="list-style-type: none"> Public Health utilizes VEOCI for disaster resource management. EMS will evaluate utilization and consistency with Alameda County GSA resource management. <p><u>FACILITIES:</u></p> <ul style="list-style-type: none"> Office of Homeland Security and Emergency Services utilizing ReddiNet contact information to map GIS hospital, clinic, SNF, and other HCF locations General Services Agency – Updated logistics Resource Inventories includes OA GIS Maps and Facilities. <p><u>TRANSPORT PROVIDERS</u></p> <ul style="list-style-type: none"> Updated 911 and non-911 permitted transport provider distribution list <p><u>EQUIPMENT AND SUPPLIES - Updated</u></p> <p><u>MCI/MASS CASUALTY DEPLOYMENT MODULES/TRAILERS</u></p> <ul style="list-style-type: none"> Six MCI Deployment Modules purchased in June 2018 for existing MCI trailers with POW response kits and DMS command supplies. Modules are actively being distributed throughout Alameda County including transport providers and clinic locations. Alameda County EMS Resource Directory distribution lists - updated with new MCI modules. <p><u>GENERAL SERVICES AGENCY</u></p> <ul style="list-style-type: none"> Updated Logistics Equipment and Supply Resource Inventories Private Sector Logistics Inventory Updated – Acculogistics location for Vericor mobile caches initially; General Services Agency assessing alternate options Alameda County Public Health Department/EMS Resource Inventories – ACS Cache – MOUs Updated <p><u>EMS EMERGENCY/DISASTER SUPPLY INVENTORY</u></p> <ul style="list-style-type: none"> EOC Medical/Health Branch updated inventory list 700/800 Megahertz UHF/FHF Portable Radios updated inventory and distribution list Portable laptops – New equipment inventoried with distribution plan Ensuring increased availability of mobile disaster response communication and information management systems Alameda County EOC Medical/Health Branch and EMS DOC priority assets and resources identified <p><u>OPERATIONAL AREA EOC MEDICAL / HEALTH BRANCH AND EMS DOC</u></p> <ul style="list-style-type: none"> ALCO EMS collaborated with the Sheriff’s Department Office of Emergency Services and Homeland Security to upgrade the operational area EOC Medical/Health Branch 	<p>Coalition Master Distribution List.</p> <ul style="list-style-type: none"> Ensure CAHAN contacts updated Ensure resource deployment resources and location for supplies updated including MCI Deployment Modules
--	--	--	--	--	--	---

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>enhancing physical space functionality and technology assets.</p> <ul style="list-style-type: none"> Developed plans to update EMS DOC technology and logistics requirements in San Leandro. Tested EMS DOC in Coalition Surge Test June 27, 2018 and during the mutual aid for Northern CA Fires in 2017. <p><u>MOBILE / OFF-SITE OPERATIONAL CAPABILITY</u></p> <ul style="list-style-type: none"> EMS Director, EMS Deputy Director and EMS Coordinators have new mobile laptops with extended life batteries and enhanced connectivity to ensure operational self-sufficiency, reliable communications and information management capability. EMS Director, EMS Deputy Director, MHOAC and RDMHS Region II have new satellite communications voice and data devices Designated ALCO EMS Duty Officers have new individually issued 700/800Mhz & VHF portable radios All ALCO EMS Duty Officer response vehicles have new 700/800Mhz & VHF portable radios and have been equipped with AED's and basic first aid / trauma supplies 	
1.10	Special Populations	✓	✓	✓	<p>PROGRESS TO DATE:</p> <p>CHILDREN - IDENTIFIED AS SPECIAL POPULATION GROUP</p> <p>EMS FOR CHILDREN PROGRAM</p> <ul style="list-style-type: none"> The Alameda County EMS Agency ensures overall EMS for Children system integration, design, monitoring and quality improvement. Alameda County EMS has a multi-year contract with the pediatric trauma center UCSF Benioff Children's Hospital, Oakland (Level 1 Trauma Center) for collaboration to ensure hospital quality improvement for hospital pediatric "day the day" readiness, injury prevention, and disaster / surge capability. <ul style="list-style-type: none"> A new contract is now being developed for 2018-19. <p>QUALITY IMPROVEMENT - EMSC</p> <p>The EMS for Children quality benchmarks and activities reflecting progress include:</p> <ul style="list-style-type: none"> <u>Partnership with UCSF Benioff Children's Hospital, Oakland including the Pediatric Readiness ED site visits to ensure "day to day" and surge preparedness.</u> <u>Pediatric quality assurance and improvement process by including outside experts for performance review of both the trauma centers and receiving hospitals.</u> 	<p><i>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).</i></p> <p>GOALS OF EMSC IN ALAMEDA COUNTY</p> <p><u>OVERALL GOAL – LONG-TERM</u></p> <ul style="list-style-type: none"> The overall goal of the 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. To <u>ensure state-of-the-art emergency medical care</u> for the ill or injured child and adolescent To <u>ensure that pediatric services are well integrated</u> into an emergency medical services (EMS) system and backed by optimal resources To ensure that the entire

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

				<ul style="list-style-type: none"> All pediatric trauma cases including all MCIs are reviewed and monitored. Refer to EMS trauma plan. Specifically, an MCI in 2018 with pediatrics is under review. Alameda County EMS is planning new EMS for Children QI Workgroup with UCSF Benioff Children’s Hospital. The next meeting is scheduled July 27, 2018. <ul style="list-style-type: none"> The focus is strengthening the Pediatric Readiness Project, QI, and planning for the pediatric disaster surge exercises. The scope of this workgroup will be consistent with new proposed EMSA regulations 2018 and the CDPH / EMSA Pediatric Surge Workgroup pediatric receiving hospital designations. Monitoring hospital pediatric readiness with Emergency Department Pediatric Site Visits and Assessments with National Tools <p><u>PEDIATRIC RECEIVING CENTERS</u></p> <ul style="list-style-type: none"> All hospitals are expected to receive pediatric patients with pediatric readiness. The hospital benchmarks recommend pediatric coordinator with competency, quality improvement, policies, equipment, injury prevention, and disaster preparedness consistent. The Alameda County standard is consistent with the National Pediatric readiness guidelines and UCSF Benioff recommendations for improvement. A new contract is currently in preparation with UCSF Benioff Children’s Hospital, Oakland. The EMSC Coordinator Cynthia Frankel at the Alameda County EMS Agency provides technical assistance to integration of EMSC in each Alameda County EMS program and clinical operations. The focus is an emphasis on quality of care, operational field pediatric policies, continuity of care, family-centered care, children with functional needs, injury prevention, and disaster / surge preparedness. <p><u>EMSC PARTNERS AND COMMITTEES</u></p> <ul style="list-style-type: none"> Representation / participation at the <u>State</u> designated EMS for Children Technical Advisory Committee and EMSA/CDPH Pediatric Medical Surge Project in 2017 and 2018 Representation / participation in the <u>Alameda County Disaster Preparedness Health Coalition</u> for integration of pediatric medical surge and the Receiving Hospital 	<p>spectrum of emergency services - including primary prevention of illness and injury, acute care, and rehabilitation - is provided to infants, children, adolescents and young adults.</p> <ul style="list-style-type: none"> EMS using a <u>HPP grant</u> from and with the assistance of subcommittees of experts in various aspects of pediatric care, has developed guidelines, standards, policies, plans and key products that make up a comprehensive model for EMSC services in Alameda County. <p><u>PEDIATRIC SURGE GOALS</u> <i>Right Patient, Right EMS Resource, Right Destination</i></p> <ul style="list-style-type: none"> Ensure the highest and best utilization of and access to our region’s pediatric resources Leverage and maximize every asset at all levels of capabilities at every hospital, large or small, rural or urban, pediatric or adult Recognize that a coordinated and integrated response requires the active participation of private and public resources and systems at every level. Strive to equitably maximize the # of children receiving care appropriate for their needs during a disaster Recognize and acknowledge that in a major event, demand for pediatric care will likely exceed resources and capacity. Op areas, regions, and CA will move from individual-based care to population-based care with the focus on saving the maximum # of lives possible. Consistent with the California Five Year Plan includes the following goals for 2001-2005: <ul style="list-style-type: none"> Improve <u>data collection and quality improvement</u> systems, data analysis, and research in EMSC <u>Integrate pediatric issues</u> in all aspects of EMS development - disaster
--	--	--	--	---	---

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	--------------------------------	-------------------------------	-----------------------------------	---------------------

				<p>Committee for EMSC initiatives.</p> <ul style="list-style-type: none"> Partnering with Contra Costa County NICU Planning group with focus on promoting the Triage, Resource Allocation for In-patient (Neonates) - "TRAIN" Model <p><u>NEW CONFERENCES – PEDIATRIC “AT RISK POPULATIONS”</u></p> <ul style="list-style-type: none"> Promoting integration of pediatric content in State and National Conferences on Pediatrics including Disaster Preparedness Health Coalition (DPHC) EMSC Coordinator attended National Pediatric Disaster Conference – in Arizona 2015; National Healthcare Coalition Conference in Washington DC December 2016; and attended the National Healthcare Coalition Conference in San Diego with Alameda County coalition partners November 2017. Presented the CA Children's Disaster CONOPs – draft framework in poster presentations for each conference listed above. EMSC and DPHC partners prioritizing Children & Pediatrics – attended HPP Pediatric Conference in Contra Costa County June 2016. Pediatric Surge planning presentation provided in the SWMHE Tabletop Exercise. Partnering with Contra Costa NICU Planning group - Attended joint Kaiser Santa Rosa presentation AAR post 2017 Firestorms in 2018 <p><u>PEDIATRICS - NEW PLANS (DISASTER / SURGE)</u></p> <ul style="list-style-type: none"> Children's Disaster CONOPs (Annex to operational Area EOP) submitted to Operations Council for submission to Alameda County Board. At the end of 2017, the project was temporarily on hold. The EMSC Coordinator will be participating in plan development. EMSC Coordinator supporting planning committee for State Pediatric Medical Surge Planning – function specific chapter too CA Medical/Health EOM; developed CA Children's Disaster CONOPs draft framework. Participates on the CDPH/EMSA Pediatric Surge Workgroup – EMS Sub-Committee. Alameda County EMS website updated with pediatric medical surge planning information and links for system-wide partners Updated EMS Pediatric Medical Surge Plan 2017 <p>-----</p> <p><u>“AT RISK” BOYS AND MEN OF COLOR (BMOC)</u></p> <p><u>PROGRESS:</u></p> <ul style="list-style-type: none"> EMS Corps training and peer support mentoring provided in 2015-18 (on-going). <p><u>EMT TRAINING PROVIDED BY EMS FOR EMS CORPS</u></p>	<ul style="list-style-type: none"> Expand the <u>availability of illness and injury prevention, first aid and CPR programs</u> <u>Optimize pediatric emergency department and critical care facility capabilities</u> throughout the state <u>Optimize trauma care</u> for all pediatric patients <u>Optimize prehospital and inter-facility pediatric transport</u> Develop <u>broad-based support for improving EMSC</u> <p>GOALS- Disaster</p> <ul style="list-style-type: none"> To most efficiently and effectively help one of the most vulnerable populations during times of disaster, our goals is to organize a scalable structure for a surge response for children by creating an operational area Pediatric Medical Surge Plan. <p><u>“AT RISK” BOYS AND MEN OF COLOR (BMOC)</u></p> <p><u>OBJECTIVES:</u> full-time program aimed to change the trajectory of <u>BMOC</u> and create career opportunity for participants in EMS, public safety, and/or medical/healthcare</p> <ul style="list-style-type: none"> EMS Corps is a completely in-house program that provides life coaching, mentoring, case management, counseling and EMT training to create opportunity for careers in healthcare and public safety to young men of color and change their lives’ statistical trajectory <p><u>SHORT RANGE PLAN:</u></p> <ul style="list-style-type: none"> EMS for Children Program update consistent with pending CA EMSC regulations. Facilitate EMT training portion of EMS Corps program with emphasis on preparedness for a realistic EMS workplace environment <ul style="list-style-type: none"> Improve pass rates for National Registry Exam, Improve follow-up with alumni Increase working with community partners
--	--	--	--	--	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

				<ul style="list-style-type: none"> EMS Prehospital Care Coordinators continued support EMT training component of the EMS Corps cohort Visited several EMT training programs to become oriented with provision of training in our jurisdiction and discussed the possible addition of a Paramedic Program with American Health Education. Initiated and continued to coordinate the EMS Agency's hosting of an EMS Instructor class developed by the National Association of EMS Educators. <p><u>EMS CORPS IN 11TH COHORT</u></p> <ul style="list-style-type: none"> <u>EMS Corps</u> started Cohort 11 with 16 students and 1 new instructor (Dave Licata): 1 student resigned; as of May 31, 2017, this cohort has a 75 % NREMT pass rate All participants successfully passed final exam 3 EMS Corps Alumni were hired as Firefighters (Contra Costa County and San Francisco Fire) 2 EMS Corps Alumni were hired as Healthcare Technicians at Cherry Hill Detox Center 1 EMS Corps Alumni was hired at Paramedics Plus EMS Corps conducted 5 Community Service/Outreach events which connected with 405 participants. EMS Corps students received commendation from Supervisor Nate Miley EMS Corps presented the program model and accomplishments before the Joint Public Safety and Health Committee. <p><u>EMS CORPS IN 12TH COHORT</u></p> <ul style="list-style-type: none"> All participants successfully passed final exam. Eight passed the National Registry exam thus far and are certified as EMT's. Three alums secured jobs this quarter with fire departments Three alums were hired as health technicians at Cherry Hill. 2 EMS Corps Alumni hired at Royal Ambulance 2 EMS Corps Alumni hired at United Ambulance 1 EMS Corps Alum hired as Health Technician at Mission Street Sobering Center 2 EMS Corps Alumni enrolled in the Merritt College Fire Academy 	<ul style="list-style-type: none"> Improve communication <p><u>LONG RANGE PLAN:</u></p> <ul style="list-style-type: none"> EMS for Children Program development consistent with pending EMSC regulations Promote continuation of the program including development of staff to practice the same delivery model of curriculum <ul style="list-style-type: none"> Develop alumni to regularly assist in mentoring and EMT training Develop EMT refresher and skills classes to be available for a nominal fee Develop program to include young women of color <p><u>OLDER POPULATIONS (65+)</u></p> <p><u>OBJECTIVES:</u> Continue implementation of PIC evidence based "Matter of Balance" by training/monitoring coaches and conducting 14, 8-week 2 hour classes Stand-up Matter of Balance (MOB) - Workshops throughout the County with effort to offer workshops for underserved and non-English speaking older adults. Deliverables include enhancing the prehospital use of STEADI (Stop Elderly Accidents, Death, and Injury) to assess fall risk of certain EMS patients and referring them to designated organization for further assessment and referral. this evidence-based program</p> <ul style="list-style-type: none"> 2017 SIPP Forum planning initiated by convening planning committee, set date, secure location, develop theme, identifying presenters, etc. Matter of Balance is an evidence-based fall prevention program designed to reduce elderly falls and the fear of falling by cognitive restructuring and exercise. STEADI is a fall risk assessment tool developed by the CDC to
--	--	--	--	--	---

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

				<ul style="list-style-type: none"> 2 EMS Corps Alumni hired as a Health Technician at Cherry Hill <p><u>EMS CORPS COHORT 13</u></p> <ul style="list-style-type: none"> Recruited students for EMS Corps Cohort 13 pending start date in January EMS Corps conducted 5 Community Service/Outreach events which connected with 405 participants. Outreach to approx. 300 students at the Research Career and Internship Fair at UC Berkeley Outreach to approx. 200 students at the Health and Wellness Career exploration Day at Castro Valley High School Outreach to approx. 150 students at the Oakland Technical High School Health Fair <p>-----</p> <p><u>EMS CORP AND HEALTH PATHWAY PARTNERSHIP</u></p> <p>CURRENT AND New Assignments</p> <ul style="list-style-type: none"> <u>Sequoia Hall</u>: Program Manager of Alameda County Health Pathway Partnership <u>Jocelyn Freeman Garrick, MD</u>: Deputy Medical Director of EMS <u>Lucetia Bobo</u>: EMS Corps Program Manager <ul style="list-style-type: none"> SAN Employee → Transitioned to Community Outreach Worker II <u>Angelica Guevara</u>: EMS Corps Program Coordinator <ul style="list-style-type: none"> TAP Employee Angelica Guevara hired as Program Assistant and began work on EMS Corps' first newsletter; Lucretia Bobo and Deyantae Newson increased outreach to alumni <p>NEXT PAGE</p> <p><u>CAREER AND WORKFORCE DEVELOPMENT</u></p> <ul style="list-style-type: none"> Planning the 2018 mental health career conference in collaboration with BHCS Orient and Train 18 new hires at Cherry Hill. Partner with EMS to receive patients from the field Obtain additional funding and support for Health Coach program and expansion of EMS Corps to women in July 2018 <p><u>INTELLECTUAL AND DEVELOPMENTAL DISABLED POPULATION</u></p> <p><u>PROGRESS</u> - Mission statement developed: IDDF is an inclusive and collaborative team assembled to improve services for individuals with intellectually & developmentally</p>	<p>identify level of fall risk of individuals. Both programs have been implemented in the County in an effort to reduce elderly falls and mitigate related injuries.</p> <p><u>INTELLECTUAL AND DEVELOPMENTAL DISABLED POPULATION (IDD)</u></p> <p><u>OBJECTIVES</u>: multidisciplinary team working in collaboration to promote training, navigation and policy for those in crisis identified as having IDD. Crisis includes medical and behavioral emergencies.</p> <ul style="list-style-type: none"> <u>Short term plan</u>: Develop mission statement, identify community partners, investigate training models for first responders and others who would interact with this population during crisis <u>Long term plan</u>: Secure funding and promote policy for sustainability <p><u>PATIENTS WITH MENTAL HEALTH ISSUES</u></p> <p><u>OBJECTIVES</u>: Collaborate with local law enforcement (LE) agencies and Behavioral Health Care Services (BHCS) to navigate those with mental health issues in crisis to appropriate care and services</p> <ul style="list-style-type: none"> <u>SHORT-RANGE PLAN</u>: Foster productive collaborative relationships with law enforcement and County Behavioral Health Care Services, promote and implement multidisciplinary training and transportation program <u>LONG-RANGE PLAN</u>: Develop policy and procedure to navigate those with mental health issues in crisis to appropriate transport, care, and services <p><u>FREQUENT 911/EMERGENCY USERS</u></p> <p><u>WHOLE PERSON CARE PROJECT</u> - <u>Objectives</u>: new broad-based collaboration in conjunction with the County</p>
--	--	--	--	---	---

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	--------------------------------	-------------------------------	-----------------------------------	---------------------

					<p>disabilities who require forensic support in the East Bay</p> <ul style="list-style-type: none"> Worked with Intellectual and Developmental Disability Forensic Team (IDDFT) to develop goals for 2018 using Sequential Intercept technique Three meetings conducted with representation from the Development Disabilities Council (DDC), board and care homes, subject matter experts with professional experience dealing with this population, and parents Curriculum development for first responder (LE, Fire, EMS) training in progress Applied for grant through Autism Speaks to fund autism awareness training <p><u>PATIENTS WITH MENTAL HEALTH ISSUES</u></p> <p><u>PROGRESS:</u></p> <ul style="list-style-type: none"> Member of Alameda County Multi-Discipline Forensic Team (MDFT) in 2016 to present. Attended MDFT meetings- networking with local Law Enforcement, Behavioral health Care Services (BHCS), probation, district attorney, veterans programs, behavioral health advocates, multiple community based organizations Provided reports for transported patients on 5150 holds to various stakeholders Worked with John George Partners and Telecare for specific high utilizer – emergency services utilization reduced considerably by end 2016 <p><u>FREQUENT 911/EMERGENCY USERS</u></p> <p><u>PROGRESS:</u></p> <p>‘WHOLE PERSON’ CARE CONNECT & BEHAVIORAL HEALTH ALAMEDA COUNTY CARE CONNECT (WHOLE PERSON CARE)</p> <ul style="list-style-type: none"> Continued work with community partners to develop planning to <u>connect high utilizers of 911</u> and other medical services with appropriate care (AC3) Worked with Intellectual and Developmental Disability Forensic Team (IDDFT) to develop goals for 2018 using Sequential Intercept technique Travis Kusman participates in the AC3 Steering Committee Karl Sporer participates in the AC3 Clinical Working Group Data Sharing from EMS to AC3 Working on mechanics of daily data sharing Developed and completed a list of data elements 	<p>Health Care Services Agency and other service providers to develop novel approaches to integrating medical, health, mental health, and social services for high utilizers</p> <p><u>SHORT RANGE PLAN:</u></p> <ul style="list-style-type: none"> Establish data sharing capability and leverage relative to Health Information Exchange efforts. Partner to identify novel approaches to care for high utilizers of multiple systems as well as 5150 population – reduce dependence of these populations on EMS <p><u>LONG-RANGE PLAN:</u></p> <ul style="list-style-type: none"> Investigate options for sustainability <p>-----</p> <p>“AT RISK POPULATIONS” – Policies and Training</p> <p><u>OBJECTIVES:</u> Integrate 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.</p> <p><u>SHORT-RANGE PLAN:</u></p> <ul style="list-style-type: none"> Maintain established partnerships/collaborations and program/activities <p><u>DOMESTIC VIOLENCE (DV) POLICY for 2017</u></p> <p><u>SHORT-TERM:</u></p> <ul style="list-style-type: none"> Improve EMS awareness of DV and impact on community health Evaluate and adjust procedures for telephone referrals with Family Violence Law Center (FVLC) Improve EMS provider documentation related to DV Improve data collection related to DV <p><u>LONG-TERM:</u></p> <ul style="list-style-type: none"> Increase EMS identification of DV victims (through data collection) Increase referrals from the field to DV services (through data collection)
--	--	--	--	--	---	---

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

				<ul style="list-style-type: none"> Completed the technical aspects of data delivery Data Sharing Agreement in preparation; Awaiting the completion of an MOU between EMS and AC3 <p><u>BEHAVIORAL HEALTH PILOT PROJECT</u></p> <ul style="list-style-type: none"> Developing a pilot program with Behavioral Health Care Services that will provide a Mental Health Clinician and an EMT in an unmarked vehicle to assist in timely assessment and transport to alternate destinations. <ul style="list-style-type: none"> Considering ReddiNet utilization for identifying available beds for 5150 destinations One time funds from Measure A obtained Innovation Grant for Behavioral Health submitted Planning on hiring a project manager <hr/> <p><u>HEART SCREENING</u></p> <ul style="list-style-type: none"> Twice in the past three years, Alameda County EMS has partnered with the Via Heart Project (Non-for profit) as a Co-sponsor for a one day heart screening for children 12-25 years of age. This service is FREE of charge to the community as main sponsorship is secured by Via prior to the event. The Heart Screening experience includes: <ul style="list-style-type: none"> Medical history, patient and family Height, weight and blood pressure CPR and AED training 12-lead ECG and ECHO Face-to-Face Physician consult <p><u>2019 SUMMARY OF FIELD MANUAL POLICY UPDATE</u></p> <p><u>CONSIDERATIONS FOR SPECIAL POPULATIONS</u></p> <p><u>ADMINISTRATIVE</u></p> <ul style="list-style-type: none"> <u>AMBULANCE REROUTING CRITERIA – BYPASS REMOVED</u> <p><u>GENERAL SECTION</u></p> <ul style="list-style-type: none"> <u>ASSAULT/ABUSE/DV – p. 4-5</u> - Pending California Legislation <u>HYPERKALEMIA – p. 14</u> – Clarifies Hyperkalemia treatments and cautions <u>SCOPE OF PRACTICE – p. 20</u> <ul style="list-style-type: none"> Pediatric Intubation removed per EMSA Olanzapine is an efficacious and well tolerated anti-psychotic 	<ul style="list-style-type: none"> Receive regular, appropriate feedback from FVLC related to referrals Decrease incidents of death and disability from DV
--	--	--	--	--	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> ○ IFT BLS Vetting in progress • <u>TRAUMA ARREST PROTOCOL</u> • <u>TRAUMA PATIENT CRITERIA – p. 27</u> • <u>TXA – p. 28</u> - California Prehospital Antifibrinolytic Therapy (Cal-PAT) Study – • “Improved mortality;” “The mortality difference was greatest in severely injured patients.” • “Significant reduction in total blood transfusion” <p>ADULT / PEDIATRIC SECTIONS</p> <ul style="list-style-type: none"> • <u>ANAPHYLAXIS ADULT</u> - p. 36 – <ul style="list-style-type: none"> ○ Clarifies BLS administration of Epinephrine in Anaphylaxis • <u>ANAPHYLAXIS PEDIATRIC</u> p. 63 • <u>ASYSTOLE/PEA ADULT</u> p. 37 <ul style="list-style-type: none"> ○ “Epinephrine may improve ROSC, but it does not improve survival to discharge or neurologic outcome. Timing of epinephrine may affect patient outcome, but BLS measures are the most important aspect of resuscitation and patient survival. ○ Time to vasopressor administration is significantly associated with ROSC, and the odds of ROSC declines by 4% for every 1-minute delay between call receipt and vasopressor administration. “ • <u>VF/VT ADULT</u> p. 59 • <u>VF/VT PEDIATRIC</u> p. 73 • <u>AIRWAY OBSTRUCTION</u> p. 62 <ul style="list-style-type: none"> ○ Pediatric Intubation (< 40 kg) removed per California EMSA • <u>NEONATE RESUS</u> p. 67 • <u>POISONING</u> p. 71 • <u>RESPIRATORY DISTRESS</u> p. 75-76 • <u>ROUTINE MEDICAL CARE</u> p. 77 • <u>MEDICATIONS</u> p. 41 <p>OPERATIONS SECTION</p> <ul style="list-style-type: none"> • <u>BLS/ALS FIRST RESPONDER p. 87</u> <ul style="list-style-type: none"> ○ Clarifies First Responder Personnel • <u>DEATH IN THE FIELD p. 88</u> - Trauma Arrest Policy Pending • <u>EQUIPMENT p. 98-104</u> - Clarifies equipment specifications associated with 2019 field policy updates • <u>IFT p. 106</u> 	
--	--	--	--	--	--	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> • <u>ADD OLANZAPINE (NEW)</u> – Move to Procedures Section <ul style="list-style-type: none"> ○ “Olanzapine is an efficacious and well-tolerated atypical antipsychotic indicated for the treatment of schizophrenia and acute manic or mixed episodes, along with maintenance therapy in bipolar disorder and (in some countries) related psychiatric disorders. ○ Consistent with the findings from large comparative clinical trials and observational studies, olanzapine has been found to be comparable or superior to other atypical antipsychotic medications in meta-analyses of head-to-head studies using a variety of efficacy /effectiveness and safety/tolerability outcomes. ○ Notwithstanding potential weight gain as an important consideration associated with olanzapine treatment, this medication has a favorable risk/benefit profile that has led to it being extensively utilized worldwide.” • <u>EXCITED DELIRIUM</u> <ul style="list-style-type: none"> ○ Excited Delirium algorithm pathway converges links to applicable existing field manual treatment policies. • <u>PSYCHIATRIC AND BEHAVIORAL EMERGENCIES P. 112</u> • <u>RESPONDING UNITS – Canceling/Reducing Code p. 114</u> • <u>UNUSUAL OCCURRENCE</u> - Identifies improvement opportunities in clinical outcomes and/or system structures / processes. <p><u>PROCEDURES</u></p> <ul style="list-style-type: none"> • <u>ADVANCED AIRWAY p. 116</u> <p><u>2017 POLICY DEVELOPMENT FOR 2018:</u></p> <p><u>GENERAL POLICY SECTION:</u></p> <ul style="list-style-type: none"> • Modify Domestic Violence, Crush Syndrome, Hyperkalemia, CPR <p><u>ADULT/PEDIATRIC SECTIONS:</u></p> <ul style="list-style-type: none"> • Modify Anaphylaxis, Bradycardia, Overdose/Poisoning, Sepsis, Respiratory Distress policies • Add Epinephrine push, remove Dopamine from shock policy • Add Mg SO4 to Respiratory Distress, VF/VT policies • Modify Routine Pediatric Care • Add Eclampsia/Pre-Eclampsia policies <p><u>OPERATIONS SECTION:</u></p> <ul style="list-style-type: none"> • Modify Consent Guidelines, Equipment, ALS Responder <p><u>PROCEDURES SECTION:</u></p>	
--	--	--	--	--	--	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> Remove Airway Checklist Policy Add Humeral IO <p><u>MCI SECTION:</u></p> <ul style="list-style-type: none"> Add option for Hydroxocobalamin to Cyanide Poisoning <p><u>EXISTING AND NEW POLICIES: General Policies:</u></p> <p><u>PEDIATRIC POLICIES</u></p> <ul style="list-style-type: none"> Airway Obstruction; Anaphylaxis; Altered; ALTE; Bradycardia; Neonatal Resuscitation updated <p><u>CHILD INJURY PREVENTION</u></p> <ul style="list-style-type: none"> Alameda County EMS is expanding community outreach to reduce number of childhood injuries <p><u>SAFE KIDS COALITION</u></p> <ul style="list-style-type: none"> Active and meets monthly; partnered on implementation of the following community based events: Safe Kids Day—booster seat distribution; numerous health fairs—helmet fittings/distribution; community based care seat check-up events; and monthly car seat (check-up) inspection station; facilitated Worlds’ Largest Swimming Lesson; established Memoranda of Understanding with 12 local community based groups to promote community based child passenger safety education and car seat check-up events. <p><u>CHILD PASSENGER SAFETY</u></p> <p>Conducted 20 Child Passenger Safety Check-Up Events/Inspections Stations.</p> <ul style="list-style-type: none"> Provided education to 898 individuals Distributed 320 child safety seats to low-income families Provided installation assistance for 515 child safety seats Provided MOU holding partners with an additional 220 child safety seats for distribution to their clients <p><u>SAFE KIDS DAY</u></p> <p>Held 4th annual Safe Kids Day in partnership with Supervisor Scott Haggerty</p> <ul style="list-style-type: none"> Distributed and properly installed 500 booster seats Distributed and properly fit 500 wheeled sports helmets Hosted community safety fair with 30 agencies/activities participating 1,500 attendance <p><u>CHILD PASSENGER SAFETY TRAININGS BASICS COURSE (CSPT)</u></p> <ul style="list-style-type: none"> Created Child Passenger Safety Basics 8 hour training for RNs, which was approved for 6 BRN CEs. Curriculum was reported on in Safe Ride News and the CA VOSP 	
--	--	--	--	--	---	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>newsletter.</p> <ul style="list-style-type: none"> Safe Kids Worldwide is hosting the curriculum on their member resource website, and the AAP is currently undergoing a review. With the support of certified instructors, IPP hosted and facilitated Child Passenger Safety Technician (CPST) classes in September 2015 and April 2016; 2017. Facilitated / hosted one Education Classes in October 2015, 2016, and 2017. <p><u>EVERY 15 MINUTE PROGRAM.</u></p> <ul style="list-style-type: none"> Assisted Highland Hospital, part of the Alameda Health System, in the planning and coordination of their Every 15 Minute Program. In May 2015, 2016, and 2017 collaborate with Alameda Health Systems, Eden-Sutter Hospital and local law enforcement. <p><u>COMMUNITY EVENTS FOR CHILDREN – GOGGLE DISTRIBUTION</u></p> <ul style="list-style-type: none"> Distributed an additional 434 helmets and provided education utilizing our concussion goggles to 682 individuals at various community events. <p><u>EMS WEEK</u></p> <ul style="list-style-type: none"> Hosted EMS Week Kids Day, May 2017 & <u>May 24, 2018.</u> 2017- 50 attendees, 2018- 75 attendees Education and activities provided over a wide variety of topics, i.e. earthquake preparedness/safety, water safety, wheeled sports safety, fire prevention, etc. <p><u>STOP THE BLEED TRAINING</u></p> <ul style="list-style-type: none"> Conducted a Stop the Bleed training session at the Senior Injury Prevention Partnership Education Forum, with 100 of the 140 attendees being trained, including Supervisor Nate Miley. <p><u>SWIMMING POOL EVENT</u></p> <ul style="list-style-type: none"> <u>June 21, 2018-</u> hosted World's Largest Swimming Lesson event at Mills College Aquatic Facility. Provided 40 youth with free swim and CPR lessons. <p><u>WALK TO SCHOOL DAY</u></p> <ul style="list-style-type: none"> Hosted International Walk to School Day event- 325 participants <p><u>OLDER POPULATIONS (65+) - PROGRESS:</u></p> <p><u>SENIOR INJURY PREVENTION PROGRAM (SIPP)</u></p> <ul style="list-style-type: none"> ACTIVITIES AND FORUM -2016, 2017, and 2018 <p><u>SENIORS</u></p> <ul style="list-style-type: none"> SIPP was awarded a 3 year grant from the Partners in Care Foundation to 	
--	--	--	--	--	---	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>implement several fall prevention programs.</p> <ul style="list-style-type: none"> • This work take place in partnership with two senior service providers. • Matter of Balance Fall Prevention Team supported a Contra Costa County Coach Training in August. The support will be reciprocated in the future. • SIPP provided incentives to some of its members to help celebrate Fall Prevention Awareness Week, September 18-22. • SIPP helped plan and execute the Healthy Living Festival at the Oakland Zoo. • With 19 students from Northern Lights Middle School, SIPP provided some of the workforce for the serving of lunch to 2,000 seniors attending the Festival. <p>2016-17</p> <ul style="list-style-type: none"> • In its 16th year, the 2016 forum was held May 25, 2016 in Emeryville, CA. The theme of the Forum was "Growing Bolder." 165 people attended the day-long event. • The 2017 event took place in Oakland in June 2017. • Fall Prevention services provided - 2-yr grant from Partners in Care Foundation in 2015-16. • Completed year 1 initiated year 2 of Partners in Care (PIC) Matter of Balance (MOB) grant, a falls and prevention program. • <u>Year 1</u>—successfully fulfill terms of grant by raining 30 coaches (trainers), completed 64 2-hour sessions. • <u>Year 2</u>—trained 15 coaches and one master trainer; initiated 8 week, 2-hour workshops. Initiated implementation of STEADI (Stop Elderly Accidents, Death and Injury) a risk assessment tool by developing protocols for EMTs and developed referral mechanism with six organizations for clients at risk for falling. • 3 Matter of Balance Coach Training classes have been conducted • 9 Matter of Balance workshops have been completed • 5 senior services partners identified to take referrals based on STEADI assessments done in the 911 system • Produced online training for field personnel to perform STEADI assessments <p><u>SENIOR INJURY PREVENTION PROJECT</u></p> <ul style="list-style-type: none"> • Alameda County EMS is reducing the number of preventable injuries to older adults in Alameda County through medication management subcontracts with the community based organizations listed below. Funded by Measure A, the 	
--	--	--	--	--	--	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>organizations listed below effectively conduct client screening, education, pharmaceutical review of medications, consultations with physicians, to increase client medication compliance and facilitate proper disposal of expired/unused medication.</p> <ul style="list-style-type: none"> o <u>Afghan Health Promoter Project - City of Fremont</u> – Service o <u>Day Break Adult Centers</u> – improved medication compliance o <u>Senior Support Tri Valley</u>–improved medication compliance o <u>St. Mary's Center</u> – Medication Safety Pilot July 15 – June 2016 o <u>United Seniors of Oakland /Alameda</u> - Medication Safety Program (Measure A) <p>INJURY PREVENTON ACTIVITIES –</p> <ul style="list-style-type: none"> • Facilitate, Lead, and participate in the following courses and conferences to ensure needs of special populations are addressed: <table border="1" data-bbox="594 711 1440 1550"> <tr> <td data-bbox="594 711 909 1325">NATIONAL CPS CERTIFICATION COURSE</td> <td data-bbox="909 711 1440 1325"> <p>Location:</p> <ul style="list-style-type: none"> • Shriners Hospital, Sacramento, CA • Alameda County EMS, San Leandro, CA • City of Alameda Fire Training Center, Alameda, CA • San Joaquin County Public Health Department, Stockton, CA • Alameda County EMS, San Leandro, CA <p>Dates:</p> <ul style="list-style-type: none"> • 1-11/1-14-17 • 4-11/4-14-17 • 9-11/9-14-17 • 3-6/3/9/18 • 5-8/5-11/18 <p># of Participants:</p> <ul style="list-style-type: none"> • 20 • 20 • 20 • 20 • 19 </td> </tr> <tr> <td data-bbox="594 1325 909 1487">RN CPS AWARENESS CLASS</td> <td data-bbox="909 1325 1440 1487"> <p>Location: Alameda County EMS, San Leandro, CA AND Alameda County EMS, San Leandro CA</p> <p>Date: 6-22-17 AND 6-28-18</p> <p># of Participants:</p> <ul style="list-style-type: none"> • 30 AND TBD </td> </tr> <tr> <td data-bbox="594 1487 909 1550">STEPPING ON</td> <td data-bbox="909 1487 1440 1550"> <p>Location: Host Locations throughout Alameda County</p> <p>Date: 1/1/17 – 2/8/17</p> </td> </tr> </table>	NATIONAL CPS CERTIFICATION COURSE	<p>Location:</p> <ul style="list-style-type: none"> • Shriners Hospital, Sacramento, CA • Alameda County EMS, San Leandro, CA • City of Alameda Fire Training Center, Alameda, CA • San Joaquin County Public Health Department, Stockton, CA • Alameda County EMS, San Leandro, CA <p>Dates:</p> <ul style="list-style-type: none"> • 1-11/1-14-17 • 4-11/4-14-17 • 9-11/9-14-17 • 3-6/3/9/18 • 5-8/5-11/18 <p># of Participants:</p> <ul style="list-style-type: none"> • 20 • 20 • 20 • 20 • 19 	RN CPS AWARENESS CLASS	<p>Location: Alameda County EMS, San Leandro, CA AND Alameda County EMS, San Leandro CA</p> <p>Date: 6-22-17 AND 6-28-18</p> <p># of Participants:</p> <ul style="list-style-type: none"> • 30 AND TBD 	STEPPING ON	<p>Location: Host Locations throughout Alameda County</p> <p>Date: 1/1/17 – 2/8/17</p>	
NATIONAL CPS CERTIFICATION COURSE	<p>Location:</p> <ul style="list-style-type: none"> • Shriners Hospital, Sacramento, CA • Alameda County EMS, San Leandro, CA • City of Alameda Fire Training Center, Alameda, CA • San Joaquin County Public Health Department, Stockton, CA • Alameda County EMS, San Leandro, CA <p>Dates:</p> <ul style="list-style-type: none"> • 1-11/1-14-17 • 4-11/4-14-17 • 9-11/9-14-17 • 3-6/3/9/18 • 5-8/5-11/18 <p># of Participants:</p> <ul style="list-style-type: none"> • 20 • 20 • 20 • 20 • 19 											
RN CPS AWARENESS CLASS	<p>Location: Alameda County EMS, San Leandro, CA AND Alameda County EMS, San Leandro CA</p> <p>Date: 6-22-17 AND 6-28-18</p> <p># of Participants:</p> <ul style="list-style-type: none"> • 30 AND TBD 											
STEPPING ON	<p>Location: Host Locations throughout Alameda County</p> <p>Date: 1/1/17 – 2/8/17</p>											

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<table border="1"> <tr> <td data-bbox="590 266 905 298"></td> <td data-bbox="905 266 1434 298"># of Participants: 17</td> </tr> <tr> <td data-bbox="590 298 905 396">USOAC ANNUAL CONVENTION</td> <td data-bbox="905 298 1434 396"> Location: Eden United Church of Christ, Hayward, CA Date: 5/26/17 # of Participants: 112 </td> </tr> <tr> <td data-bbox="590 396 905 493">MATTER OF BALANCE</td> <td data-bbox="905 396 1434 493"> Location: Hayward Senior Center, Hayward, CA Date: 1/26/18 - 3/16/2018 # of Participants: 14 </td> </tr> <tr> <td data-bbox="590 493 905 623">A MATTER OF BALANCE FALL PREVENTION COACH UPDATE CLASS</td> <td data-bbox="905 493 1434 623"> Location: Alameda County EMS, San Leandro, CA Date: 1/20/17 AND 1/19/18 # of Participants: <ul style="list-style-type: none"> • 13 AND 17 </td> </tr> <tr> <td data-bbox="590 623 905 753">A MATTER OF BALANCE COACH TRAINING</td> <td data-bbox="905 623 1434 753"> Location: Alameda County EMS, San Leandro, CA Date: 4/13-14/17 AND 5/17-18/18 # of Participants: <ul style="list-style-type: none"> • 11 AND 10 </td> </tr> <tr> <td data-bbox="590 753 905 867">MATTER OF BALANCE MASTER TRAINER TRAINING</td> <td data-bbox="905 753 1434 867"> Location: Alameda County EMS, San Leandro, CA Date: 1/22-23/18 # of Participants: 15 </td> </tr> <tr> <td data-bbox="590 867 905 1029">CALIFORNIA SENIOR INJURY PREVENTION EDUCATIONAL FORUM</td> <td data-bbox="905 867 1434 1029"> Location: <ul style="list-style-type: none"> • Asian Cultural Center, Oakland, CA, Waterfront Hotel Date: 6/7/2017 AND 3/16/18 # of Participants: <ul style="list-style-type: none"> • 150 AND 140 </td> </tr> <tr> <td data-bbox="590 1029 905 1122">SAFE KIDS WORLDWIDE CONFERENCE</td> <td data-bbox="905 1029 1434 1122"> Location: Baltimore, Maryland Date: 7-26/28-18 # Of Participants: Unknown, but somewhere between 6---800 </td> </tr> </table>		# of Participants: 17	USOAC ANNUAL CONVENTION	Location: Eden United Church of Christ, Hayward, CA Date: 5/26/17 # of Participants: 112	MATTER OF BALANCE	Location: Hayward Senior Center, Hayward, CA Date: 1/26/18 - 3/16/2018 # of Participants: 14	A MATTER OF BALANCE FALL PREVENTION COACH UPDATE CLASS	Location: Alameda County EMS, San Leandro, CA Date: 1/20/17 AND 1/19/18 # of Participants: <ul style="list-style-type: none"> • 13 AND 17 	A MATTER OF BALANCE COACH TRAINING	Location: Alameda County EMS, San Leandro, CA Date: 4/13-14/17 AND 5/17-18/18 # of Participants: <ul style="list-style-type: none"> • 11 AND 10 	MATTER OF BALANCE MASTER TRAINER TRAINING	Location: Alameda County EMS, San Leandro, CA Date: 1/22-23/18 # of Participants: 15	CALIFORNIA SENIOR INJURY PREVENTION EDUCATIONAL FORUM	Location: <ul style="list-style-type: none"> • Asian Cultural Center, Oakland, CA, Waterfront Hotel Date: 6/7/2017 AND 3/16/18 # of Participants: <ul style="list-style-type: none"> • 150 AND 140 	SAFE KIDS WORLDWIDE CONFERENCE	Location: Baltimore, Maryland Date: 7-26/28-18 # Of Participants: Unknown, but somewhere between 6---800	
	# of Participants: 17																					
USOAC ANNUAL CONVENTION	Location: Eden United Church of Christ, Hayward, CA Date: 5/26/17 # of Participants: 112																					
MATTER OF BALANCE	Location: Hayward Senior Center, Hayward, CA Date: 1/26/18 - 3/16/2018 # of Participants: 14																					
A MATTER OF BALANCE FALL PREVENTION COACH UPDATE CLASS	Location: Alameda County EMS, San Leandro, CA Date: 1/20/17 AND 1/19/18 # of Participants: <ul style="list-style-type: none"> • 13 AND 17 																					
A MATTER OF BALANCE COACH TRAINING	Location: Alameda County EMS, San Leandro, CA Date: 4/13-14/17 AND 5/17-18/18 # of Participants: <ul style="list-style-type: none"> • 11 AND 10 																					
MATTER OF BALANCE MASTER TRAINER TRAINING	Location: Alameda County EMS, San Leandro, CA Date: 1/22-23/18 # of Participants: 15																					
CALIFORNIA SENIOR INJURY PREVENTION EDUCATIONAL FORUM	Location: <ul style="list-style-type: none"> • Asian Cultural Center, Oakland, CA, Waterfront Hotel Date: 6/7/2017 AND 3/16/18 # of Participants: <ul style="list-style-type: none"> • 150 AND 140 																					
SAFE KIDS WORLDWIDE CONFERENCE	Location: Baltimore, Maryland Date: 7-26/28-18 # Of Participants: Unknown, but somewhere between 6---800																					
1.11	System Participants	✓		✓	<p>PROGRESS TO DATE: HOSPITAL POLICY ISSUES:</p> <ul style="list-style-type: none"> • EMS Director, Medical Director and Prehospital Care Coordinator, Specialty Programs continue to meet with Hospital leadership to address policy, contract and MOU issues as needed. EMS Director and Medical Director have spearheaded significant and sustained improvement system-wide in ambulance patient offload time (APOT) through active engagement with hospital leadership. <p>STEMI/CARDIAC ARREST RECEIVING CENTERS (SRC/CARC)</p> <ul style="list-style-type: none"> • Continued collection, review and analysis of performance and patient outcome data for development of new process improvement strategies as needed. • Completed first TWO years of official participation in the Cardiac Arrest Registry to Enhance Survival (CARES) which was reflected in both 2016 and 2017 National 	<p><i>Each local EMS agency shall identify the optimal roles and responsibilities of system participants.</i></p> <p>OBJECTIVES: LONG TERM HOSPITAL POLICY ISSUES - OBJECTIVE:</p> <ul style="list-style-type: none"> • Coordinate with Alameda County receiving hospitals – address issues including policy issues • Drive ongoing reductions in APOT <p>STEMI/CARDIAC ARREST CENTERS</p> <ul style="list-style-type: none"> • Enhance Survival – Cardiac Arrest Outcomes. Sustain MOUs for specialty receiving hospitals. Add 																

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

				<p>CARES reports.</p> <ul style="list-style-type: none"> All MOU's for specialty receiving hospitals renewed until 2020. Kaiser Permanente Oakland went live as the seventh SRC/CARC in Alameda County January 2017, and completed first year of CARES participation that is reflected in the 2017 National CARES report. <p><u>HOSPITAL MERGERS:</u></p> <ul style="list-style-type: none"> Children's Hospital is now part of UCSF Benioff Children's Hospital. ValleyCare is now part of Stanford Healthcare. The new name is Stanford Health Care – ValleyCare Hospital. Alameda Health System includes Highland, Alameda, and San Leandro Hospitals. <p><u>CONTRACTS / MOUs:</u></p> <p><u>PARAMEDICS PLUS</u></p> <ul style="list-style-type: none"> Amendment to Agreement provides for services through June 30, 2019 <p><u>CONTRACT EXTENSIONS – FRALS AND FIRE TRANSPORT</u></p> <p>Extensions to the ALS ambulance and first responder agreements with the cities of Alameda, Albany and Piedmont were approved by the County Board of Supervisors and executed providing for service through June 30, 2023, each with an option to extend for an additional five (5) year period. At the City's request, Berkeley's ALS ambulance agreement was extended with approval by the County Board of Supervisors providing for service through June 30, 2019 and its First Responder Advanced Life Support (FRALS) agreement through September 30, 2019. The latter is scheduled to go before the County Board of Supervisors prior to expiration, extending service through June 30, 2019. All other FRALS agreements County-wide provide for service through June 30, 2019. The Emergency Medical Dispatch agreement with the Alameda County Regional Emergency Communications center provides for service through June 30, 2019 and contains options to extend thereafter.</p> <p><u>FIRST RESPONDER ADVANCED LIFE SUPPORT (FRALS)</u></p> <ul style="list-style-type: none"> At City's request, Berkeley Advanced Life Support (FRALS) Agreement provides for service through September 30, 2019. This Agreement is scheduled to go before the County Board of Supervisors prior to expiration, extending service through June 30, 2019. All other FRALS agreements County-wide provide for service through June 30, 2019 (Alameda County Fire, City of Dublin; City of Emeryville; City of Fremont; City of Hayward; City of Livermore; City of Newark; City of Oakland; City of Piedmont; City of Pleasanton; City of San Leandro; and City of Union City) <p><u>ALAMEDA COUNTY REGIONAL EMERGENCY COMMUNICATIONS CENTER (ACRECC)</u></p>	<p>bidirectional health information exchange component to MOUs.</p> <p><u>CONTRACTS:</u></p> <ul style="list-style-type: none"> Renew Contracts to ensure sustainability
--	--	--	--	--	---

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	--------------------------------	-------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> Amendment April 2016; Provides for services through June 30, 2019 REDDINET <ul style="list-style-type: none"> ReddiNet Communications Renewal June 2016 ReddiNet Upgrades – Additional partners; Expanded Roles for HCFs and transport providers <ul style="list-style-type: none"> Non-911 Contract Providers Clinics SNFs ePCR <ul style="list-style-type: none"> ePCR – Definitive Networks Incorporated Data Hosting / Training Services April 2016-17 Definitive Networks Incorporated Data Hosting / Training Services contract extension to Oct 2019 	
--	--	--	--	--	--	--

Regulatory Activities:t65

1.12	Review & Monitoring	✓	✓	✓	<p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> Expanding Alameda County EMS data analysis Currently, Alameda County EMS is in the early stages of developing a bi-directional data exchange with Alameda County specialty centers and EDs All specialty receiving facility MOUs beginning May 2016 includes language requiring participation in a bi-directional data exchange. (Refer to Executive Summary – 2017-18 Priority Quality Improvement/Expansion Projects)	<p><i>Each local EMS agency shall provide for review and monitoring of EMS system operations.</i></p> <p><u>OBJECTIVES:</u> Coordinate <u>analysis of all patient care data</u> from “first ring” at PSAP to discharge from receiving hospital. Apply data analysis to policy changes and educational venues.</p> <p><u>SHORT-RANGE:</u></p> <ul style="list-style-type: none"> Expanded pre-hospital data analysis with dashboards monitoring performance. Enhanced monitoring, analysis and ongoing performance improvement efforts related to ring, EMD/MPDS and dispatch times <p><u>LONG-RANGE PLAN:</u></p> <ul style="list-style-type: none"> EMS link to Receiving Hospital data. <u>NEW:</u> Update QI Plan in 2018
1.13	Coordination	✓			EMS Agency coordinates: EMS System per Division 2.5 of the Health and Safety Code: Chapter 4. EMS coordinates Quality Improvement; committees (Refer to 1.03 for committees) – No Change	<p><i>Each local EMS agency shall coordinate EMS system operations.</i></p> <p><u>OBJECTIVE:</u> Alameda County EMS coordinating EMS system operations</p>
1.14	Policy & Procedures	✓	✓		<p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> Free online <u>EMS Policy and Protocol app</u> is available on Google and Apple app 	<p><u>OBJECTIVES:</u> Develop policies and best practices based on the latest best available evidence from studies, best</p>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

	Manual				<p>stores.</p> <ul style="list-style-type: none"> In an effort to modernize the delivery of our <u>field treatment protocols</u>, Alameda County EMS has developed a Mobile Field Manual that runs as a native application on both Android and iOS handsets and tablets. By digitizing the delivery of the Alameda County EMS field manual, Alameda County EMS is better able to disseminate minor corrections as needed. Alameda County EMS has implemented its plan to phase out the printing of field manuals, instead opting for a print on demand service for those individuals and agencies that would still like to utilize paper manuals. Alameda County EMS Mobile Field Manual application also provides several useful drug calculators that can assist clinicians at the point of care; this is especially useful for weight based pediatric drug dosages. Another feature that the application provides is a GPS enabled mapping system that can assist clinicians at the POC to make destination decisions for specialty care (STEMI, stroke, trauma, etc.) based on real-time traffic conditions. This will facilitate decision making during peak traffic hours when the closest hospital destination is not always the quickest one. EMS policy 2016 and 2017 field manual developed. 2018 911 Field Manual updates implemented 2019 911 Field Manual updates proposals review/vetting in progress 2018 Critical Care Paramedic (CCP) Field Manual update proposals review/vetting in progress Equipment Policy proposal review/vetting in progress Policy 2000 Policy/Skills Competencies update proposal review/vetting in progress 	<p>practices, and local data analysis. Yearly review of policy and procedure manuals</p> <p><u>SHORT RANGE PLAN:</u> Continue to develop and update field policy manual as needed. Ensure accessible formats.</p> <p><u>NEW:</u></p> <ul style="list-style-type: none"> Implement online field manual application Improve administration review and update process Ensure annual field manual update
1.15	Compliance w/Policies	✓		✓	<p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> Development of a bidirectional exchange of data with hospitals. Implementation of NEMSIS 3.4 - June 2017. All 911 providers submitting to CEMSIS/NEMSIS in June 2018. Alameda County EMS implement the CEMSIS data elements (“primary impression” and other elements) Ensuring overarching Monitoring Mechanism: QI Committee and Plan; Policy Review; Unusual Occurrences; Trauma Audit; Training Program and CE Provider; and System Audits – Cardiac Arrest; intubation <p><u>INVESTIGATIONS</u></p> <ul style="list-style-type: none"> Investigation of all incidents reported via the Alameda County Unusual Occurrence reporting process, and coordination with all EMS providers and allied agencies to 	<p><i>Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.</i></p> <p><u>OBJECTIVE:</u> Data:</p> <ul style="list-style-type: none"> Leverage HL7 compliant software systems currently in place to get EMS data into hospital data systems, and get outcome data out of hospital systems <p><u>LONG RANGE PLAN.</u></p> <ul style="list-style-type: none"> Continue Monitoring via site visits to monitor and evaluate system components; Continue 24/7 On-Call and response capabilities for unusual occurrences, MCIs and other immediate system needs; and MCI after action reports and improvement plans

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	--------------------------------	-------------------------------	-----------------------------------	---------------------

					<p>provide educational follow-up or disciplinary actions (where applicable).</p> <ul style="list-style-type: none"> Tracked, investigated, and managed numerous Unusual Occurrences (real/potential reported threats to health and safety as per State regulation) reported to the EMS Agency <p><u>ON-GOING EVALUATION & IMPROVEMENT PLANS - "REAL EVENTS"</u></p> <ul style="list-style-type: none"> Evaluating North Bay Firestorm 2017 Response – RDMHS providing recommendations for improvement at MHOAC Meetings and HPP Coalition meetings. Evaluated utilization of ReddiNet policy ACE Train Derailment Incident March 7, 2016 – Evaluated MCI, ReddiNet, and HAvBED Policy 	
--	--	--	--	--	--	--

System Finances:						
1.16	Funding Mechanism	✓			<p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> 2015-16 EMS District annual report for CSA EM1983-1 including financial reports completed and filed with the Board of Supervisors inclusive of recommendation / request for special district rate increase of 3.02% per benefit unit for 2016-17. EMS system fiscal analysis completed as component of emergency ambulance services RFP process which is in progress. 	<p><i>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.</i></p> <p><u>OBJECTIVE:</u> Continue to work with appropriate entities to ensure long term EMS system financial sustainability</p>

Medical Direction:						
1.17	Medical Direction*	✓	✓	✓	<p><u>PROGRESS TO DATE:</u></p> <p>Alameda County has a comprehensive plan and program for the provision of on and off-line <u>medical direction</u> within the EMS system. The plan identifies Highland Hospital as the system Base Hospital</p> <ul style="list-style-type: none"> Current Base Hospital (Alameda Health System – Highland) has been designated since 2004. MOU with \$200,000 annual subsidy completed in 2011 Sole Base Hospital Agreement for the County Base Hospital Coordinator and Medical Director assigned. Melody Glenn MD is the new Base Hospital Medical Director as of July 1, 2018. All calls are recorded for QI purposes 	<p><i>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.</i></p> <p><u>OBJECTIVES:</u></p> <p><u>SHORT-RANGE PLAN:</u></p> <ul style="list-style-type: none"> Update / revise Base Hospital Course for second year residents in Alameda County Health Center as necessary <p><u>SHORT-RANGE PLAN:</u></p> <ul style="list-style-type: none"> Renew Base Hospital Contract for another THREE year term (2018-2021) <p><u>LONG-RANGE PLAN:</u></p> <ul style="list-style-type: none"> Review subsidy & MOU as needed

1.18	QA/QI	✓	✓	✓	(No change)	<i>Each local EMS agency shall establish a quality</i>
------	-------	---	---	---	-------------	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>Alameda County EMS ensures <u>QI System-Wide Procedures and Plan</u></p> <ul style="list-style-type: none"> • 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 • QI committee groups: EMSA Core Measures; Quality Counsel, ePCR; Equipment, STEMI/Cardiac Arrest, Stroke, Trauma Audit, and Receiving Hospital (Refer to Executive Summary 2018 Quality Improvement/Expansion Plan) 	<p><i>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.</i></p> <p>OBJECTIVES:</p> <p>SHORT RANGE PLAN:</p> <ul style="list-style-type: none"> • Continue pre-hospital data analysis and reporting from EMS and providers utilizing Tableau analytic tool <p>LONG-RANGE PLAN</p> <ul style="list-style-type: none"> • Integration of data with hospitals via HIE and/or other methods <p>NEW:</p> <ul style="list-style-type: none"> • 2017 QI Plan on Website, Updated QI plan in 2018 • Improve QI communication to field from LEMSA
1.19	Policies, Procedures, Protocols	✓	✓		<p>PROGRESS TO DATE:</p> <ul style="list-style-type: none"> • Yearly <u>review</u> conducted of Clinical Protocols • EMS Medical Director participates on EMDAC Prehospital Protocol Evidence Based Reviews <p><u>EMS Operations Policies – Reviewed, Updated, and Additional Policies added:</u></p> <ul style="list-style-type: none"> • NEW - Ambulance Rerouting Policy (Updated 2017) • Census Reporting Policy – Required for Hospital Bed Status • ED Closures Policy – Required for Hospital downgrading status and/or closures • Emergency Re-triage and Transfers • EMS Extended Wait Times <u>“Bypass Policy”</u> added in May 2015 and updated in 2017 to mitigate ambulance patient offload delays (APOD) at hospitals with increased call volumes largely due to heavy flu season, Bypass suspended January 2018. • NEW – <u>Transfer of Care Guidelines</u> for Hospital facilities to improve care coordination and reduce APOT. <p><u>EMS Field Manual Policy 2018 Updates</u></p> <p>GENERAL SECTION:</p> <ul style="list-style-type: none"> • Domestic Violence – Added DV Algorithm • Burn Patient Care – Removed base contact requirement • Crush Syndrome - Removed base contact requirement • Hyperkalemia – Added Albuterol, Removed base contact requirement • Local Optional Scope – Pulse Oximetry, Glucometer, ASA, Epinephrine Adult/Pedi 	<p>OBJECTIVE:</p> <ul style="list-style-type: none"> • Sustain objective - “Provide the right resource to the right patient at the right time” • Prepare QI Plan 2018-19 - Improve patient outcomes <p>SHORT-RANGE</p> <ul style="list-style-type: none"> • Implement MPDS at Berkeley Fire Department Dispatch <p>Update Policies & Add Policies as needed:</p> <ul style="list-style-type: none"> • Further reduce APOT and Mitigate APOD at hospitals • Update Stroke & Other Policies • Review and possibly update MCI policy including MCI levels, triage and patient tracking

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>Auto Injectors, Naloxone training (and supplies) required for BLS 911 Transport</p> <ul style="list-style-type: none"> Sepsis – Modified fluid administration, Added Push Dose Epinephrine <p>ADULT /PEDIATRIC SECTIONS</p> <ul style="list-style-type: none"> Shock – Added Push Dose Epinephrine Modified ALTE to BRUE Neonate - In healthy full-term newborns, routine bulb syringe suctioning is not indicated <p>OPERATIONS SECTION</p> <p>ALS Responder “First Responder and transport personnel providing patient care are</p> <ul style="list-style-type: none"> Responsible for accurately documenting all available and relevant patient information on the electronic health record.” Intraosseous – Added Humeral route <p>EMS Field Manual Policy 2016 Updates</p> <ul style="list-style-type: none"> NEW - Ambulance Rerouting Criteria <p>GENERAL SECTION:</p> <ul style="list-style-type: none"> Trauma Patient Care TXA <p>ADULT /PEDIATRIC SECTIONS</p> <ul style="list-style-type: none"> Acute Stoke Asystole / PEA Chest Pain Respiratory Distress ROSC Severe Nausea Pediatric / Adult Policy <p>OPERATIONS SECTION</p> <ul style="list-style-type: none"> Death in the Field Equipment <p>EMS FIELD MANUAL POLICY 2017 General Section – TXA; Abuse, and Transport Guidelines</p> <ul style="list-style-type: none"> Adult Pediatric Sections - Anaphylaxis; Acute Stroke; Asystole / Anaphylaxis/Respiratory Distress Operations Section – Equipment / Supplies Procedures Section – MCI ePCR – Primary Assessment; Domestic Violence; DNR/POLST; Stroke; and Epinephrine <p>Alameda County EMS is developing plans to reorganize our policies and develop an enhanced plan for scheduled review of all policies.– Reviewing and planning Proposed</p>	
--	--	--	--	--	--	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	--------------------------------	-------------------------------	-----------------------------------	---------------------

					Changes for 2018. (Refer to Executive Summary)	
1.20	DNR Policy	✓			<u>PROGRESS TO DATE:</u> implemented in 2016 – Death in the Field Policy	<u>NEW:</u> Improve tracking of POLST and DNR patients in ePCR
1.21	Determination of Death	✓			(No Change) <u>PROGRESS TO DATE:</u> <ul style="list-style-type: none"> Alameda County EMS has a “Death in the Field Policy” – allows for the discontinuation of a medical cardiac arrest after the persistence of a non-shockable rhythm after four rounds of drugs and/or 30 minutes of ACLS. 	<u>OBJECTIVE:</u> Annually review “Death in the Field” policy and ensure effective.
1.22	Reporting of Abuse	✓			<u>PROGRESS TO DATE:</u> <ul style="list-style-type: none"> “Reporting of Abuse” policy planning, development, and training in 2016, Alameda County EMS will implement in 2017 	<u>OBJECTIVES:</u> Provide appropriate care and emotional support for patient and families. Notify the appropriate agencies including law enforcement, hospital staff, child and adult protective services of all suspected abuse. <u>NEW:</u> Develop detailed Domestic Violence Reporting Policy for 2017
1.23	Inter-facility Transfer	✓	✓		<u>PROGRESS TO DATE:</u> <ul style="list-style-type: none"> Pediatric Site Visits provided data on trauma re-triage. Educating all receiving hospitals on Trauma Re-triage policy. <u>CRITICAL CARE PARAMEDIC FIELD MANUAL POLICY 2018 UPDATES</u> <ul style="list-style-type: none"> In progress Norepinephrine, TPA, Sodium Bicarbonate infusions to be added 	<u>OBJECTIVES:</u> - <u>SHORT-RANGE PLAN:</u> <ul style="list-style-type: none"> Monitor Trauma Re-Triage

Enhanced Level: Advanced Life Support

1.24	ALS Systems	✓		✓	<u>PROGRESS TO DATE:</u> - ALS Contract Extensions <u>RFP</u> ALCO EMS is currently conducting a RFP process, to select and implement a contract for services to the Exclusive Operating Area (EOA) currently served by Paramedics Plus prior to June 30, 2019. <u>ALS TRANSPORT PROVIDER</u> <ul style="list-style-type: none"> County’s Exclusive Operating Area – Contract with Paramedics Plus since 2011 and through June 30, 2019. <u>FRALS, FIRE AMBULANCE TRANSPORT AND MEDICAL DISPATCH SERVICE</u> Extensions to the ALS ambulance and first responder agreements with the cities of Alameda, Albany and Piedmont were approved by the County Board of Supervisors and executed providing for service through June 30, 2023, each with an option to extend for an additional five (5) year period. At the City’s request, Berkeley’s ALS ambulance agreement was extended with approval by the County Board of Supervisors providing for service through June 30, 2019 and its First Responder Advanced Life Support (FRALS)	<i>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.</i> <u>OBJECTIVE:</u> Maintain current arrangements <u>LONG-RANGE PLAN:</u> <ul style="list-style-type: none"> Re-evaluation of EOA contract at 5 year <u>NEW:</u> <ul style="list-style-type: none"> Re-issue the RFP for County EOA emergency ground ambulance transport services in 2017, Initiate board approval for extensions beyond 10/2017 of all 911 provider agency agreements and continue development of RFP for 911 emergency ambulance services. <ul style="list-style-type: none"> EOA provider contract
------	-------------	---	--	---	---	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>agreement through September 30, 2019. The latter is scheduled to go before the County Board of Supervisors prior to expiration, extending service through June 30, 2019. All other FRALS agreements County-wide provide for service through June 30, 2019. The Emergency Medical Dispatch agreement with the Alameda County Regional Emergency Communications center provides for service through June 30, 2019 and contains options to extend thereafter.</p> <p><u>FIRST RESPONDER ADVANCED LIFE SUPPORT (FRALS)</u></p> <ul style="list-style-type: none"> At City's request, Berkeley Advanced Life Support (FRALS) Agreement provides for service through September 30, 2019. This Agreement is scheduled to go before the County Board of Supervisors prior to expiration, extending service through June 30, 2019. All other FRALS agreements County-wide provide for service through June 30, 2019 (Alameda County Fire, City of Dublin; City of Emeryville; City of Fremont; City of Hayward; City of Livermore; City of Newark; City of Oakland; City of Piedmont; City of Pleasanton; City of San Leandro; and City of Union City) 	<ul style="list-style-type: none"> FRALS Contract extensions Fire-based transport Contract extensions for the incorporated Cities of Alameda, Albany, Berkeley and Piedmont
1.25	On-Line Medical Direction	✓	✓	✓	<p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> Alameda County EMS continues to have on-line medical direction provided by a base hospital – MOU contract extension with Alameda Health System (Highland Hospital) Continuous quality improvement process; quarterly audits of base hospital calls. Refer to Quality Improvement policies and 2018 QI Plan on the Alameda County EMS Website. Yearly Base Hospital Course for incoming second year EM residents. More involvement of EM residents during their EMS rotation. Highland EM residents take part in a clinical case review at each Quality Council. 	<p><i>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.</i></p> <p><u>OBJECTIVE:</u> Continuing monitoring QI and Base Hospital physician training</p> <p><u>SHORT-RANGE/ LONG RANGE PLAN</u></p> <ul style="list-style-type: none"> QI and physician training yearly

Enhanced Level: Trauma Care System:

1.26	Trauma System Plan	✓			<p><u>PROGRESS TO DATE:</u></p> <p>Alameda County EMS has a specific trauma care system plan, up-dated annually, that determines optimal design and strategies for trauma care.</p> <p><u>Trauma Centers:</u> Alameda Health System (Highland Hospital) Sutter – Eden Medical Center; and UCSF Benioff Children's Hospital, Oakland</p> <p><u>Trauma Plan Status:</u></p> <ul style="list-style-type: none"> Trauma System Plan accepted in 2015 with Alameda County partners 2015 Trauma plan submitted in May 2016 and approved by EMSA in 2016 MOU extended contracts with the 3 designated Trauma Centers with renewal 2018 <p><u>Trauma Patient Volume for 2017</u> – The total number of trauma activations at each of the</p>	<p><i>The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines: optimal system design for trauma care in the EMS area, and process for assigning roles to system participants, including a process which allows all eligible facilities to apply.</i></p> <p><u>OBJECTIVE:</u> Review and update a trauma care system plan</p>
------	--------------------	---	--	--	---	---

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>trauma centers in 2017 is provided below:</p> <ul style="list-style-type: none"> • UCSF Benioff Children’s Hospital850 • Sutter Eden Medical Center.....2417 • Alameda Health System – Highland Hospital.....2683 • Total critical trauma patients transported to trauma centers in 2017...5950 <p>-----,</p> <p>The ten non-trauma centers in Alameda County receive some patients meeting Trauma Patient Criteria (CTP), as outlined in EMS Policy Trauma Triage Criteria. These facilities are directed to all 911 for emergent transfers to the closest trauma center.</p> <ul style="list-style-type: none"> • Continued education and training on the Emergency Triage to Trauma Center Policy <p>Ensure the process for re-triage of patients needing trauma care from non-trauma hospitals is executed efficiently.</p> <p><u>TRAUMA CENTERS – Master Contract Amendments July 2015-June 2018</u></p> <ul style="list-style-type: none"> • All contracts signed by hospital leadership and scheduled for presentation to the County Board of Supervisors for approval. 	
--	--	--	--	--	---	--

Enhanced Level: Pediatric Emergency Medical and Critical Care System:

1.27	Pediatric System Plan	✓	✓		<p><u>PROGRESS TO DATE:</u> Alameda County EMS with the assistance of pediatric experts , has developed a comprehensive work plan to include:</p> <ul style="list-style-type: none"> • Trauma System Plan; Pediatric Patient Care Policies; EMSC Coordinator; Hospital Pediatric Readiness for “Day to Day” and Medical Surge; Pediatric Medical Surge Plan, and content for the Children’s Disaster Annex to the Operational Area EOP. • The EMSC Coordinator, Cynthia Frankel, is monitoring the status of the pending EMSC Regulations. The program moving forward will support the EMSC Regulations when approved. <p>The 2017-18 plans and projects include:</p> <ul style="list-style-type: none"> • Education on <u>EMSC Prehospital Policies and Procedures</u> – New Pediatric updates for 2017-18 • Conducted Hospital <u>ED Pediatric Readiness Site Visits</u> for “Day to Day” and Medical Surge Readiness in April and June 2016; and April-June 2017. Contract with UCSF Benioff Children’s Hospital to conduct ED Site visits, training, feedback, and improvement plans is now in the process of renewal. An EMSC Pediatric Readiness Advisory Meeting is scheduled for July 27, 2018 to review contract and review the current pediatric readiness process in Alameda County. 	<p><i>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.</i></p> <p><u>OBJECTIVE:</u> The overall goal of the Alameda County EMS 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.</p> <ul style="list-style-type: none"> • Continue to assess the local EDs for pediatric capability. Facilitate hospital and ALS pediatric readiness with focus on medical surge (<u>SHORT-RANGE</u>) • Monitor the status of the pending CA EMSC Regulations. Strengthen the program consistent with
------	-----------------------	---	---	--	---	---

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> Promote Pediatric Resource Information via Alameda County EMS Website and National Pediatric Googlelist Server. Support Alameda County Children’s Disaster CONOPS annex project; final review in preparation for Board of Supervisors approval (pending approval in OES Operations Council). The annex was temporarily put on hold in late 2017. The annex plan development team is now prioritizing the plan. A planning meeting is pending to evaluate any modifications needed for ESF 8 and 6. EMS, GSA, OES, and PH will collectively provide input. Support California Department of Public Health and Emergency Medical Services Authority on new pediatric medical surge planning project. Developed CA Children’s Disaster CONOPs Framework as a recommendation to EMSA/CDPH. The EMSC Coordinator is on the EMS Committee of the CDPH/EMSA Pediatric Surge project. The first meeting via webinar was held June 28, 2018. Partnership with Alameda County EMS Injury Prevention Program. Developed Child Care Emergency Plan “train the trainer” power point to support CA Child Care Emergency Plan. Integrated pediatrics in the Medical/Health Statewide Exercises including the November 2017 Statewide Medical Health Exercise (SWMHE) held November 16, 2017; the scenario included an active shooter at a school event. . Integrated pediatric partners in the Coalition Surge Test held on June 27, 2018. Planning for 2018 SWMHE Infectious Disease Scenario with focus on pediatrics. Participates in the CA EMSC-TAC Committee – Co-Chair, Disaster Committee. Partner with Contra Costa County on the NICU Surge Planning Workgroup. Focus on Triage Resource Allocation Inpatients (TRAIN) Model implementation. Quarterly meetings planned. Next meeting scheduled July 17, 2018 at Alameda County EMS 	<p>regulations once approved.</p> <ul style="list-style-type: none"> Continue to promote the TRAIN Model with focus on NICU.
--	--	--	--	--	--	---

Enhanced Level: Exclusive Operating Areas:

1.28	EOA Plan	✓		✓	<p>EOA Plan - Service Area and Service Provided by:</p> <ul style="list-style-type: none"> Alameda County Exclusive Operating Area (EOA) – Paramedics Plus City of Albany – Albany Fire Department City of Berkeley – Berkeley Fire Department City of Piedmont – Piedmont Fire Department City of Alameda – Alameda City Fire Department 	<p><u>OBJECTIVE:</u></p> <ul style="list-style-type: none"> Continue ongoing system evaluation and RFP process (<u>LONG-RANGE</u>)
------	----------	---	--	---	--	---

Local EMS Agency::

2.01	Assessment of	✓	✓	✓	Alameda County EMS continues to assess personnel and training needs. The primary	<u>OBJECTIVES:</u>
------	---------------	---	---	---	--	--------------------

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

	Needs				<p>mechanisms contribute to the assessment of needs:</p> <ul style="list-style-type: none"> • Provider Agency QI Plan • Alameda County EMS QI Plan 2018-19 (available on the Alameda County EMS website) • Unusual Occurrence Process – Quality Improvement Administrative Policy • <u>INVESTIGATIONS</u> <ul style="list-style-type: none"> ○ Investigation of all incidents reported via the Alameda County Unusual Occurrence reporting process, and coordination with all EMS providers and allied agencies to provide educational follow-up or disciplinary actions (where applicable). ○ Tracked, investigated, and managed numerous Unusual Occurrences (real/potential reported threats to health and safety as per State regulation) reported to the EMS Agency • “Ride-Along” with transport providers • Mandatory Update policy training • Case Reviews by Medical Director • Training Needs based on data • Fulltime QI/PHCC Coordinator • ED Pediatric Readiness Site Visits with assessment, training, and evaluation with recommendations for improvement • Pediatric Assessment – Monitoring Emergency Pediatric Transport Call Volume and Surge Mapping (Pediatric Beds for NICU, PICU, and Med/Surge in all hospitals). Utilize EMSA/CDPH Pediatric Surge Workgroup Mapping Data to supplement Alameda County 	<ul style="list-style-type: none"> • 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 (SHORT & LONG RANGE) • To assess pediatric resources and readiness • (No Change)
2.02	Approval of Training	✓	✓		<p><u>PROGRESS TO DATE:</u> The Alameda County EMS agency has a mechanism to approve EMS education programs that require approval:</p> <ul style="list-style-type: none"> • Paramedic • EMT • CE Provider • Public Safety First Aid (PSFA) <p><u>Current Prehospital Training Programs:</u></p> <ul style="list-style-type: none"> • 2 – Paramedic Training Programs (confirmed 2018) • 18 - EMT Training Programs (confirmed 2018) • 32 – CE Provider Programs (<i>some pending</i>) 	<p><u>OBJECTIVE:</u> Continue adding and approving CE providers</p> <ul style="list-style-type: none"> • To have Prehospital Training Programs assigned to an EMS Coordinator as a primary program • Obtain consistency in process for all training programs • Quarterly meetings with all Program Directors Increased site visits (<u>SHORT-RANGE</u>)

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

2.03	Personnel	✓	✓	✓	<ul style="list-style-type: none"> 4 – PSFA currently under review (confirmed 2018) <p>PROGRESS TO DATE:</p> <p><u>EMS CONTINUING EDUCATION</u></p> <ul style="list-style-type: none"> Web-based delivery with 24/7 access to CE certificate option provided by LEMSA. <p><u>PARAMEDIC PRECEPTOR PROGRAM</u></p> <ul style="list-style-type: none"> Oversight, and regulation of paramedic preceptors <ul style="list-style-type: none"> 61 approved preceptors across 3 transport providers (confirmed 2018) 30 preceptor renewals (confirmed 2018) Series of 1 preceptor meetings (one Tuesday meeting and one Friday meeting to accommodate work schedules and discuss same topics) (confirmed 2018) 3rd Annual Paramedic Preceptor Seminar (also one Tuesday meeting and one Friday meeting to accommodate work schedules) <p><u>BAY AREA PARAMEDIC JOURNAL CLUB</u></p> <ul style="list-style-type: none"> Leadership attends Quarterly Meetings with field providers and guest speakers 	<p><i>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.</i></p> <p>-----</p> <p><u>EMS CONTINUING EDUCATION</u> Objectives: Evaluate efficacy of contract with Target Solutions (formerly Centrelearn Solutions) in providing asynchronous CE to all prehospital personnel in Alameda County</p> <p><u>SHORT-RANGE PLAN:</u></p> <ul style="list-style-type: none"> Create and upload custom content relative to Alameda County needs <p><u>LONG-RANGE PLAN:</u></p> <ul style="list-style-type: none"> Increase number of active users in system <p><u>EMS PARAMEDIC PRECEPTOR PROGRAM</u></p> <p><u>OBJECTIVES:</u></p> <ul style="list-style-type: none"> Promote quality paramedic field training and patient care through preceptor program <p><u>SHORT-RANGE PLAN:</u></p> <ul style="list-style-type: none"> Policy development to limit preceptor approval term to 2 years (as opposed to continuous). Approved preceptors to satisfy County requirements including, but not limited to completing 8 extra hours of continuing education units in the topic of EMS Education (in addition to the regular 48 hours for paramedic re-licensure). Hold annual Preceptor Seminars that cover principles and practices of adult learning
------	-----------	---	---	---	---	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

						<ul style="list-style-type: none"> o Implement policy details, acknowledging expected confusion and delays due to policy being new standards o Ensure alignment with related Title 22 regulations o Improve communication with preceptors, providers and paramedic training programs <p><u>LONG-RANGE PLAN:</u></p> <ul style="list-style-type: none"> • Develop comprehensive standardized paramedic preceptor program that is consistent and integrated across provider agencies <ul style="list-style-type: none"> o Improve paramedic preceptor performance, o Improve paramedic preceptor professionalism o Improve paramedic preceptor accountability <p>-----</p> <p><u>OBJECTIVE:</u> PARAMEDIC/EMT Certification</p> <p><u>SHORT-RANGE PLAN</u></p> <ul style="list-style-type: none"> • Incorporate all actively accredited Paramedics (EMT-Ps) into state EMSA database <p>(No Change)</p>
--	--	--	--	--	--	--

Dispatchers:						
2.04	Dispatch Training	✓	✓	✓	<p><u>PROGRESS TO DATE:</u></p> <p><u>EMD - Alameda County</u> maintains two IAEMD ACE Accredited EMD Centers of Excellence.</p> <ul style="list-style-type: none"> • ACRECC (Alameda County Regional Emergency Communications Center), provides EMD services for all areas of the County other than the City of Oakland. ACRECC also dispatches first responder and ambulance transport apparatus for several municipalities as well as Paramedics Plus County-wide. • Oakland Fire Department provides EMD services for the City of Oakland. <p><u>MEDICAL DISPATCH REVIEW COMMITTEE</u></p> <ul style="list-style-type: none"> • In an effort to coordinate and standardize emergency medical dispatch functions throughout the County, Alameda County EMS has established a Medical Dispatch Review Committee that is comprised of representatives from ACRECC and the Oakland Fire Department Dispatch center as well as field personnel, the EMS 	<p>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.</p> <p><u>OBJECTIVE</u> – Continuously monitor compliance</p> <p><u>LONG-RANGE</u></p> <ul style="list-style-type: none"> • Public safety answering point (PSAPs) operators with medical dispatch responsibilities and all medical dispatch personnel are trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>Director, EMS Medical Director and provider agency and leadership.</p> <ul style="list-style-type: none"> The establishment of this committee has assisted in standardizing the assignment of EMS resources throughout the county. Establishing cross-center dialogue has improved our data collection with respect to MPDS activities. This improved data collection has provided us the means to more accurately assess the effectiveness of our MPDS implementation. 	<p>Guidelines</p> <p><u>SHORT-RANGE PLAN</u></p> <ul style="list-style-type: none"> Work with both Dispatch Centers regarding education and specific QA/QI for calls that are or could be cardiac arrest and warrant Dispatch Assisted Pre-Arrival CPR and AED instructions.
--	--	--	--	--	---	---

First Responders (non-transporting):						
2.05	First Responder Training	✓			<p>No Change</p> <p><u>PROGRESS TO DATE:</u></p> <p><u>TRAINING – POLICIES AND AGREEMENTS – Requirements</u></p> <ul style="list-style-type: none"> Refer to the Alameda County 2018 Field Manual – General Operational Policies (available on the Alameda County EMS website): Refer to the Alameda County EMS Administrative Manual – EMT Certification Policy no change. The Paramedic Accreditation policy update is planned for 2018. <p><u>PROVIDER CONTRACTS/AGREEMENTS</u></p> <ul style="list-style-type: none"> Refer to the EMS First Responder Advanced Life Support Services Agreements (FRALS) with Fire Departments <p><u>COUNTY-WIDE AUTOMATIC EXTERNAL DEFIBRILLATORS</u></p> <ul style="list-style-type: none"> 2343 - Total AEDs in Alameda County_ as of July 10, 2018 Refer to the Alameda County EMS Website for AED/PAD program and the new 2016 regulations including SB 658 <p><u>QUALITY IMPROVEMENT PLAN</u></p> <ul style="list-style-type: none"> Refer to the 2018-19 Quality Improvement Plan with training Program Requirements on the Alameda County EMS Website 	<p><i>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.</i></p> <p><u>Objective:</u></p> <ul style="list-style-type: none"> At least one person on each non-transporting first response unit trained in first aid and CPR every two years.

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	--------------------------------	-------------------------------	-----------------------------------	---------------------

2.06	Response	✓	✓	✓	<p><u>PROGRESS TO DATE:</u> On-going <u>EMS POLICY MANUAL 2017 AND 2018</u></p> <ul style="list-style-type: none"> Refer to the Alameda County Administration and Policy Manual 2018 (available on the Alameda County EMS Website) <p><u>TACTICAL MEDICINE AND URBAN SHIELD</u></p> <ul style="list-style-type: none"> Prehospital training in accordance with EMSA / POST approved tactical medicine curriculum <p><u>URBAN SHIELD 2017</u></p> <ul style="list-style-type: none"> Planned <u>2017 Urban Shield Event</u> to prepare responders to effectively manage complex multi-casualty incidents. Conducted effective 2015 and 2016 Urban Shield Training Over 900 people signed up and participated in the EMS Branch of Urban Shield. Novel training on K9 care and Large MCI exercise (nightclub shooting) Ambulance Strike Team exercise planned and implemented by Alameda County EMS Ambulance Strike Team and Mobile Field Hospital all fully engaged. Maritime interdiction scenario and tactical team integration during 2 scenarios. Planning for Urban Shield September 8-10, 2018 <p><u>AMBULANCE STRIKE TEAMS</u></p> <ul style="list-style-type: none"> Started and maintained the quarterly Region II RDMHS Ambulance Strike team leader course: 08/25/2016; 09/29/2016; 01/18/2017; and 04/18/2018 RDMHS Region II helped to conduct another Ambulance Strike Team Leader class as well as an EOM training session for regional stakeholders <p><u>TACTICAL EMERGENCY MEDICAL SUPPORT (TEMS) TEAM</u></p> <ul style="list-style-type: none"> In conjunction with the County EOA Contractor, ALCO EMS has implemented and continues to develop an active Tactical Emergency Medical Support (TEMS) program including 80 hours of training via a California EMS Authority approved curriculum and Level IIIA ballistic protection for Tactical Paramedics. Maintained the routine operation of the ALCO TEMS team in responding to high threat / high consequence incidents county-wide. Conducted Tactical Emergency Medical Services (TEMS) Training with Paramedics Plus, San Leandro Police, Oakland Police and the Alameda County Sheriff's Department in 2017. <p><u>TACTICAL MEDICINE TECHNICIAN (TMT) EDUCATION – COURSES (PLANNING AND EMSA APPROVAL CLASSES)</u></p>	<p><i>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</i></p> <p><u>OBJECTIVES: (LONG-RANGE)</u> <u>PAD PROGRAM</u></p> <ul style="list-style-type: none"> Sustain the existing programs in Alameda County and expand if possible. (Refer to 2.9). Facilitate new contract for HeartSAFE Project (<u>SHORT RANGE</u>) <p><u>TACTICAL MEDICINE</u></p> <ul style="list-style-type: none"> Provide a standards based, tactically trained EMS workforce to be available to Law Enforcement on an as needed basis as well as provide enhanced capability to respond to violent high risk events like active shooter incidents <p><u>CPR 7</u></p> <ul style="list-style-type: none"> Continue program (Refer to 2.09) <p><u>CO-LOCATION PROJECT</u></p> <ul style="list-style-type: none"> Continue to strengthen model and test in full scale exercises with clinics
------	----------	---	---	---	---	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> Developed, received POST and EMSA approval and ran our first 40 hour <u>Tactical Medical Technician (TMT)</u> class in Dublin. Completed and gained statewide approval and EMS Commission approval for the Tactical Medicine Guidelines working closely with EMSA and POST. Completed curriculum development for and conducted the inaugural 40 hour tactical Medical Technician (TMT) course. <p><u>EMS AND CLINIC FIELD TREATMENT SITE CO-LOCATION Project</u></p> <ul style="list-style-type: none"> <u>Exercise Scope:</u> Two linked exercises (Tabletop and Full Scale) tested the models for side-by-side coordinated in-the-field victim stabilization between Emergency Medical Services (EMS) units and Community Health Centers (CHC). Models were developed with coordinators from Alameda County EMS and Community Health Centers of the Alameda Health Consortium through an independent consultant Barbara Morita. Full-scale exercise conducted <u>May 30 and 31, 2018</u> at three clinic locations. <p>-----</p> <p><u>AED/PAD PROGRAM</u></p> <ul style="list-style-type: none"> As of July 10, 2018, 2343 # of Public Access Defibrillators (PAD) AEDs in Alameda County (includes HeartSAFE Project 185 AEDs) <p><u>PROJECT HEARTSAFE</u></p> <ul style="list-style-type: none"> Placed 185 AEDs throughout Alameda County. ICE Safety Solutions is conducting the CPR/AED recertification's and providing AED battery and pad replacements ICE Safety Solutions is continuing to complete its 5-year contract. ALCO EMS has collaborated with Alameda County Risk Management which intends to fund maintenance of the Project HeartSAFE AED's located in County owned and leased facilities. Alameda County EMS intends to continue the HeartSAFE project at ninety three community Board of Supervisor sites for three years. The project will include maintenance of AEDs at each community location. 	
2.07	Medical Control	✓	✓	✓	<p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> MOU signed by all First Responder ALS providers <p>FRALS AND MEDICAL DISPATCH SERVICE</p> <ul style="list-style-type: none"> Renewal negotiations and implementation of updated contracts for FRALS and Medical Dispatch service successfully completed. Initiate negotiations for successor FRALS agreements with Cities 	<p><i>Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.</i></p> <p><u>OBJECTIVES:</u></p> <p><u>SHORT-RANGE PLAN:</u></p> <ul style="list-style-type: none"> Ongoing Performance improvement monitoring

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	--------------------------------	-------------------------------	-----------------------------------	---------------------

					<p>-----</p> <ul style="list-style-type: none"> EMS Policy Manual 2018-19 (available on the EMS website) Annual Protocols Update Training on the Alameda County EMS website Provider contracts and service agreements in place 	<p><u>LONG-RANGE PLAN</u></p> <ul style="list-style-type: none"> Renew MOUs when appropriate (NEW - 2019 Policy Manual)
--	--	--	--	--	---	--

Transporting Personnel:						
2.08	EMT-I Training	✓			<p>No change</p> <p><u>PROGRESS TO DATE:</u> All emergency medical transport vehicles have personnel certified at least at EMT-1 level.</p> <ul style="list-style-type: none"> Policy – Refer to Operations Policy “Staffing” Provider Contracts address training EMT Certification - required training Staffing ALS/BLS Providers required training per contract 	<p><i>All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.</i></p> <p><u>OBJECTIVE</u></p> <ul style="list-style-type: none"> All emergency medical transport vehicles have personnel certified at least at EMT-1 level.

Hospital:						
2.09	CPR Training	✓	✓		<p><u>PROGRESS TO DATE</u></p> <ul style="list-style-type: none"> Alameda County EMS policies require all prehospital care providers to be trained in CPR. <p><u>CPR 7</u></p> <ul style="list-style-type: none"> In 2017-18, Alameda County EMS implemented a pilot project using reusable manikins instead of individual/disposable CPR kits. EMS is moving toward supporting the 9th grade CPR training effort using the reusable manikins. Future plans will continue to support the 9th grade CPR training effort using the reusable manikins. Program developed for public school 7th graders in Alameda County. In our 6th and 7th year (2015-2017 school years), 17 middle schools in Alameda County participated. ~14,000 - 7th graders were trained (incomplete data at this time) in cardiopulmonary resuscitation (CPR) and in turn trained their families and friends, multiplying (x4) the impact of their own participation in the program. As of the conclusion of the 2016-2017 school year, Alameda County EMS estimates that we facilitated training in over 10% of the Alameda County population in CPR. The CPR 7 program was featured in a past edition of the Journal of Emergency Medical Services. As recently passed state legislation requires ninth graders that take health science be trained in CPR as a graduation requirement, Alameda County EMS will transition formerly used resources for CPR7 and will begin supporting CPR9 in a multi-year process as of the up-coming 2017-18 school year. 	<p><i>All allied health personnel who provide direct emergency patient care shall be trained in CPR.</i></p> <p><u>OBJECTIVE -</u></p> <ul style="list-style-type: none"> All EMS system personnel are trained in CPR <p><u>CPR7 -</u> The goal is to increase the percentage of sudden cardiac arrest victims who receive effective bystander CPR</p> <p><u>HEARTSAFE PROJECT</u></p> <ul style="list-style-type: none"> Facilitate CPR/AED training, recertification, and maintenance of the 185 HeartSAFE AED locations in Alameda County <p><u>SHORT-RANGE PLAN</u></p> <ul style="list-style-type: none"> Facilitate new MOU with HeartSAFE project vendor to maintain 93 community AEDs

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p><u>AED/PAD PROGRAM - HEARTSAFE</u></p> <ul style="list-style-type: none"> ALCO EMS has collaborated with Alameda County Risk Management which intends to fund maintenance of the Project HeartSAFE AED's located in County owned and leased facilities. Alameda County EMS intends to continue the HeartSAFE project at ninety three community Board of Supervisor sites for three years. The project will include maintenance of AEDs at each community location. <p><u>HEART SCREENING</u></p> <ul style="list-style-type: none"> Twice in the past three years, Alameda County EMS has partnered with the Via Heart Project (Non-for profit) as a Co-sponsor for a one day heart screening for children 12-25 years of age. This service is FREE of charge to the community as main sponsorship is secured by Via prior to the event. The Heart Screening experience includes: <ul style="list-style-type: none"> Medical history, patient and family Height, weight and blood pressure CPR and AED training 12-lead ECG and ECHO Face-to-Face Physician consult 	
2.10	Advanced Life Support	✓		✓	<p><u>PROGRESS TO DATE:</u> No change</p> <ul style="list-style-type: none"> The mechanism for requiring ED physicians and RNs to be trained in ALS is based on the JCAHO requirements. 	<p><i>All emergency department physicians and registered nurses that provide direct emergency patient care shall be trained in advanced life support</i></p> <p><u>OBJECTIVES: LONG-RANGE PLAN</u></p> <ul style="list-style-type: none"> EMS will continue to work collaboratively with ED Directors and managers to seek these certifications for physicians and nurses. <p>(No Change)</p>

Enhanced Level: Advanced Life Support						
2.11	Accreditation Process	✓	✓		<p><u>PROGRESS TO DATE:</u></p> <p>Alameda County EMS has established a procedure for accreditation of ALS personnel that includes orientation to system policies and procedures:</p> <ul style="list-style-type: none"> 2017 and 2018 EMS Field Manual and Administration Policies Paramedic Accreditation information available on the Alameda County EMS website EMS orientation held monthly 2018-19 EMS Quality improvement plan 	<p><i>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.</i></p>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

						<p><u>OBJECTIVE:</u> <u>SHORT-RANGE PLAN:</u> Incorporate all actively accredited Paramedics (EMT-Ps) into state EMSA data base (No Change)</p>
2.12	Early Defibrillation	✓	✓	✓	<p><u>PROGRESS TO DATE:</u> <u>AED/PAD PROGRAM</u></p> <ul style="list-style-type: none"> Alameda County EMS continues to support the placement of AEDs throughout Alameda County As of July 10, 2018, there are <u>2343 Public Access Defibrillators (PAD AEDs)</u> in Alameda County The Alameda County AED locations are shared with the two 9-1-1 dispatch centers Project HeartSAFE conducted recertifications at the 185 AED site locations until July 23, 2018. After this date, 93 Community AEDS will be monitored and maintained. ** Alameda County EMS continues to have a designated AED Coordinator <p><u>PULSEPOINT</u></p> <ul style="list-style-type: none"> Ongoing collaboration with PulsePoint Vendor to update Pulse Point with Alameda County AED locations <p><u>CERTIFICATION/RECERTIFICATION CHECKLIST</u></p> <ul style="list-style-type: none"> EMS Administration Manual <p>-----</p> <p><u>PUBLIC SAFETY FIRST AID PROGRAMS – NEW PROGRAM</u></p> <ul style="list-style-type: none"> Implemented credentialing program as required by state regulation for Public Safety First Aid programs in 2017. <p>-----</p> <p>** <u>AED/PAD PROGRAM – HEARTSAFE PROJECT</u></p> <ul style="list-style-type: none"> 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, and data management in a five year plan. ALCO EMS has collaborated with Alameda County Risk Management which intends to fund maintenance of the Project HeartSAFE AED's located in County owned and leased facilities for the next several years. 	<p><i>The local EMS agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation</i></p> <p><u>OBJECTIVE:</u></p> <ul style="list-style-type: none"> Encourage citizens to install PulsePoint on their smartphones in order to get more bystanders who are motivated to perform CPR to do so inclusive of apply defibrillators to patients in cardiac arrest Continue HeartSAFE project <p><u>SHORT-LONG RANGE PLAN:</u></p> <ul style="list-style-type: none"> Facilitate new contract for HeartSAFE project to maintain 93 Community AEDs for three years. Work with PulsePoint vender on the data analysis regarding frequency of activations and responder participation in CPR and use of AED prior to EMS arrival.

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	--------------------------------	-------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> Alameda County EMS intends to continue the HeartSAFE project at ninety three community Board of Supervisor sites for three years. The project will include maintenance of AEDs at each community location 	
2.13	Base Hospital Personnel	✓	✓	✓	<p><u>PROGRESS TO DATE:</u> <u>ALAMEDA COUNTY BASE HOSPITAL – SUBSIDY MOU</u></p> <ul style="list-style-type: none"> Renewed with Base Hospital – Alameda Health System (Highland Hospital) in Oakland <p>Refer to communications plan 3.01 below.</p> <p>-----</p> <p><u>QUALITY IMPROVEMENT – “PATIENT CENTRIC” SYSTEM PERFORMANCE</u></p> <ul style="list-style-type: none"> Clinical / Operational Performance, Policy Compliance_and Patient Centric Analysis - Alameda County EMS employs business intelligence software to analyze system participants' compliance with system policies. Operationally, Alameda County EMS ensures that system participants are compliant with response time and clinical requirements 	<p><i>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.</i></p> <p><u>SHORT/LONG-RANGE PLAN</u></p> <ul style="list-style-type: none"> Performance Improvement and MOU Renewal 2018

Communications Equipment:

3.01	Communication Plan*	✓		✓	<p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> Conducting training and exercises on all communication systems. Expanding partner access to ReddiNet and other communication systems <p><u>REDDINET COMMUNICATIONS</u></p> <ul style="list-style-type: none"> ReddiNet access and utilization a priority; expanding to leverage new partners including transport providers, clinics, skilled nursing facilities and dialysis centers. <ul style="list-style-type: none"> ReddiNet upgrades for all clinics for each location. Established new users for multiple sites within the same organization such as East and West Oakland Health Centers. ReddiNet upgrades and new users for non-911 transport permitted providers. ReddiNet upgrades and new user for skilled nursing facilities Alameda County Hospitals participate in all state required HAvBed drills, Statewide Medical Health Exercises (SWMHEs), and the Coalition Surge Test June 2018. ReddiNet practice focuses on messaging, MCI Alerts, customized polling, and HAvBED. ReddiNet Policy tested in drills and “real events” – 2015, 2016, 2017, and 2018. ReddiNet utilized in North Bay Fires October 2017, SWMHE held November 15, 2017, and Coalition Surge Test held June 27, 2018 Continue development and implementation of Pilot Community Assessment, 	<p><i>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.</i></p> <p><u>OBJECTIVE:</u> Provide on-going training and exercises to ensure redundant and interoperable communications</p> <p><u>LONG-RANGE PLAN:</u></p> <ul style="list-style-type: none"> On-going training and exercises to test redundant and interoperable communications Continue to expand partner access and competency on ReddiNet with focus on messaging, MCI alerting, patient tracking and customized polling
------	---------------------	---	--	---	---	---

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>Treatment and Transport (CATT) program in conjunction with County Behavioral Health Care Services to enhance services to individuals experiencing mental health crisis in the community and reduce prevalence of 5150 holds). Plan being developed to utilize ReddiNet to provide availability of various possible mental health receiving facilities.</p> <p><u>700/800 MEGAHERTZ COMMUNICATIONS</u></p> <p><u>EBRCS XAL COMMUNICATIONS</u></p> <ul style="list-style-type: none"> • The EMS 700/800 Megahertz radio communications system is hosted by the East Bay Regional Communications System Authority (EBRCSA). Redundant and interoperable communications with common radio frequencies between fire and ambulance providers, hospitals and law enforcement exists. Portable EBRCSA radios have been issued to each EMS Agency Duty Officer, the MHOAC and RDMHS Region II and have also been distributed to all hospital emergency planners for the hospital incident command centers. • 700/800 Megahertz Radio drills conducted monthly with hospital partners in 2017-18. <p><u>COMMUNICATION RADIOS</u></p> <ul style="list-style-type: none"> • Redesign of EBRCS XAL Communications Code Plug to improve EMS provider radio communications <p><u>NON-911 EMERGENCY PERMITTED AMBULANCE PROVIDERS</u></p> <ul style="list-style-type: none"> • Enhanced emergency communication radio infrastructure of EMS Agency Non-Emergency Permitted Ambulance Providers to ensure compatibility with public safety and receiving hospital radio communications systems • Tracked, investigated, and managed numerous Unusual Occurrences (real/potential reported threats to health and safety as per State regulation) reported to the EMS Agency • Continued integration of EMS Agency Non-Emergency Permitted Ambulance Providers into the County disaster plan to assist large-scale movement of patients with focus on communications • Supported the deployment of Non-emergency permitted Providers to the Napa/Sonoma fires, and provided assistance to all participants in acquiring County and State reimbursement for services rendered <ul style="list-style-type: none"> ○ Enhanced emergency communication radio infrastructure of EMS Agency Non-Emergency Permitted Ambulance Providers to ensure compatibility with public safety and receiving hospital radio communications systems ○ 100% complete with placing EBRCSA radio system in the dispatch center of 	
--	--	--	--	--	---	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>each EMS Agency Non-Emergency Permitted Ambulance Providers provider. Continuing a weekly EBRICS radio test with EMS Agency Non-Emergency Permitted Ambulance Providers. Each permitted non-emergency ambulance equipped with an EBRCSA radio at end of 2017.</p> <p><u>CALIFORNIA HEALTH ALERT NETWORK (CAHAN)</u></p> <ul style="list-style-type: none"> • Adele Pagan (Lead) and Cynthia Frankel, PHCC, completed the required CAHAN administrator training in 2015. • Alameda County EMS has updated the CAHAN contacts with 911 and Non-911 emergency permitted Providers • Alameda County EMS CAHAN Administrators participate in monthly CAHAN conference call meetings and exercises. <p><u>LOCAL ALAMEDA COUNTY MASS NOTIFICATION SYSTEM – EVERBRIDGE</u></p> <ul style="list-style-type: none"> • Adele Pagan (Lead) and Cynthia Frankel are the designated points of contact for the Alameda County Mass Notification System • Cynthia Frankel participating in HCSA Emergency Operations Workgroup for develop AC Alert user groups, policies, and messaging; completed additional training modules. • Adele Pagan and Cynthia Frankel participating in Mass Notification planning meeting and exercises with Alameda County OES in 2017 and 2018. <p><u>INFORMATION MANAGEMENT UPGRADES – WEBEOC</u></p> <ul style="list-style-type: none"> • Alameda Operational Area has transitioned from RIMS to the new WEBEOC information management system at the OA EOC. <p><u>MASTER EMS RESOURCE DIRECTORY/METRICS</u></p> <ul style="list-style-type: none"> • Health Care Facility Surge/Resource Capability updated in 2015, 2016, AND 2017 by RDMHS as needed. <p>ALAMEDA COUNTY EMS WEBSITE</p> <ul style="list-style-type: none"> • Continued planning efforts in conjunction with Information Services to develop and implement a new website for the EMS Agency including brainstorming, content development, & acquisition of photos. The new website was “rolled out” July 9, 2018. Modifications to the website ensure easy access, effective content, timely system-wide notifications, and access to policies and plans. 	
--	--	--	--	--	--	--

3.02	Radios	✓			<p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> • Alameda County EMS has distributed EBRCSA 700/800 Megahertz radios to hospital emergency planners for use in the Hospital Command Centers. 	<p><i>Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local</i></p>
------	--------	---	--	--	--	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p><u>EBRCS XAL COMMUNICATIONS</u></p> <ul style="list-style-type: none"> Redesign of EBRCS XAL Communications Code Plug to improve EMS provider radio communications. <p><u>COMMUNICATION RADIOS - NON-EMERGENCY PERMITTED AMBULANCE PROVIDERS</u></p> <ul style="list-style-type: none"> Enhanced emergency communication radio infrastructure of EMS Agency Non-Emergency Permitted Ambulance Providers to ensure compatibility with public safety and receiving hospital radio communications systems (Refer to 3.01 above and 3.03 below.) 	<p><i>EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.</i></p> <p><u>OBJECTIVE:</u></p> <ul style="list-style-type: none"> Distribute and test EBRICS 700/800 megahertz radios to hospitals
3.03	Interfacility Transfer*	✓			<p><u>PROGRESS TO DATE:</u> (No change) - (Refer to 3.01 above)</p> <ul style="list-style-type: none"> Transitioned to EBRCSA 700/800 Megahertz Radios Out of county receiving facilities notified by transporting unit(s) or the base hospital. <p><u>BLS AND QUALITY IMPROVEMENT</u></p> <p><u>EBRCS XAL COMMUNICATIONS</u></p> <ul style="list-style-type: none"> Redesign of EBRCS XAL Communications Code Plug to improve EMS provider radio communications. <p><u>COMMUNICATION RADIOS - NON-EMERGENCY PERMITTED AMBULANCE PROVIDERS</u></p> <ul style="list-style-type: none"> Enhanced emergency communication radio infrastructure of EMS Agency Non-Emergency Permitted Ambulance Providers to ensure compatibility with public safety and receiving hospital radio communications systems NON-911 PROVIDER COMMUNICATIONS: Developed and implemented plan to enhance emergency radio communications / interoperability with permitted non-emergency ambulance provider agencies. 100% complete with placing the EBRCSA radio system in dispatch centers of the ALCO Permitted non-emergency ambulance providers Began a weekly EBRICS radio test with the ALCO non-emergency permitted ambulance providers Each permitted non-emergency ambulance equipped with an EBRCSA radio by the end of 2017 Non-911 Emergency Permitted ambulance provider's provide access to ReddiNet with the messaging, status, and MCI modules in 2018. 	<p><i>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</i></p> <p><u>OBJECTIVE:</u> Interfacility transfers via emergency transport provider shall have redundant and interoperable communication to the sending and receiving facilities.</p>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

3.04	Dispatch Center	✓			<p>No change.</p> <p><u>PROGRESS TO DATE</u></p> <ul style="list-style-type: none"> All EOA provider contracts require interoperable radio and disaster communications capability including Paramedics Plus, FRALS, and two dispatch centers - the Alameda County Regional Emergency Communications Center (ACRECC) and Oakland Fire Dispatch. Transport Providers have transitioned to East Bay Regional Communications System Authority (EBRCSA) Alameda County maintains two IAED ACE Accredited <u>EMD Centers of Excellence</u>. OFD provides EMD services for the City of Oakland. ACRECC (Alameda County Regional Emergency Communications Center) provides EMD services for the remainder of the county. ACRECC also dispatches first responders and ambulance apparatus for several municipalities as well as our 9-1-1 ambulance contract provider, Paramedics Plus. In an effort to coordinate and standardize emergency medical dispatch functions throughout the County, Alameda County EMS has established a Medical Dispatch Review Committee that is comprised of representatives from ACRECC and the Oakland Fire Department Dispatch center as well as field personnel, the EMS Director, EMS Medical Director and provider agency and leadership. The establishment of this committee has assisted in standardizing the assignment of EMS resources throughout the county. Establishing cross-center dialogue has improved our data collection with respect to MPDS activities. This improved data collection has provided us the means to more accurately assess the effectiveness of our MPDS implementation. 	<p>(No change)</p> <p><i>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.</i></p> <p><u>OBJECTIVE:</u></p> <ul style="list-style-type: none"> All emergency medical transport vehicles will have ability to communicate with dispatch centers and disaster communications centers.
3.05	Hospitals	✓			<p>No change.</p> <p><u>PROGRESS TO DATE:</u></p> <p><u>REDDINET</u></p> <ul style="list-style-type: none"> ReddiNet continues to be used in Alameda County and is our dedicated emergency medical communications network. ReddiNet facilitates timely and efficient information exchange between hospitals, EMS, prehospital 911 and Non-911 Permitted Transport providers, dispatch centers, law enforcement, and other health care facilities. ReddiNet provides MCI initiation, ED status, patient tracking, and polling features <p><u>PLANS, POLICIES, AND PROCEDURES:</u></p> <ul style="list-style-type: none"> Hospitals have plans, policies, and procedures that provide communication and 	<p><i>All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.</i></p>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>information management protocols aligned with the Alameda County Operational Area Communications Plans</p> <ul style="list-style-type: none"> The Multi-Casualty Incident Policy describes radio utilization requirements ReddiNet Utilization – EMS Administrative Operations Policy describes communications, HAVBed, Polling, and messaging requirements. The Alameda County Emergency Operations Plan and Situation Status/Resource Request Forms include information on redundant and interoperable communications specific for hospitals. The draft Alameda County Medical Health Operations Plan (pending approval) also identifies the notification and communication protocols and pathways. The operational area communications plan supports hospitals and includes Radio Amateur Civil Emergency Services (RACES) and Amateur Radio Emergency Services ARES Field Response Manual. <p><u>RADIOS – 700/800 MEGAHERTZ</u></p> <ul style="list-style-type: none"> Hospitals have received portable 700/800 Megahertz radios for their Hospital Command Centers. A radio communications test between hospitals is conducted each month. 	
3.06	MCI / Disasters	✓		✓	<p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> Alameda County EMS has a robust MCI, disaster, and medical surge workplan which emphasizes communications and information flow within the operational area, RDMHS, State and Federal partners as may be needed. (Consistent with the state Medical/Health EOM). <p><u>REDUNDANT AND INTEROPERABLE COMMUNICATIONS SYSTEMS</u></p> <ul style="list-style-type: none"> Includes 700/800 Megahertz, ReddiNet, CAHAN, Everbridge (AC Alert), Med1 (email designated for disaster response); DHV, and other systems <p><u>COMMUNICATION SYSTEM TRAINING AND EXERCISES</u></p> <ul style="list-style-type: none"> The health care partners participated in the 11/16/17 Statewide Medical / Health functional exercise (SWHME) and the 6/27/18 Coalition Surge Test. The next SWMHE is scheduled for 11/15/18. The Statewide Medical/Health Functional Exercises and the Coalition Surge Test serve to discuss and test and evaluate the redundant and interoperable communications. <p><u>REDDINET TRAINING</u></p> <ul style="list-style-type: none"> ReddiNet training was conducted 2017-18 to practice and test MCI initiation and patient tracking. 	<p><i>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.</i></p> <p><u>OBJECTIVES:</u> <u>LONG-RANGE</u></p> <ul style="list-style-type: none"> To ensure the ability to communicate in the event of a disaster with all EMS partners and stakeholders. Utilize ReddiNet to track patients in an MCI. The goal is to leverage health care system partners to ensure effective disaster preparedness and response communications and information management

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> The Alameda County EMS ReddiNet Coordinator conducts customized training for partners and tests ReddiNet in quarterly exercises including the CDPH required HAvBED drills. The ReddiNet training classes were customized to each partner and conducted at their organization sites including: Alameda County OES, City of Oakland OES, Alameda County Dispatch Center (ACRECC), Eden Hospital, Alta Bates Summit (Oakland Campus), West Oakland Health Center, Skilled Nursing Facility Disaster Group in Alameda, Clinic Disaster Working Group, select Behavioral Health Managers, the Public Health Emergency Preparedness Team, and for 911 and non-911 permitted transport providers.. <p><u>REDDINET ACCESS AND UTILIZATION</u></p> <ul style="list-style-type: none"> Expanding “users” beyond existing partners including fire departments with hospitals, prehospital providers (911 transport and non-911 Emergency Permitted Transport Providers) OES, clinics, skilled nursing facilities and mental and behavioral health crisis service providers. Facilitating ReddiNet Upgrades with new modules and permissions for system disaster response partners in 2017-18; ensuring training and exercises for all Alameda County ReddiNet Users including FRALS, 911 transport and non-911 Emergency Permitted Transport Providers <p><u>DISASTER PREPAREDNESS HEALTH COALITION (DPHC)</u></p> <ul style="list-style-type: none"> Monthly steering and quarterly DPHC General Partner meetings are focused on strengthening the communications pathways and plans. <p><u>RADIOS – 700/800 MEGAHERTZ</u></p> <ul style="list-style-type: none"> Hospitals have received portable 700/800 Megahertz radios for their Hospital Command Centers. A radio communications test between hospitals is conducted each month. <p><u>CALIFORNIA HEALTH ALERT NETWORK (CAHAN)</u></p> <ul style="list-style-type: none"> Adele Pagan (Lead) and Cynthia Frankel, PHCC, completed the required CAHAN administrator training in 2015. Alameda County EMS has updated the CAHAN contacts with 911 and non -911 Transport Permitted Providers. Alameda County EMS CAHAN Administrators participate in monthly CAHAN conference call meetings and exercises. <p><u>LOCAL ALAMEDA COUNTY MASS NOTIFICATION SYSTEM – EVERBRIDGE</u></p> <ul style="list-style-type: none"> Adele Pagan (Lead) and Cynthia Frankel are the designated points of contact for the 	
--	--	--	--	--	--	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>Alameda County Mass Notification System</p> <ul style="list-style-type: none"> Cynthia Frankel participating in HCSA Emergency Operations Workgroup for develop AC Alert user groups, policies, and messaging; completed additional training modules. Adele Pagan and Cynthia Frankel participating in Mass Notification planning meeting and exercises with Alameda County OES in 2017 and 2018. <p><u>HAM RADIO COMMUNICATIONS</u></p> <ul style="list-style-type: none"> Alameda County EMS collaborates with Public Health to facilitate the Alameda County disaster Preparedness Health Coalition (DPHC). Communication access and training is emphasized in the DPHC objectives. Communication classes are offered including HAM Cram radio training and opportunity to participate in monthly HAM radio checks. 	
--	--	--	--	--	---	--

Public Access:

3.07	9-1-1 Planning / Coordination	✓		✓	<p><u>PROGRESS TO DATE</u></p> <p><u>DISPATCH SYSTEM</u></p> <ul style="list-style-type: none"> Alameda County maintains two IAED ACE Accredited <u>EMD Centers of Excellence</u>. OFD provides EMD services for the City of Oakland. ACRECC (Alameda County Regional Emergency Communications Center) provides EMD services for the remainder of the county. The EMD Centers provide pre-arrival instructions and drive MPDS based resource assignment and response 18 Public Safety Answering Points (PSAPs) in Alameda County receive 911 calls ACRECC also dispatches first responders and ambulance apparatus for several municipalities as well as our 9-1-1 ambulance contract provider, Paramedics Plus. <p><u>PRIMARY QUALITY IMPROVEMENT PARTNERS</u></p> <ul style="list-style-type: none"> All providers and dispatch centers All PSAPS All EOA provider contracts require radios and disaster communications including Paramedics Plus, FRALS, and the two <u>dispatch centers</u> (ACRECC) and Oakland Fire Dispatch. <p><u>QUALITY IMPROVEMENT PLAN</u></p> <ul style="list-style-type: none"> Calls are reviewed for appropriateness and monitored. In an effort to coordinate and standardize emergency medical dispatch functions throughout the County, Alameda County EMS has established a Medical Dispatch 	<p><i>The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.</i></p> <p><u>OBJECTIVE (LONG-RANGE)</u></p> <p>Work with the cities and police agencies to:</p> <ul style="list-style-type: none"> Improve dispatcher level of training, 911 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
------	-------------------------------	---	--	---	---	---

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>Review Committee that is comprised of representatives from ACRECC and the Oakland Fire Department Dispatch Center as well as field personnel, the EMS Director, EMS Medical Director and provider agency and leadership.</p> <ul style="list-style-type: none"> The establishment of this committee has assisted in standardizing the assignment of EMS resources throughout the county. Establishing cross-center dialogue has improved our data collection with respect to MPDS activities. This improved data collection has provided us the means to more accurately assess the effectiveness of our MPDS implementation. EMS Director and/or designee attends quarterly county-wide dispatch meetings Andrew Sulyma, Prehospital Care Coordinator (System Operations) with William McClurg, Prehospital Care Coordinators (Contract Compliance) participate in on-going planning and coordination of the 911 system. The planning includes EMS Dispatch QI, evaluating EBRCS Radio Communications and the review of Unusual Occurrence incidents 			
3.08	9-1-1 Public Education	✓			<p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> Through educational events especially in schools in partnership with first responder agencies and our contracted ambulance service provider, we reach out to thousands of school aged <u>children</u> each year. Some activities are provided below: <ul style="list-style-type: none"> Hosted EMS Week Kids Day, 2017 & 2018. 2017- 50 attendees, 2018- 75. Education and activities provided over a wide variety of topics, i.e. earthquake preparedness/safety, water safety, wheeled sports safety, fire prevention, and 911 education. Conducted a <u>Stop the Bleed</u> training session at the <u>Senior Injury Prevention Partnership Education Forum</u>, with 100 of the 140 attendees being trained, including Supervisor Nate Miley. Through educational conferences seniors are provided information on the 911 system. Select activities are listed below: <table border="1" data-bbox="642 1279 1404 1365"> <tr> <td data-bbox="642 1279 926 1365">CALIFORNIA SENIOR INJURY PREVENTION EDUCATIONAL FORUM</td> <td data-bbox="926 1279 1404 1365"> Location: Asian Cultural Center, Oakland, CA, Waterfront Hotel Date: 6/7/2017 AND 3/16/18 # of Participants: 150 AND 140 </td> </tr> </table> 911 educational information updated on the new EMS website Two enhanced EMD systems in the county utilize Medical Priority Dispatch™ system (including the Quality Improvement Process) 	CALIFORNIA SENIOR INJURY PREVENTION EDUCATIONAL FORUM	Location: Asian Cultural Center, Oakland, CA, Waterfront Hotel Date: 6/7/2017 AND 3/16/18 # of Participants: 150 AND 140	<p><i>The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access</i></p> <p><u>OBJECTIVE</u></p> <ul style="list-style-type: none"> Develop public service announcements in collaboration with first responder and transport provider agencies. Provide information that educates the public on why we use the MPDS, and how we continually monitor and maintain an effective deployment in the system.
CALIFORNIA SENIOR INJURY PREVENTION EDUCATIONAL FORUM	Location: Asian Cultural Center, Oakland, CA, Waterfront Hotel Date: 6/7/2017 AND 3/16/18 # of Participants: 150 AND 140							

Resource Management:

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

3.09	Dispatch Triage	✓	✓	✓	<p><u>PROGRESS TO DATE:</u></p> <p><u>QUALITY IMPROVEMENT PLAN **</u></p> <ul style="list-style-type: none"> • Calls are monitored and reviewed for appropriateness. • In an effort to coordinate and standardize emergency medical dispatch functions throughout the County, Alameda County EMS has established a Medical Dispatch Review Committee that is comprised of representatives from ACRECC and the Oakland Fire Department Dispatch center as well as field personnel, the EMS Director, EMS Medical Director and provider agency and leadership. • The establishment of this committee has assisted in standardizing the assignment of EMS resources throughout the county. Establishing cross-center dialogue has improved our data collection with respect to MPDS activities. • This improved data collection has provided us the means to more accurately assess and improve the effectiveness of our MPDS implementation on an ongoing basis. • ACCREC is working with Mike Jacobs, PHCC, and reviewing all of their cardiac arrest calls. ACRECC has changed its processes to decrease the time to CPR on these calls. <p><u>DISPATCH SYSTEM AND QUALITY IMPROVEMENT</u></p> <ul style="list-style-type: none"> • Alameda County maintains two International Academies of Emergency Dispatch (IAED) ACE Accredited Centers of Excellence. Oakland Fire Department (OFD) provides Emergency Medical Dispatch (EMD) services for the City of Oakland. ACRECC (Alameda County Regional Emergency Communications Center) provides EMD services for the remainder of the county. The EMD Centers provide pre-arrival instructions and facilitate Medical Priority Dispatch Systems (MPDS) based prioritization. Alameda County has 18 Public Safety Answering Points (PSAPs) that receive 911 calls. 	<p><i>The local EMS agency shall establish guidelines for proper dispatch triage that identifies appropriate medical response.</i></p> <p><u>OBJECTIVE:</u></p> <p><u>LONG-RANGE PLAN</u></p> <ul style="list-style-type: none"> • Schedule meetings for MPDS Committee and sustain quality improvement plan. <p><u>SHORT-RANGE PLAN</u></p> <ul style="list-style-type: none"> • Work with both Dispatch Centers regarding education and specific QA/QI for calls that are or could be cardiac arrest and warrant Dispatch Assisted Pre-Arrival CPR and AED instructions.
3.10	Integrated Dispatch	✓			<p>No change.</p> <p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> • Alameda County EMS system has effectively transitioned to 700/800 Megahertz radios. Our system uses P25 compliant communications and participates in regional communications via the East Bay Regional Communications System. • ACRECC continues to utilize a “closest most appropriate unit” model throughout the service area to coordinate peak demand response and transport through mutual aid. • Mutual aid performance is closely monitored and tracked for effectiveness. 	<p><i>The local EMS system shall have a functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies.</i></p> <p><u>Objective:</u> Continuously monitor mutual aid performance</p>

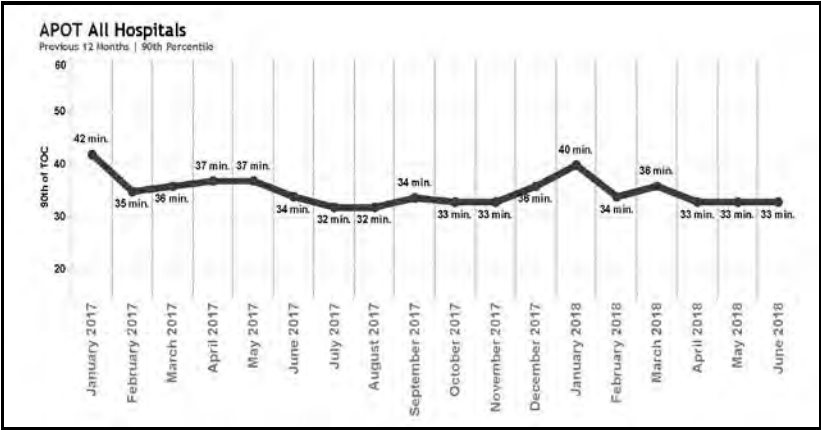
Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

Universal Level:						
4.01	Service Area Boundaries*	✓		✓	(no change) <u>PROGRESS TO DATE:</u> <ul style="list-style-type: none"> Providing on-going monitoring for system compliance. ALS provider agreements with Paramedics Plus, City of Albany, City of Berkeley, City of Piedmont, and City of Alameda for emergency medical transportation – Response zones established as part of agreements. 	<i>The local EMS agency shall determine the boundaries of emergency medical transportation service areas.</i> <u>OBJECTIVES:</u> <u>LONG- RANGE PLAN</u> <ul style="list-style-type: none"> Continuously monitor system compliance
4.02	Monitoring	✓			<u>PROGRESS TO DATE:</u> <ul style="list-style-type: none"> Standardized County-wide electronic patient care reporting and monitoring system is in place Adherence to statutes, regulations, policies, and procedures continues to be monitored through CQI and Unusual Occurrence Processes ALS provider contracts established for emergency transport <p>-----</p> <u>QUALITY IMPROVEMENT (QI) AND MANAGEMENT OF DATA</u> <ul style="list-style-type: none"> <u>DATA GATHERING AND SUBMISSION</u> <ul style="list-style-type: none"> Successful conversion of EMS electronic health care record to NEMSIS 3.4, a state and national standard required for data gathering and submission. Data ePCR Committee has been meeting monthly to make improvements in the data system. Management of data complications created by the conversion to NEMSIS 3.4 Completion of the first TWO years data with the Cardiac Arrest Registry to Enhance Survival (CARES) Monthly Paramedics Plus QI reports - Improvements for the end user Continued work on development and implementation of a county wide health <u>information exchange</u> that enables sharing of clinical data between hospitals and the prehospital system. Continue to explore integration of this work with <u>Alameda Care Connect</u>, a <u>Whole Person Care pilot program</u>. <p>QUALITY IMPROVEMENT – PROCESS – NEW</p> <ul style="list-style-type: none"> Implemented developed plan to reduce <u>ambulance patient offload times</u> at emergency departments (time from ambulance arrival to hospital staff assuming care of patients) in conjunction with EMS provider agencies, hospitals and ACRECC Attained and maintained notable reduction system-wide in Ambulance Patient 	<i>The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.</i> <u>OBJECTIVES:</u> <ul style="list-style-type: none"> Alameda County EMS will continue to monitor emergency medical transportation services to ensure compliance with statutes and regulations.

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

--	--	--	--	--

Offload Time (APOT) with process and reporting recognized as best practice by California EMS Authority. Refer to chart below.



- CQI DATA COLLECTION:** Data update implementation and report dissemination provided as follows:
 - APOT Report
 - Change in Wall time- control chart
 - QI Reports = Stroke, STEMI, trauma reports and behavioral health services reports
 - First Watch

PARAMEDICS PLUS AND RESPONSE TIME MONITORING:

- Active monitoring of fluctuations in performance by Paramedics Plus and corresponding planning/implementation of corrective procedures related to system operations.
 - Alameda County EMS is aggressively working with Paramedics Plus to continue to improve response time performance and address issues in the system.
 - Clarifying our expectation (hospital, field and ACRECC) regarding ambulance patient offload time (30 min or less for transfer of care to hospitals) and implementing process control measures. Dr. Sporer, EMS Medical Director, and Travis Kusman, EMS Director, continue to meet with hospital executive leadership regarding this issue to ensure positive results are sustained.
 - Alameda County EMS expects hospitals find a suitable location for patients

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	--------------------------------	-------------------------------	-----------------------------------	---------------------

					arriving by 911 ambulance and release the crews within 30 minutes.	
4.03	Classifying Medical Requests	✓		✓	<p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> Our system continues to utilize EMD and MPDS. Alameda County EMS has been using tools to analyze MPDS and clinical data to inform the decision-making process used in developing deployment strategies tied to MPDS call types and severity codes. The <u>Medical Dispatch Review Committee</u> - MDRC has been formed with representation from all levels. (Refer to 3.09). 	<p><i>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.</i></p> <p><u>OBJECTIVES: (LONG-RANGE PLAN)</u></p> <ul style="list-style-type: none"> Have a fully tiered, MPDS based 9-1-1 response system that ensures the “right resources are dispatched to the right patients at the right time(s).”
4.04	Prescheduled Responses	✓	✓		<p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> Reviewing Unusual Occurrence Reports filed as the result of a scheduled interfacility transfer <p><u>INVESTIGATIONS</u></p> <ul style="list-style-type: none"> Investigation of all incidents reported via the Alameda County Unusual Occurrence reporting process, and coordination with all EMS providers and allied agencies to provide educational follow-up or disciplinary actions (where applicable). Tracked, investigated, and managed numerous Unusual Occurrences (real/potential reported threats to health and safety as per State regulation) reported to the EMS Agency Reviewing patient care data entered into the EMS system data management system EMS Policy Manual # 4605 – Critical Care Paramedics allows approved service providers to use paramedic personnel for scheduled interfacility transfer. <p><u>CRITICAL CARE PARAMEDIC (CCP)</u></p> <ul style="list-style-type: none"> The State EMSA allows Critical Care Paramedic (CCP) 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 medically stabilized at one facility and need to be transferred to another facility. EMS has adopted the use of state and national inter-facility transport standards to monitor and regulate this program. The CCP Inter-facility Transport Agreement with American Medical Response incorporates County EMS guidelines and standards, patient transfer protocols, data collection and reporting requirements that ensure patient safety. There were some additions to the local optional scope of practice for CCP. Alteplase (TPA) and Norepinephrine 	<p><i>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.</i></p> <p><u>OBJECTIVE:</u></p> <p><u>SHORT-RANGE PLAN</u></p> <ul style="list-style-type: none"> Review Unusual Occurrence Reports filed as the result of a scheduled interfacility transfer Review patient care data entered into the EMS system data management system
4.05	Response	✓		✓	<u>PROGRESS TO DATE:</u> (No Change)	<i>Each local EMS agency shall develop response time</i>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

	Time*				<ul style="list-style-type: none"> Alameda County EMS has response time requirements to which FRALS and 911 ambulance transport providers must adhere. These requirements are based upon MPDS determinants in conjunction with Metro/Urban, Rural/Suburban and Wilderness/Low Call Density Sub-Areas. Response time compliance must be maintained at the 90 percentile level or better. 	<p><i>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</i></p> <p><u>OBJECTIVE: (LONG-RANGE)</u></p> <ul style="list-style-type: none"> Continually enhance MPDS based prioritization of response.
4.06	Staffing	✓			<p><u>PROGRESS TO DATE:</u> Staffing requirements are in “Staffing – ALS and BLS Providers” Policy. The 2017 and 2018 EMS field policies define transport provider staffing and equipment requirements:</p> <ul style="list-style-type: none"> Staffing requirements Equipment requirements and inspection Equipment List 	<p><i>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.</i></p> <p><u>OBJECTIVE:</u></p> <ul style="list-style-type: none"> Provide the right resource to the right patient at the right time. Improve the efficient use of resources
4.07	First Responder Agencies*	✓		✓	<p><u>PROGRESS TO DATE:</u> As mergers and transitions occur, partners integrate into a cohesive response system:</p> <p><u>EMS System Providers:</u></p> <p><u>ALS GROUND TRANSPORT PROVIDERS</u></p> <ul style="list-style-type: none"> City of Alameda City of Albany City of Berkeley City of Piedmont Paramedics Plus <p><u>FIRST RESPONDER ALS (FRALS)</u></p> <ul style="list-style-type: none"> Alameda County Fire City of Alameda City of Albany City of Berkeley City of Dublin City of Emeryville City of Fremont City of Hayward City of Livermore City of Newark 	<p><i>The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.</i></p> <p><u>OBJECTIVE:</u></p> <ul style="list-style-type: none"> On-going integration of EMS first responder agencies into the system <p><u>LONG-RANGE:</u></p> <ul style="list-style-type: none"> Implement credentialing program as required by state regulation for Public Safety First Aid programs in 2017.

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> • City of Oakland • City of Piedmont • City of Pleasanton • City of San Leandro • City of Union City <p><u>RECEIVING FACILITIES</u></p> <ul style="list-style-type: none"> • Alta Bates Summit – Berkeley Campus • Alta Bates Summit – Oakland Campus • UCSF Benioff children’s Hospital • Kaiser Permanente Oakland Medical Center • Alameda Hospital - Alameda Health System • Highland – Alameda Health System • San Leandro Hospital – Alameda Health System • John George Psychiatric Pavilion • Willow Rock • Eden • Stanford Valley Care • Kaiser Permanente – San Leandro Hospital • Kaiser Permanente – Fremont Medical Center • Washington Hospital <p><u>AIR TRANSPORT PROVIDERS</u></p> <ul style="list-style-type: none"> • Reach • CALSTAR • LifeFlight • East Bay Regional Parks <p><u>INTERFACILITY TRANSPORT PROVIDERS</u></p> <table border="1" data-bbox="600 1136 1161 1554"> <thead> <tr> <th data-bbox="600 1136 850 1214">PROVIDER</th> <th data-bbox="850 1136 1003 1214">DATE CONTRACT SIGNED</th> <th data-bbox="1003 1136 1161 1214">DATE CONTRACT EXPIRES</th> </tr> </thead> <tbody> <tr> <td data-bbox="600 1214 850 1255">SUTTER – AMR</td> <td data-bbox="850 1214 1003 1255">12/20/2016</td> <td data-bbox="1003 1214 1161 1255">12/20/2018</td> </tr> <tr> <td data-bbox="600 1255 850 1295">ROYAL AMBULANCE</td> <td data-bbox="850 1255 1003 1295">12/6/2016</td> <td data-bbox="1003 1255 1161 1295">12/6/2018</td> </tr> <tr> <td data-bbox="600 1295 850 1352">NORCAL AMBULANCE</td> <td data-bbox="850 1295 1003 1352">12/5/2016</td> <td data-bbox="1003 1295 1161 1352">12/5/2018</td> </tr> <tr> <td data-bbox="600 1352 850 1385">UNITED AMBULANCE</td> <td data-bbox="850 1352 1003 1385">8/30/2017</td> <td data-bbox="1003 1352 1161 1385">8/30/2019</td> </tr> <tr> <td data-bbox="600 1385 850 1425">FALCK AMBULANCE</td> <td data-bbox="850 1385 1003 1425">11/4/2016</td> <td data-bbox="1003 1385 1161 1425">11/4/2018</td> </tr> <tr> <td data-bbox="600 1425 850 1458">FALCON CCT</td> <td data-bbox="850 1425 1003 1458">5/1/2017</td> <td data-bbox="1003 1425 1161 1458">5/1/2019</td> </tr> <tr> <td data-bbox="600 1458 850 1507">PROTRANSPORT-1</td> <td data-bbox="850 1458 1003 1507">12/30/2016</td> <td data-bbox="1003 1458 1161 1507">12/30/2018</td> </tr> <tr> <td data-bbox="600 1507 850 1554">ARCADIA AMBULANCE</td> <td data-bbox="850 1507 1003 1554">5/10/2018</td> <td data-bbox="1003 1507 1161 1554">5/10/2020</td> </tr> </tbody> </table>	PROVIDER	DATE CONTRACT SIGNED	DATE CONTRACT EXPIRES	SUTTER – AMR	12/20/2016	12/20/2018	ROYAL AMBULANCE	12/6/2016	12/6/2018	NORCAL AMBULANCE	12/5/2016	12/5/2018	UNITED AMBULANCE	8/30/2017	8/30/2019	FALCK AMBULANCE	11/4/2016	11/4/2018	FALCON CCT	5/1/2017	5/1/2019	PROTRANSPORT-1	12/30/2016	12/30/2018	ARCADIA AMBULANCE	5/10/2018	5/10/2020	
PROVIDER	DATE CONTRACT SIGNED	DATE CONTRACT EXPIRES																															
SUTTER – AMR	12/20/2016	12/20/2018																															
ROYAL AMBULANCE	12/6/2016	12/6/2018																															
NORCAL AMBULANCE	12/5/2016	12/5/2018																															
UNITED AMBULANCE	8/30/2017	8/30/2019																															
FALCK AMBULANCE	11/4/2016	11/4/2018																															
FALCON CCT	5/1/2017	5/1/2019																															
PROTRANSPORT-1	12/30/2016	12/30/2018																															
ARCADIA AMBULANCE	5/10/2018	5/10/2020																															

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<table border="1" data-bbox="600 269 1161 428"> <tr> <td>BAYSHORE AMBULANCE</td> <td>3/16/2017</td> <td>3/16/2019</td> </tr> <tr> <td>BAYMEDIC AMBULANCE</td> <td>5/16/2017</td> <td>5/16/2019</td> </tr> <tr> <td>WESTMED AMBULANCE</td> <td>12/16/2016</td> <td>12/16/2018</td> </tr> </table> <p><u>OTHER EMS SYSTEM PARTNERS</u></p> <ul style="list-style-type: none"> Vendors, Training Organizations (including ICE Safety Solutions, MRC, County Agencies/Departments – Board of Supervisors, schools, and others in community (Patients & their Families) <p><u>PUBLIC SAFETY FIRST AID PROGRAMS – NEW PROGRAM</u></p> <ul style="list-style-type: none"> Implemented credentialing program as required by state regulation for Public Safety First Aid programs in 2017. <p><u>HEARTSAFE PROJECT:</u> Refer to Executive Summary</p> <ul style="list-style-type: none"> 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, and data management in a five year plan. ALCO EMS has collaborated with Alameda County Risk Management which intends to fund maintenance of the Project HeartSAFE AED's located in County owned and leased facilities for the next several years. Alameda County EMS intends to continue the HeartSAFE project at ninety three community Board of Supervisor sites for three years. The project will include maintenance of AEDs at each community location. 	BAYSHORE AMBULANCE	3/16/2017	3/16/2019	BAYMEDIC AMBULANCE	5/16/2017	5/16/2019	WESTMED AMBULANCE	12/16/2016	12/16/2018	
BAYSHORE AMBULANCE	3/16/2017	3/16/2019													
BAYMEDIC AMBULANCE	5/16/2017	5/16/2019													
WESTMED AMBULANCE	12/16/2016	12/16/2018													
		✓													
4.08	Medical & Rescue Aircraft*	✓			(No change)	<p>The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:</p> <ul style="list-style-type: none"> 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 									

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

						<p>ems system, and</p> <ul style="list-style-type: none"> Addressing and resolving formal complaints regarding ems aircraft.
4.09	Air Dispatch Center	✓			(No change) 911 Aircraft requests are initiated by either first responding or transporting agencies via ACRECC in accordance with ALCO "EMS Aircraft Transport" Field Policy. ACRECC relays the request and coordinates the response of the appropriate Aircraft Provider.	<i>The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.</i>
4.10	Aircraft Availability*	✓			(No change) In accordance with written agreements, CALSTAR and REACH Air Medical Services cover most of the 911 EMS Aircraft transports on a rotation system in the cities of Alameda, Albany, Berkeley, Castro Valley, Emeryville, Dublin, Livermore, Oakland, Piedmont and San Leandro. Stanford Life Flight covers the cities of Fremont, Hayward, Newark, Pleasanton, San Lorenzo, Sunol and Union City. Although infrequent, California Highway Patrol and East Bay Regional Parks when staffed with properly trained medical personnel may assist Prehospital providers in air transport. On even days, REACH is scheduled to respond to emergent 911 calls in accordance with Alameda County's "EMS Aircraft Transport" policy. On odd days, CALSTAR is scheduled to respond to emergent 911 calls. REACH may respond on odd days if CALSTAR is unavailable.	<i>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.</i>
4.11	Specialty Vehicles*	✓			(No change)	<i>Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snow mobiles, and water rescue and transportation vehicles.</i>
4.12	Disaster Response	✓	✓	✓	<p>PROGRESS TO DATE: Priority Projects</p> <p><u>ALAMEDA COUNTY MHOAC MANUAL GUIDE</u></p> <ul style="list-style-type: none"> Alameda County EMS developed its first MHOAC Manual draft in 2017 - Currently pending final approval by Public Health and EMS with new changes. The MHOAC Manual Incident Response Guides will be developed in the MHOAC Manual with the HCSA Emergency Operations Workgroup. The Medical Surge Plan and other annexes will be integrated as supporting annexes to the MHOAC Manual Guide. <p><u>OPERATIONAL AREA EOC AND EMS BRANCH DOC</u></p> <ul style="list-style-type: none"> ALCO EMS collaborated with the Sheriff's Department Office of Emergency Services and Homeland Security to upgrade the operational area County Emergency Operations Center (EOC) Medical/Health Branch with improved physical space functionality and technology assets. Plans were finalized and vendors conducted 	<p><i>The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster.</i></p> <p>NEW - Disaster Response:</p> <p><u>OBJECTIVES:</u></p> <ul style="list-style-type: none"> Continue to strengthen MHOAC program with EMS, Public Health, and other Health Care Services Agency partners. Priority focus – Strengthen Medical Surge Plan. EMS to continue to provide EMS Duty Officer, MHOAC, RDMHS and EOC Medical/Health Branch leadership response capability 24/7. <p><u>PUBLIC ACCESS HEMORRHAGE CONTROL</u></p>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>work to upgrade the medical health branch at the EOC physically and technologically in conjunction with the Sherriff's office which was completed September 2017.</p> <ul style="list-style-type: none"> The EMS DOC upgrades have occurred in San Leandro. Given the EMS Branch DOC was tested in the 6/27/18 Coalition Surge Test, additional upgrades are planned for 2018-19. <p><u>CALIFORNIA MEDICAL AND PUBLIC HEALTH EOM ANNEXES</u></p> <ul style="list-style-type: none"> Alameda County EMS contributed to development of the California Medical Health EOM annexes including Behavioral Health. Facilitating integration of PH, EMS, and EH in disaster response exercises to test EOM and new annexes. EMSC and HPP EMSA Coordinator Cynthia Frankel is on the planning committee for CDPH/EMSA Pediatric Medical Surge Planning project to develop a function specific chapter too CA Medical/Health EOM; participates on the EMS Workgroup for this committee. <p><u>CALIFORNIA PATIENT MOVEMENT PLAN</u></p> <ul style="list-style-type: none"> ALCO EMS participated in state tabletop 2017; provided input to plan Plan to adapt in Alameda County <p><u>REGIONAL DISASTER MEDICAL HEALTH SPECIALIST (RDMHS) PLANNING</u></p> <ul style="list-style-type: none"> RDMHS Region II completed duties as assigned by Alameda EMS agency, California EMS Authority Disaster Medical Services (EMSA DMS), and CDPH Emergency Preparedness Office. Maintained normal response activities in accordance with the <u>Emergency Operations Manual</u> and this Scope of Work. Initiated customization of the new <u>Medical Health Operational Area Coordinator (MHOAC) Handbook Guide</u> for Alameda County. Hosted quarterly <u>MHOAC meeting</u> in November 2017 and May 2018 with normal level of attendance and participation. Continued collaboration and communications with OES regional partners. Assigned by EMSA and CDPH leadership to participate in the <u>Patient Movement Plan workgroup</u>. Reviewed draft Patient. Movement Plan at the request of EMSA and the contractor and provided feedback as necessary. Continued planning for <u>State Wide Medical Health Exercise (SWMHE) Exercise</u> with regional stakeholders. Also participated in planning for <u>Urban Shield</u>. Conducted first Medical Health Operations Center Support Activities Course 	<p><u>(PAHC) Project</u></p> <p><u>OBJECTIVES:</u> develop awareness campaigns, develop and deliver training, and place tourniquets with public access AEDs in high-traffic / high-risk areas (i.e. airport, schools, shopping malls, office buildings, etc.)</p> <p><u>SHORT RANGE PLAN:</u></p> <ul style="list-style-type: none"> Work with community media to create public awareness announcements, develop training for non-medical personnel, procure tourniquets for installation <p><u>LONG RANGE PLAN:</u></p> <ul style="list-style-type: none"> Deliver train-the-trainer modules, identify partners for sustainability <p><u>CO-LOCATION PROJECT</u></p> <ul style="list-style-type: none"> Co-located EMS and Primary Care Field Treatment Site <p><u>OBJECTIVES:</u> develop plan and policy to co-locate EMS at a community-based primary care clinic to mitigate medical surge at acute care facilities and optimize use of limited available resources after a catastrophic event</p> <p><u>SHORT-RANGE PLAN:</u></p> <ul style="list-style-type: none"> investigate different models of EMS and primary care integration to discover potential issues with licensing/liability, identify primary clinic partner(s) <p><u>LONG-RANGE PLAN:</u></p> <ul style="list-style-type: none"> develop plan, exercise, and evaluate <p><u>ALAMEDA COUNTY MHOAC MANUAL</u></p> <p><u>SHORT TERM</u></p> <ul style="list-style-type: none"> Continue to develop the MHOAC Manual
--	--	--	--	--	--	---

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>(MHOCSA) May 7-8, 2018</p> <p><u>REGIONAL DISASTER MEDICAL HEALTH COORDINATOR (RDMHC) – PLANNING</u></p> <ul style="list-style-type: none"> Travis Kusman, EMS Director is now the Region II RDMHC, replacing Dr. Muntu Davis, MD. <p><u>MHOAC PROGRAM AND MHOAC COORDINATOR</u></p> <ul style="list-style-type: none"> On-going training on Medical/Health EOM – classes provided to Alameda County DPHC partners <p><u>MEDICAL SURGE PROJECTS</u></p> <ul style="list-style-type: none"> The priority EMS benchmark in the HPP deliverables is to strengthen medical surge capability and capacity in a disaster inclusive of children. The focus is to clarify and organize the health care system response for a surge of patients that exceeds the system’s routinely available existing resources. The goal is to strengthen the plan for medical surge bed expansion/decompression, patient tracking, patient movement, and effective pediatric response. <p><u>PEDIATRIC MEDICAL SURGE - NEW PLANS (Disaster / Surge)</u></p> <ul style="list-style-type: none"> Pediatric Medical Surge Plan approved and tested. Alameda County EMS website updated with pediatric medical surge planning information and links for system-wide partners Children’s Disaster CONOPs Annex to operational Area EOP completed and submitted to Operations Council for Submission to Alameda County Board (pending approval). The project was temporarily on hold; continued work will occur in 2018-18 with participation from Alameda County EMS. <p><u>ED PEDIATRIC READINESS PROJECT</u></p> <ul style="list-style-type: none"> UCSF Benioff Children’s Hospital and Alameda County EMS conducts ED site visits to strengthen pediatric “day to day” and medical surge 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). A new contract has been negotiated with UCSF Benioff Children’s Hospital Oakland and is scheduled for presentation to the County Board of Supervisors for approval. The advisory steering committee for this project is scheduled for June 27, 2018. <p><u>DISASTER COMMUNICATIONS</u></p> <ul style="list-style-type: none"> In 2017-18, Alameda County conducted a campaign to ensure all disaster medical 	
--	--	--	--	--	---	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>response organizations are on ReddiNet. New Modules were added for ReddiNet Users and ReddiNet training was conducted for multiple count-wide organizations: Alameda County EMS, PH, BH, and OES; hospitals, clinics, SNFS, City of Oakland OES, 911 and non-911 permitted transport providers.</p> <p><u>EBOLA / INFECTIOUS DISEASE TRANSPORTATION PROJECT</u></p> <ul style="list-style-type: none"> RDMHS manages the workplan for HPP Supplemental Ebola funding for EMS transport; inclusive collaboration with Region II MHOAC's; drafted Ebola transport ConOps, training, and collaborated with the Alameda Hospital Command Center (HCC) to purchase Ebola/ID Personal Protective Equipment and other supplies. <p><u>DISASTER TEAMS</u></p> <p><u>AMBULANCE STRIKE TEAMS</u></p> <ul style="list-style-type: none"> Started and maintained the quarterly Region II RDMHS Ambulance Strike team leader course: 08/25/2016; 09/29/2016; 01/18/2017; and 04/18/2018 <p><u>TACTICAL EMERGENCY MEDICAL SUPPORT (TEMS) TEAM</u></p> <ul style="list-style-type: none"> Maintained the routine operation of the ALCO TEMS team in responding to high threat / high consequence incidents county-wide. Conducted Tactical Emergency Medical Services (TEMS) Training with Paramedics Plus, San Leandro Police, Oakland Police and the Alameda County Sheriff's Department in 2017. <p><u>TACTICAL MEDICAL TECHNICIAN (TMT)</u></p> <ul style="list-style-type: none"> Completed curriculum development for and conducted the inaugural 40 hour tactical Medical Technician (TMT) course. <p><u>NON-EMERGENCY TRANSPORT SURGE TABLETOP</u></p> <ul style="list-style-type: none"> Conducted first annual non-emergency permitted ambulance provider system surge table top exercise. Continue developing robust plan to more smoothly integrate these providers into the emergency response network in disaster and surge situations. <p><u>"REAL" EVENTS" - PLANNING AND RESPONSE</u></p> <p><u>"REAL EVENT" DEPLOYMENTS AND SUPPORT</u></p> <p><u>LARGE SCALE INCIDENTS - COORDINATED PLANNING AND RESPONSE</u></p> <ul style="list-style-type: none"> Worked with Alameda County EMS provider agencies to coordinate response to several large scale incidents, including multiple protests in Berkeley and significant system demand due to a regional heat-wave. <p><u>DISASTER RESPONSE "REAL EVENTS:"</u></p> <p><u>WARRIORS PARADE - JUNE 2018</u></p> <ul style="list-style-type: none"> EMS was involved in supporting the preparation for and coordination of medical 	
--	--	--	--	--	---	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>response associated with the Warriors celebration in Oakland which was attended by in excess of a million people. EMS planned and prepared for the worst given recent terrorist activity world-wide. EMS coordinated with multiple ambulance providers, fire departments, local and federal law enforcement agencies, hospitals and EMS Agencies in neighboring counties, facilitating the delivery of highly efficient and effective emergency medical care.</p> <p>2017 <u>NAPA AND SONOMA COUNTIES FIRES - EMERGENCY RESPONSE & RECOVERY MAY 13, 2018</u></p> <ul style="list-style-type: none"> • EMS disaster preparedness staff including and in support of Kelly Coleman, Regional Disaster Medical Health Specialist (RDMHS) Region II / EMS Agency Prehospital Care Coordinator. Received, processed, tracked and coordinated fulfillment of 37 mutual aid requests from Napa and Sonoma Counties, • Provided Mutual Aid and Support including EMS Director and PHCC's serving in the Napa County EOC Medical Health Branch during the incident. • Requests for Advanced Life Support (ALS) and Basic Life Support (BLS) ambulances, EOC staff, behavioral and environmental health professionals and as well as a variety of medical supplies and air scrubbers for healthcare facilities were provided. • Assisted in coordination of non-emergency permitted provider resources to assist in repatriation of patients • Alameda County EMS prepared patient tracking and resource tracking reports for Region 2 for behavioral health deployments • The fires affected 5 operational areas (OAs) within Region II and required the support of approx. 20 OA's throughout the state of California. • RDMHS Region II continues to work with Napa and Sonoma counties on recovery activities relating to reimbursement and environmental health impacts. • Extensive Region II Medical Health Coordination for North Bay Firestorm to support recovery and reimbursement • Alameda County EMS Branch activated to support the RDMHS needs. <p>ALAMEDA COUNTY MUTUAL AID</p>	
--	--	--	--	--	--	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>FOR NAPA/SOLANO OPERATIONAL AREA WILDFIRES - October 2017</p> <p><u>AST TEAMS</u></p> <ul style="list-style-type: none"> • <u>PARAMEDICS PLUS:</u> <ul style="list-style-type: none"> ○ Initial deployment on Monday 10/9/17 at 0330 ○ Multiple Ambulances Strike Teams (AST's) deployed throughout the incident. ○ Ongoing EOC support functions throughout the incident ○ Demobilized on Saturday, 10/14 at 1630hrs <p><u>COUNTY NON-EMERGENCY TRANSPORT PROVIDERS:</u></p> <ul style="list-style-type: none"> • The following providers that operate in our County provided personnel and resources throughout this incident: <ul style="list-style-type: none"> • AMR/Sutter • Westmed • Pro-Transport 1 • Royal Ambulance • Norcal Ambulance • Falck • Falcon <p>-----</p> • Chetco Bar Fire support to Del Norte County. • Region II Medical Health Coordination for San Francisco heat event emergency / system overload. <p><u>OROVILLE DAM</u> - FEBRUARY 13, 2017</p> <ul style="list-style-type: none"> • Alameda County EMS led the Region 2 ambulance strike team to Oroville spill way incident; Deployed and provided leadership for the Region 2 ambulance strike team to Oroville spill way incident <p><u>EXERCISES AND DRILLS</u></p> <p><u>EXERCISES</u></p> <ul style="list-style-type: none"> • The <u>pediatric medical surge plan</u> was updated and the pediatric expansion decompression plans were tested in the SWMHE with consideration for expansion and decompression options. <p><u>STATEWIDE MEDICAL HEALTH EXERCISES (SWMHE)</u></p> <p><u>ALAMEDA COUNTY MEDICAL / HEALTH TERRORISM MCI EXERCISE</u>.2017</p> <ul style="list-style-type: none"> • The terrorism MCI table-top occurred September 26, 2017 and the functional occurred November 16, 2017. 	
--	--	--	--	--	--	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> The goals included testing EOC coordination, medical surge, and communications with cross sector healthcare partners. The scenario was an Active Shooter in Dublin and a Vehicle into a Crowd in Oakland. Twenty Seven emergency operations and command centers were activated. Over 200 participants tested their emergency plans including: County OES, EMS, BHCSA, EH, PH, and GSA; health care facilities (hospitals, clinics, and skilled nursing facilities); Paramedics Plus; Royal Ambulance; and Eden I&R/211. The Alameda County EMS Director, RDMHS Region II and all PHCCs participated in the Statewide Medical Health Exercise planning and event at the Emergency Operations Center (EOC), and Regional EOC. The HPP EMSA Coordinator – Cynthia Frankel was the co-project lead for the 11/16/17 statewide exercise and HPP work plans. Preparing AAR/IP. Planned for 911 non-911 Permitted Transport provider response in 2017 exercise Planning for 2018 Infectious Disease Statewide exercises – October 2, 2018 (Tabletop) and November 15, 2018 <p><u>URBAN SHIELD TRAINING AND EXERCISES</u></p> <ul style="list-style-type: none"> Conducted in September 2016, 2017, and planned for 2018 <p><u>URBAN SHIELD 2017</u></p> <ul style="list-style-type: none"> Over 900 people signed up and participated in the EMS Branch of Urban Shield. Novel training on K9 care and Large MCI exercise (nightclub shooting) Ambulance Strike Team exercise planned and implemented by Alameda County EMS Ambulance Strike Team and Mobile Field Hospital all fully engaged. Maritime interdiction scenario and tactical team integration during 2 scenarios. <p><u>URBAN SHIELD 2018</u></p> <ul style="list-style-type: none"> Planning for Urban Shield 2018 and Yellow Command scheduled 9/6/18 (Scenario 96 Hours post Event Earthquake). Alameda County EOC will be fully activated. <p><u>ACTIVE SHOOTER AND MASS VIOLENT THREAT EXERCISES</u></p> <ul style="list-style-type: none"> ALCO EMS has been a leader in providing direction, planning, support and training supplies for active shooter and mass violent threat exercises throughout the county and region. In addition to several planning meeting for each jurisdiction, below are the actual dates of the all-day exercises: 	
--	--	--	--	--	--	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> • Berkeley PD/ Berkeley FD, P+ exercises April 19 and May 17, 2018 • Newark PD, ACFD, P+ exercises May 21 and May 24, 2018 • Livermore PD, LPFD, Reach, Cal star , P+ exercises July 16 and Aug 2, 2018 • Kaiser Permanente- OPD, P+. July 19 and July 20, 2018 • EMS Disaster and preparedness staff assisted local fire departments and law enforcement in conducting an active shooter response exercise in Livermore <p><u>COALITION SURGE TEST</u> – Hospital Evacuation Table top and Functional</p> <ul style="list-style-type: none"> • The Medical Surge project emphasized the first Coalition Surge Test for evacuation. • The HPP EMSA Coordinator Cynthia Frankel planned and conducted the “Dry Run” June 14, 2018 and the CST Exercise June 27, 2018 • The goal was to identify the types of patients that needed evacuation and the types of transport vehicles available for transport for two evacuating hospitals (Eden and Valley Care Medical Centers). • The EMS Branch DOC was activated. Communications was tested on ReddiNet • Multiple partners participated Alameda County EMS MHOAC, RDMHS, PHCCs, Paramedics Plus, City of Oakland EMS Coordinator, hospitals, skilled nursing facilities, and other observers and evaluators <p><u>PORT OF OAKLAND EXERCISE 2018</u></p> <ul style="list-style-type: none"> • Participated in large (FBI, OPD, OFD, ACSO, EMS, Port of Oakland) exercise named “Operation Seasickness” simulating a terrorist attack on a vessel with many contaminated victims. • “Transported” several victims to Highland Hospital, who participated as well. <p><u>COLLABORATION – DISASTER RESPONSE PARTNERS</u></p> <ul style="list-style-type: none"> • Alameda County Office of Homeland Security and Emergency Services • Disaster Preparedness Health Coalition (DPHC) • HPP EMSA Coordinator and HPP Coordinator (Public Health) • Region II MHOAC Coordinators (Medical Health Operational Area Coordinators) • Region ABAHO Coordinators (sub-committee to Health Officers) • Health Care Services Agency Emergency Operations Council (includes Public Health, Environmental Health, Behavioral Health, and Emergency Medical Services) • CDPH/EMSA Pediatric Surge Workgroup – EMS Sub-Committee 	
--	--	--	--	--	--	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p><u>PUBLIC ACCESS HEMORRHAGE CONTROL (PAHC) Project</u></p> <p><u>PROGRESS:</u></p> <ul style="list-style-type: none"> Secured grant to implement program to enhance area capability of “immediate responders” to mitigate loss of life from hemorrhage resulting from mass acts of violence or disaster <p><u>STOP THE BLEED CAMPAIGN</u></p> <ul style="list-style-type: none"> Developed <u>Stop the Bleed public awareness</u> and information campaign for 2018 roll out Continued work with CBOs who provide services for <u>older adults</u> to identify older adult patients from 911 system who may benefit from fall prevention programs <p><u>EMS AND CLINIC FIELD TREATMENT SITE CO-LOCATION PROJECT</u></p> <ul style="list-style-type: none"> Developed EMS and Clinic Field Treatment Site Co-location feasibility study design in conjunction with Public Health and HPP grant steering committee. Conducted assessment/matrix in 2017-18: Community Health Center disaster medical surge plans; side by side medical operations for autonomous medical entities; and develop matrix of key components required for coordination of efforts <p><u>EXERCISE SCOPE:</u></p> <ul style="list-style-type: none"> Two linked exercises (Tabletop and Full Scale) tested the models for side-by-side coordinated in-the-field victim stabilization between Emergency Medical Services (EMS) units and Community Health Centers (CHC). Models were developed with coordinators from Alameda County EMS and Community Health Centers of the Alameda Health Consortium through an independent consultant Barbara Morita. Full-scale exercise conducted <u>May 30 and 31, 2018</u> at three clinic locations. <p><u>DISASTER RESOURCES - EQUIPMENT AND SUPPLIES</u></p> <p><u>MCI/MASS CASUALTY DEPLOYMENT MODULES/TRAILERS</u></p> <ul style="list-style-type: none"> Purchased six mass casualty deployment modules in 2017-18 for existing MCI trailers with Point of Wounding (POW) response kits and DMS command supplies. Delivered to Alameda County EMS locations for deployment June 2018 <p><u>EMERGENCY SUPPLIES</u></p> <ul style="list-style-type: none"> Procured approximately 6000 <u>SWAT-T tourniquets</u> via a UASI grant for distribution to every law enforcement officer/deputy within Alameda County. Allows for immediate and potentially life-saving hemorrhage control at the “point-of-wounding”- includes training by ALCO EMS personnel. 	
--	--	--	--	--	--	--

4.13	Intercounty	✓		✓	<u>PROGRESS TO DATE:</u>	<i>The local EMS agency shall develop agreements permitting</i>
------	-------------	---	--	---	--------------------------	---

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

	Response*				<ul style="list-style-type: none"> Alameda County EMS 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 request for mutual aid and must notify the EMS on-call "Duty Officer" personnel via the Alameda County Regional Emergency Communications Center (ACRECC) based upon pre-identified trigger points such that the MHOAC in conjunction with the RDMHS can coordinate medical mutual aid as needed per regulation <u>ANDREW SULYMA</u>, Alameda County EMS PHCC <ul style="list-style-type: none"> Monitors System Operations; Contract Compliance; Non-Emergency Permitted Ambulance Ordinance; Communications Liaison; EMS Dispatch Liaison; EBRCS Radio Communications; and Unusual Occurrence Management Continues to monitor compliance and overall performance by all EMS Non-911 Emergency Permitted transport providers. <p><u>PERMITTED NON-EMERGENCY PROVIDER</u></p> <ul style="list-style-type: none"> Addition of <u>United Ambulance</u> as an Alameda County-permitted IFT provider and continued management of all providers under the Alameda County Ambulance Ordinance. <p><u>PERMITTED NON-EMERGENCY TRANSPORT PROVIDERS - DISASTER READINESS</u></p> <ul style="list-style-type: none"> Continued integration of Permitted Non-Emergency Providers in to the County disaster plan to assist large-scale movement of patients Supported the deployment of Non-emergency permitted Providers to the Napa/Sonoma fires, and provided assistance to all participants in acquiring County and State reimbursement for services rendered <table border="1" data-bbox="705 1208 1421 1549"> <thead> <tr> <th>PROVIDER</th> <th>DATE CONTRACT SIGNED</th> <th>DATE CONTRACT EXPIRES</th> </tr> </thead> <tbody> <tr> <td>SUTTER - AMR</td> <td>12/20/2016</td> <td>12/20/2018</td> </tr> <tr> <td>ROYAL AMBULANCE</td> <td>12/6/2016</td> <td>12/6/2018</td> </tr> <tr> <td>NORCAL AMBULANCE</td> <td>12/5/2016</td> <td>12/5/2018</td> </tr> <tr> <td>UNITED AMBULANCE</td> <td>8/30/2017</td> <td>8/30/2019</td> </tr> <tr> <td>FALCK AMBULANCE</td> <td>11/4/2016</td> <td>11/4/2018</td> </tr> <tr> <td>FALCON CCT</td> <td>5/1/2017</td> <td>5/1/2019</td> </tr> <tr> <td>PROTRANSPORT-1</td> <td>12/30/2016</td> <td>12/30/2018</td> </tr> </tbody> </table>	PROVIDER	DATE CONTRACT SIGNED	DATE CONTRACT EXPIRES	SUTTER - AMR	12/20/2016	12/20/2018	ROYAL AMBULANCE	12/6/2016	12/6/2018	NORCAL AMBULANCE	12/5/2016	12/5/2018	UNITED AMBULANCE	8/30/2017	8/30/2019	FALCK AMBULANCE	11/4/2016	11/4/2018	FALCON CCT	5/1/2017	5/1/2019	PROTRANSPORT-1	12/30/2016	12/30/2018	<p><i>inter-county response of emergency medical transport vehicles and EMS personnel.</i></p> <p><u>Objective:</u> Work with Transportation Subgroup on mutual aid agreements between fire transport agencies and private contracted providers.</p> <p>LONG-RANGE</p> <ul style="list-style-type: none"> Continued integration of BLS Providers in to the County disaster plan to assist large-scale movement of patients
PROVIDER	DATE CONTRACT SIGNED	DATE CONTRACT EXPIRES																												
SUTTER - AMR	12/20/2016	12/20/2018																												
ROYAL AMBULANCE	12/6/2016	12/6/2018																												
NORCAL AMBULANCE	12/5/2016	12/5/2018																												
UNITED AMBULANCE	8/30/2017	8/30/2019																												
FALCK AMBULANCE	11/4/2016	11/4/2018																												
FALCON CCT	5/1/2017	5/1/2019																												
PROTRANSPORT-1	12/30/2016	12/30/2018																												

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<table border="1"> <tr> <td data-bbox="705 266 980 302">ARCADIA AMBULANCE</td> <td data-bbox="980 266 1194 302">5/10/2018</td> <td data-bbox="1194 266 1421 302">5/10/2020</td> </tr> <tr> <td data-bbox="705 302 980 358">BAYSHORE AMBULANCE</td> <td data-bbox="980 302 1194 358">3/16/2017</td> <td data-bbox="1194 302 1421 358">3/16/2019</td> </tr> <tr> <td data-bbox="705 358 980 415">BAYMEDIC AMBULANCE</td> <td data-bbox="980 358 1194 415">5/16/2017</td> <td data-bbox="1194 358 1421 415">5/16/2019</td> </tr> <tr> <td data-bbox="705 415 980 451">WESTMED AMBULANCE</td> <td data-bbox="980 415 1194 451">12/16/2016</td> <td data-bbox="1194 415 1421 451">12/16/2018</td> </tr> </table>	ARCADIA AMBULANCE	5/10/2018	5/10/2020	BAYSHORE AMBULANCE	3/16/2017	3/16/2019	BAYMEDIC AMBULANCE	5/16/2017	5/16/2019	WESTMED AMBULANCE	12/16/2016	12/16/2018	
ARCADIA AMBULANCE	5/10/2018	5/10/2020																
BAYSHORE AMBULANCE	3/16/2017	3/16/2019																
BAYMEDIC AMBULANCE	5/16/2017	5/16/2019																
WESTMED AMBULANCE	12/16/2016	12/16/2018																
4.14	Incident Command System	✓	✓	✓	<p><u>PROGRESS TO DATE:</u> (No change) Refer to EMS Field Policy 2018 for the MCI Policy -----</p> <p><u>AMBULANCE STRIKE TEAM (AST) / DISASTER MEDICAL SUPPORT UNIT (DMSU)</u></p> <ul style="list-style-type: none"> Working with 911 ambulance provider to develop, strengthen, and maintain <u>AST and DMSU capability</u> in alignment with EMSA policy Started and maintained the quarterly Region II RDMHS Ambulance Strike team leader course: 08/25/2016; 09/29/2016; 01/18/2017; and 04/18/2018 <p><u>AMBULANCE STRIKE TEAM LEADER (ASTL)</u></p> <ul style="list-style-type: none"> RDMHS Region II helped to conduct another Ambulance Strike Team Leader class as well as an EOM training session for regional stakeholders Led 2 Ambulance Strike Team Leader (ASTL) training courses open to California Mutual Aid Region II provider agencies credentialing approximately 50 leadership personnel. <p><u>AMBULANCE STRIKE TEAM:</u></p> <ul style="list-style-type: none"> Trained several fire departments and EMS providers regionally in Ambulance Strike Team / Medical Task Force operations – approximately 50 field leadership personnel trained. <ul style="list-style-type: none"> Started and maintained the quarterly Region 2 RDMHS Ambulance Strike team leader course <p>ALAMEDA COUNTY MUTUAL AID FOR NAPA/SOLANO OPERATIONAL AREA WILDFIRES - October 2017</p> <p><u>AST TEAMS</u></p> <ul style="list-style-type: none"> <u>PARAMEDICS PLUS:</u> <ul style="list-style-type: none"> Initial deployment on Monday 10/9/17 at 0330 Multiple Ambulances Strike Teams (AST's) deployed throughout the incident. Ongoing EOC support functions throughout the incident Demobilized on Saturday, 10/14 at 1630hrs <p><u>COUNTY NON-EMERGENCY PERMITTED TRANSPORT PROVIDERS:</u></p>	<p><i>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.</i></p> <p><u>OBJECTIVE</u> AMBULANCE STRIKE TEAM (AST)/Disaster Medical Support Unit (DMSU)</p> <ul style="list-style-type: none"> Provide technical assistance in making elements of MOU with EMSA operational <p><u>SHORT-RANGE PLAN:</u></p> <ul style="list-style-type: none"> Advise on response plan, encourage relative training described in EMSA documents regarding AST and DMSU <p><u>LONG-RANGE PLAN:</u></p> <ul style="list-style-type: none"> Develop and maintenance of reliable resource 												

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> The following providers that operate in our County provided personnel and resources throughout this incident: <ul style="list-style-type: none"> AMR/Sutter Westmed Pro-Transport 1 Royal Ambulance Norcal Ambulance Falck Falcon <p><u>URBAN SHIELD 2017</u></p> <ul style="list-style-type: none"> Over 900 people signed up and participated in the EMS Branch of Urban Shield. Novel training on K9 care and Large MCI exercise (nightclub shooting) Ambulance Strike Team exercise planned and implemented by Alameda County EMS Ambulance Strike Team and Mobile Field Hospital all fully engaged. Maritime interdiction scenario and tactical team integration during 2 scenarios. <p>Planning for Urban Shield 2018</p> <p><u>TACTICAL EMERGENCY MEDICAL SUPPORT (TEMS) TEAM</u></p> <ul style="list-style-type: none"> Maintained the routine operation of the ALCO TEMS team in responding to high threat / high consequence incidents county-wide. Conducted Tactical Emergency Medical Services (TEMS) Training with Paramedics Plus, San Leandro Police, Oakland Police and the Alameda County Sheriff's Department in 2017. <p><u>TACTICAL MEDICINE TECHNICIAN EDUCATION – COURSES</u> (PLANNING AND EMSA APPROVAL CLASSES)</p> <ul style="list-style-type: none"> Completed curriculum development for and conducted the inaugural 40 hour tactical Medical Technician (TMT) course. Developed, received POST and EMSA approval and ran our first 40 hour <u>Tactical Medical Technician (TMT)</u> class in Dublin. Completed and gained statewide approval and EMS Commission approval for the Tactical Medicine Guidelines working closely with EMSA and POST. 	
4.15	MCI Plans	✓	✓		<p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> Refer to the EMS Field Manual Guide 2018 for the MCI Policy on the Alameda County EMS Website 	<p><i>Multi-casualty response plans and procedures shall utilize state standards and guidelines.</i></p> <p><u>SHORT TERM</u></p>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> Plans and Policies are consistent with the Standardized Emergency Management (SEMS) System including ICS. The Alameda County Medical/Health Operational Area MHOAC Manual first draft has been completed; pending final changes. The Alameda County MCI plan and the draft MHOAC Manual is consistent with the California Medical and Health Emergency Operations Manual. 	<ul style="list-style-type: none"> Finalize the Alameda County MHOAC Manual
--	--	--	--	--	---	--

Enhanced Level: Advance Life Support:

4.16	ALS Staffing	✓			<u>PROGRESS TO DATE:</u> (No change)	<i>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.</i>
4.17	ALS Equipment	✓			<u>PROGRESS TO DATE:</u> <ul style="list-style-type: none"> Written agreements with ALS transport providers ensure appropriate ALS vehicles with ALS/BLS equipment as specified in policy. EMS Equipment and Supply Specifications Policy establishes the equipment that must be stocked on each BLS and ALS vehicle. 	<i>All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.</i> <u>OBJECTIVE:</u> Evaluate and implement equipment and supplies that reduces pain and suffering and improves the health of patient and providers.

Enhanced Level: Ambulance Regulation:

4.18	Compliance	✓			<u>PROGRESS TO DATE:</u> (No change) Refer to <u>Quality Improvement Plan 2018-19</u> and <u>ALS Transport Agreements/Contracts</u> which focus on compliance with Alameda County EMS Policies.	<i>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.</i> <u>OBJECTIVE:</u> Ensure EMS transport provider compliance with Alameda County policies.
------	------------	---	--	--	--	---

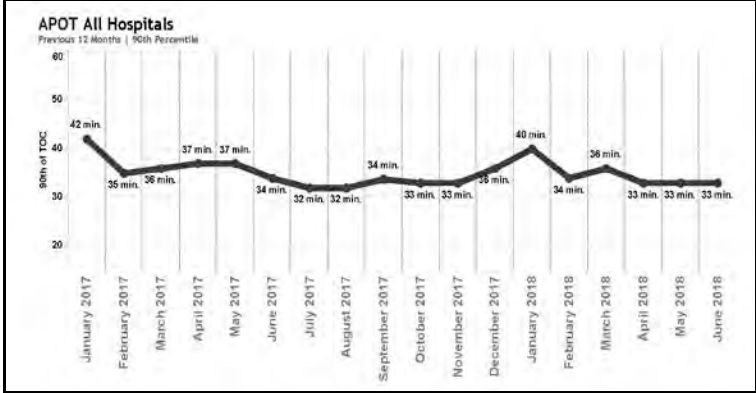
Enhanced Level: Exclusive Operating Permits:

4.19	Transportation Plan	✓			<u>PROGRESS TO DATE:</u> (No change) <u>911 TRANSPORT – PARAMEDICS PLUS</u> <ul style="list-style-type: none"> The Ambulance Transport Provider Agreement with Paramedics Plus contains details of our EMS transportation Plan. Continue contract compliance with the extension of the Paramedics Plus 911 Emergency Ground Ambulance Service through June 30, 2019 ALCO EMS is conducting an RFP process to select and implement a contract for services to the Exclusive Operating Area (EOA) currently served by Paramedics Plus prior to June 30, 2019. 	<i>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.</i> (No change)
4.20	"Grandfathering"	✓			<u>PROGRESS TO DATE:</u> (No change)	<i>Any local EMS agency which desires to grant an exclusive</i>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

						<p><i>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.</i></p>
4.21	Compliance	✓			<p>PROGRESS TO DATE: (No change) – (Refer to Alameda County Quality Improvement Plan 2018)</p> <p>QUALITY IMPROVEMENT - BENCHMARKS AND PROGRESS UPDATES</p> <ul style="list-style-type: none"> • Continued work on development and implementation of a county wide health <u>information exchange</u> that enables sharing of clinical data between hospitals and the prehospital system. Continue to explore integration of this work with <u>AC3</u> <p><u>QUALITY IMPROVEMENT (OI) AND MANAGEMENT OF DATA</u></p> <ul style="list-style-type: none"> • <u>DATA GATHERING AND SUBMISSION</u> <ul style="list-style-type: none"> ○ Successful conversion of EMS electronic health care record to NEMSIS 3.4, a state and national standard required for data gathering and submission. ○ Data ePCR Committee has been meeting monthly to make improvements in the data system. • Management of data complications created by the conversion to NEMSIS 3.4 • Completion of the first TWO years data with the Cardiac Arrest Registry to Enhance Survival (CARES) • Monthly Paramedics Plus QI reports - Improvements for the end user <p>QUALITY IMPROVEMENT – PROCESS – NEW</p> <ul style="list-style-type: none"> • Implemented developed plan to reduce <u>ambulance patient offload times</u> at emergency departments (time from ambulance arrival to hospital staff assuming care of patients) in conjunction with EMS provider agencies, hospitals and ACRECC. • Attained and maintained notable reduction system-wide in Ambulance Patient Offload Time (APOT) with process and reporting recognized as best practice by California EMS Authority. Refer to chart below. 	<p><i>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.</i></p>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	<p style="text-align: center;">Progress – 2017 UPDATED 8/7/18</p>	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	---	---------------------



AMBULANCE PATIENT OFFLOAD TIME (APOT)

- Continued Development of Ambulance Patient Offload Time report - Monthly reports shared with hospital leadership and providers; Significant improvement in overall drop off times; Completed a meeting with the leadership of Eden Hospital
 - Continue to monitor the turnaround improvements from earlier this year. System Operations and Regulatory Compliance
 - Quarterly reporting to California Emergency Medical Services Authority (EMSA)
-
- Worked with Paramedics Plus to continue to improve response time performance and address system issues.
 - Active monitoring of fluctuations in performance by Paramedics Plus and corresponding planning/implementation of corrective procedures related to system operations.
 - Alameda County EMS is aggressively working with Paramedics Plus to continue to improve response time performance and address issues in the system.
 - Clarifying our expectation (hospital, field and ACRECC) regarding ambulance patient offload time (30 min or less for transfer of care to hospitals) and implementing process control measures. Dr. Sporer, EMS Medical Director, and Travis Kusman, EMS Director, continue to meet with hospital executive leadership regarding this issue to ensure positive results are sustained.
 - Alameda County EMS expects hospitals find a suitable location for patients

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	--------------------------------	-------------------------------	-----------------------------------	---------------------

					arriving by 911 ambulance and release the crews within 30 minutes.	
4.22	Evaluation	✓		✓	<p><u>PROGRESS TO DATE:</u> <u>EMS SYSTEM EVALUATION</u></p> <ul style="list-style-type: none"> In July 2015, the Alameda County EMS Agency began an EMS system evaluation which ultimately resulted in the release of the currently active RFP process for 911 EOA emergency ambulance services, with the goal of ensuring an EMS System driven by clinical and operational excellence as well as financial viability. 	<p><i>The local EMS agency shall periodically evaluate the design of exclusive operating areas.</i></p> <p><u>OBJECTIVE:</u> Alameda County EMS evaluates the design of exclusive operating area. (LONG-RANGE) - 2017 RFP</p>

Universal Level:

5.01	Assessment of Capabilities	✓			<p><u>PROGRESS TO DATE:</u> <u>ACS VERIFICATION</u> is now a requirement of current trauma MOUs. New MOU's completed in 2015.</p> <ul style="list-style-type: none"> <u>ALAMEDA HEALTH SYSTEM - HIGHLAND HOSPITAL</u> had a consultation visit for Level 1 status in May 2016. Level 1 status was attained in 2017. ** Continue to participate in and host the RTCC. ALCO EMS participation in TXA pilot study ended in fall of 2017 and continued field use of TXA awaiting state approval for optional scope which occurred in June of 2018. <i>ALCO EMS participation in TXA pilot study ended in fall of 2017 and continued field use of TXA.</i> All <u>trauma centers</u> completed their scheduled <u>American College of Surgeons</u> visits in 2017. <p>** TRAUMA HOSPITALS –DESIGNATIONS/CERTIFICATIONS</p> <ul style="list-style-type: none"> American College of Surgeons (ACS) initial verification was completed at all Alameda County Trauma Centers in May 2013. At that time: UCSF Benioff Children's Hospital Oakland - <u>Level 1</u> Pediatric Trauma Center (TC), Alameda County Medical Center (Highland) – Level 2 Adult TC and Sutter Eden Medical Center – Level 2 Adult TC. <p>ACS Verification is now a requirement of the Alameda County Trauma Center MOU. ALL three Trauma Centers completed their first re-verification in April 2017: UCSF Benioff Children's Hospital Oakland - <u>Level 1</u> Pediatric (TC), Sutter Eden Medical Center – Level 2 Adult TC and <u>Alameda Health System</u> (Highland), formerly known as Alameda County Medical Center (Highland) – changed status to Level 1 Adult TC</p> <p><u>ED PEDIATRIC READINESS PROJECT</u></p> <ul style="list-style-type: none"> UCSF Benioff Children's Hospital and Alameda County EMS conduct ED site visits 	<p><i>The local EMS agency shall assess and periodically reassess the EMS related capabilities of acute care facilities in its service area.</i></p> <p><u>OBJECTIVES:</u></p> <ul style="list-style-type: none"> Alameda County EMS conducts assessments and reassessments of acute care facilities. Focus in 2017 - and 2019 ED Pediatric Readiness.
------	----------------------------	---	--	--	--	---

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>to strengthen pediatric capability to care for children for Alameda County hospitals.</p> <ul style="list-style-type: none"> • The site visit assessments provide 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). • The April 2016 and 2017 site visits emphasized the pediatric medical surge readiness and provide a pediatric mock code. • The ED pediatric site visits are conducted at minimum every 2 years. • Alameda County EMS is preparing a new MOU with UCSF Benioff Children’s Hospital Oakland to continue the Pediatric Readiness Project Site Visits for 2018-19. • Alameda County EMS is planning new EMS for Children QI Workgroup with UCSF Benioff Children’s Hospital. The first meeting is scheduled July 27, 2018. <ul style="list-style-type: none"> ○ The focus is strengthening the Pediatric Readiness Project, QI, and planning for the pediatric disaster surge exercises. ○ The scope of this workgroup will be consistent with new pending proposed EMSA regulations 2018 and the CDPH / EMSA Pediatric Surge Workgroup pediatric receiving hospital designations. 	
5.02	Triage & Transfer Protocols*	✓			<p><u>PROGRESS TO DATE:</u> Alameda County EMS continues to have prehospital protocols and policies for triage and transfer of patients: (Refer to the 2017 and 2018 EMS Field Manual)</p> <ul style="list-style-type: none"> • MCI- EMS Response • Hazardous Materials • Trauma Patient Care • Burn Patient Care & criteria • Assault/Abuse • Psychiatric and Behavioral Emergencies • Psychiatric Evaluation – 5150 Transports • General Transport guidelines • Crush Injury <p>-----</p> <p><u>EMS FIELD MANUAL POLICY 2018 UPDATES</u> <u>GENERAL SECTION:- OPERATIONS SECTION</u> ALS Responder “First Responder and transport personnel providing patient care are responsible for accurately documenting all available and relevant patient information on the electronic health record.”</p>	<p><i>The local EMS agency shall establish pre-hospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.</i></p> <p><u>OBJECTIVE:</u></p> <ul style="list-style-type: none"> • Continue to review and revise trauma triage, transport and transfer, and MCI protocols as needed.

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p><u>2017 NEW POLICIES: ADMINISTRATION – OPERATIONS</u></p> <ul style="list-style-type: none"> • TRAUMA RE-TRIAGE PROCEDURE (ADULT) - NEW JANUARY 2017 • TRAUMA RE-TRIAGE PEDIATRIC (PEDIATRIC) – NEW JANUARY 2017 <p><u>ASSESS AND REFER</u></p> <ul style="list-style-type: none"> • Another alternative for selected 911 patients who have been evaluated by a paramedic. • Work group has been meeting for 8 months • Completion of a survey of Alameda County Paramedics about the acceptability and issues with this policy was completed and collated. • Further work planned on operational and training aspects of this policy. <p><u>5150 RESPONSE</u></p> <ul style="list-style-type: none"> • Continued developing strategies in conjunction with BHCS leadership to better manage 5150 individuals, reducing corresponding impact on the 911 emergency response system and enhancing service level to patients. • BHCS and EMS together will drive forward momentum on multiple fronts including how our healthcare system as a whole meets the needs of the 5150 population. Dr. Melissa Valas (Psychiatrist) hired by Whole Person Care program as crisis services liaison to BHCS and EMS. 	
5.03	Transfer Guidelines*	✓			<p><u>PROGRESS TO DATE:</u> Alameda County EMS Administrative Policies focused on transfer of care are listed below:</p> <ul style="list-style-type: none"> • Inter-facility Transfer Guidelines • CCT-Program Standards • Emergency Re-Triage to Trauma Centers <p>-----</p> <p>The Alameda County Receiving Hospital Committee has carefully reviewed and provided education on the vital importance of trauma re-triage.</p> <p>-----</p> <p><u>ALAMEDA COUNTY PEDIATRIC MEDICAL SURGE PLAN</u></p> <ul style="list-style-type: none"> • Completed for expansion and decompression of pediatric patients <p><u>CA EMS FOR CHILDREN REGULATIONS PENDING</u></p> <ul style="list-style-type: none"> • Alameda County EMS prepared to support EMSC regulations when approved for pediatric receiving hospital designations 	<p><i>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.</i></p> <p><u>OBJECTIVE:</u> Continue education on guidelines to ensure patients are identified for transfer to higher capability of acute care.</p>
5.04	Specialty Care	✓		✓	<p><u>PROGRESS TO DATE:</u></p>	<p><i>The local EMS agency shall designate and monitor receiving</i></p>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	--------------------------------	-------------------------------	-----------------------------------	---------------------

	Facilities*				<p><u>RECEIVING HOSPITALS AND DESIGNATED SPECIALTY CENTERS:</u> Alameda County EMS has designated the hospitals including specialty centers:</p> <ul style="list-style-type: none"> Receiving Hospitals * Trauma centers Base Hospital Pediatric Critical Care Center 5150 Psychiatric Facilities STEMI / Cardiac Arrest Centers Stroke Centers <p>* (All Hospitals must have a pediatric readiness capability to receive pediatric patients).</p> <p><u>ED PEDIATRIC READINESS PROJECT</u> UCSF Benioff Children’s Hospital / Alameda County EMS Project</p> <ul style="list-style-type: none"> UCSF Children’s Hospital and Alameda County EMS conduct 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). The April 2016 through and 2019 site visits emphasize the pediatric medical surge readiness and provide a pediatric mock code. The pediatric readiness site visits were conducted at the following hospitals: Alta Bates Summit Berkeley Campus; Alta Bates Summit Oakland Campus, Alameda Health System hospitals (Alameda hospital, Highland, and San Leandro Hospital), St. Rose, Stanford ValleyCare, Kaiser Permanente Oakland, and Kaiser Permanente San Leandro. The Pediatric Medical Surge Plan is reviewed and shared at the ED Pediatric Site Visits, ReddiNet trainings, and at the SWMHE table-top exercises including the Terrorism Active shooter tabletop exercise held September 26, 2017. Alameda County EMS is planning new EMS for Children QI Workgroup with UCSF Benioff Children’s Hospital. The first meeting is scheduled July 27, 2018. <ul style="list-style-type: none"> The focus is strengthening the Pediatric Readiness Project, QI, and planning for the pediatric disaster surge exercises. The scope of this workgroup will be consistent with new proposed pending EMSA regulations 	<p><i>hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.</i></p> <p><u>OBJECTIVE:</u> <u>UCSF BENIOFF CHILDREN’S HOSPITAL – PEDIATRIC READINESS PARTNERSHIP PROJECT</u> <u>GOALS – LONG-RANGE PLAN:</u></p> <ul style="list-style-type: none"> To conduct on-going assessments for ED pediatric capabilities (“Day-to-Day” and Emergency / Medical Surge Events); To review the site-visit self-assessment tool from the California Pediatric Readiness Project and the result recommendations 2016 through 2019; To provide an ED on-site training with expert feedback and a post site visit hospital specific customized report which includes recommendations on strategies for improvement; and to facilitate on-going collaboration and future training with UCSF Benioff Children’s Hospital. <p><u>SPECIALTY CENTERS</u></p> <ul style="list-style-type: none"> <u>GOAL:</u> Continue to foster and improve collaborative relationships with all specialty emergency medical care system stakeholders, with the overarching goal to improve patient outcomes by strengthening continuity of care from dispatch to discharge: STEMI, Cardiac Arrest, Stroke and Trauma. <ul style="list-style-type: none"> Assist <u>Stroke Receiving Centers</u> in Joint Commission re-accreditation for those that need it. Assist <u>Trauma Centers</u> in American College of Surgeons re-verification for Level I and II status including UCSF Benioff Children’s Hospital, Highland (Alameda Health System), and Eden. <p><u>PROGRESS TO DATE</u> <u>TRAUMA HOSPITALS – DESIGNATIONS/VERIFICATIONS</u></p>
--	-------------	--	--	--	---	---

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> o The new workgroup will monitor hospital pediatric readiness with Emergency Department Pediatric Site Visits and Assessments with National Tools • A new MOU is being developed with UCSF Benioff Children’s Hospital Oakland to continue the Alameda County pediatric readiness site visits in 2018-19. • Integrated pediatric goals and scenario in Coalition Surge Test June 27, 2018 and SWMHE held November 16, 2017. <p><u>REGISTRY AND DATA COLLECTION</u> <u>CARDIAC ARREST REGISTRY</u> -</p> <ul style="list-style-type: none"> • to Enhance Survival (CARES Registry) – August 2015 <p><u>SEPSIS ALERT PROGRAM</u></p> <ul style="list-style-type: none"> • 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. <p><u>SPECIALTY CENTERS</u> <u>CURRENT ALAMEDA COUNTY PRIMARY STROKE RECEIVING CENTERS</u> – MOUs</p> <ul style="list-style-type: none"> • Kaiser Permanente Oakland • Alta Bates Summit Campus - Oakland • Alameda Health System – City of Alameda • Kaiser Permanente – San Leandro • Kaiser Permanente Fremont • Washington Hospital – Fremont • Sutter Eden – Castro Valley <p><u>CURRENT ALAMEDA COUNTY STEMI / CARDIAC ARREST RECEIVING CENTERS</u> - MOUs</p> <ul style="list-style-type: none"> • Alameda Health System – Highland • Alta Bates Summit Campus – Oakland • Kaiser Permanente Fremont • Kaiser Permanente Oakland • Washington Hospital – Fremont • St. Rose • Stanford ValleyCare 	<ul style="list-style-type: none"> • American College of Surgeons (ACS) initial verification was completed at all Alameda County Trauma Centers in May 2013. At that time: UCSF Benioff Children’s Hospital Oakland - <u>Level 1</u> Pediatric Trauma Center (TC), Alameda County Medical Center (Highland) – Level 2 Adult TC and Sutter Eden Medical Center – Level 2 Adult TC. • ACS Verification is now a requirement of the Alameda County Trauma Center MOU (next contract renewal July 2018). ALL three Trauma Centers completed their first re-verification in April 2017: UCSF Benioff Children’s Hospital Oakland - <u>Level 1</u> Pediatric (TC), Sutter Eden Medical Center – Level 2 Adult TC and <u>Alameda Health System</u> (Highland), FKA, Alameda County Medical Center (Highland) – changed status to Level 1 Adult TC. <p><u>LONG-RANGE PLAN:</u></p> <ul style="list-style-type: none"> • Stroke and STEMI/Cardiac Arrest Receiving Centers MOU Renewals January 2020. • Pediatric Receiving Hospital MOUs consistent with proposed pending CA EMSC Regulations.
5.05	Mass Casualty Management	✓	✓		<p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> • Alameda County EMS encourages hospitals and prehospital providers to prepare for mass casualty events. EMS collaborates with and facilitates hospital participation in planning, training, conferences, and exercises throughout the year. <p>HPP PROGRAM</p>	<p><i>The local EMS agency shall encourage hospitals to prepare for mass casualty management.</i></p> <p><u>OBJECTIVE: SHORT RANGE</u></p> <ul style="list-style-type: none"> • Finalize and implement the Alameda County MHOAC

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> The HPP program provides benchmarks and goals for medical surge and mass casualty planning. The Disaster Preparedness Health Coalition (DPHC) meets every quarter and every other month if needed. Workgroups focus on strengthening the hospital medical surge and mass casualty capabilities as follows: <ul style="list-style-type: none"> The Pediatric Readiness project team, ReddiNet Training groups, and the non-911 Permitted Transport providers are focusing on communications during a Mass Casualty Incident. Hospitals participate in annual <u>medical/health exercises</u> to discuss and test medical surge and mass casualty management including the November 17, 2016 exercise and the November 16, 2017 MCI Terrorism exercise (which tested pre hospital field provider and hospitals; medical surge with focus on pediatrics and Mass casualty plans. <p><u>ALAMEDA COUNTY MHOAC MANUAL</u></p> <ul style="list-style-type: none"> Although Alameda County currently has the OA Emergency Operations Plan as well as EMS specific MCI, medical surge, and disaster medical operations plans, Alameda County EMS has developed the first draft - MHOAC Manual Guide to identify mass casualty resources and support incident response. The final version will be approved in 2018-19. The MHOAC Manual- Mass Casualty Incident Response Guides will be further developed in 2018-19. The MHOAC Manual identifies roles and activities for the Health Care Services agency are identified including EMS, PH, BH, and EH. Hospital coordination functions are included. <p><u>STATEWIDE MEDICAL/HEALTH FUNCTIONAL EXERCISE</u></p> <ul style="list-style-type: none"> Alameda County EMS conducted the functional exercise November 2017. The scenario was a simultaneous terrorist attack at the Oakland Coliseum and a carnival in Dublin. Medical Surge, Communications, and EOC Coordination capabilities were tested with county-wide partners including Paramedics Plus, hospitals, SNFs, clinics, Alameda County OES, and City of Oakland EMS Branch. <p><u>COALITION SURGE TEST (CST) EXERCISE- FOCUS HOSPITAL EVACUATION</u></p> <ul style="list-style-type: none"> Alameda County EMS held the first CST “Dry Run” and Test June 14, 2018 and June 27, 2018. <p><u>YELLOW COMMAND – URBAN SHIELD CATASTROPHIC EARTHQUAKE FUNCTIONAL EXERCISE</u></p> <ul style="list-style-type: none"> Alameda County will activate the OA EOC Medical/Health Branch 9/6/18 <p><u>URBAN SHIELD TRAINING</u></p>	<p>Manual Guide to support the OA Emergency Operations Plan.</p>
--	--	--	--	--	--	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> Organizer for Urban Shield Mass Casualty Incident full scale exercise 9/2016, 9/17 and planning for 9/2018 <p><u>URBAN SHIELD 2017</u></p> <ul style="list-style-type: none"> Planned 2017 Urban Shield <u>Mass Casualty Incident</u> full scale exercise; hospitals participated and encouraged to attend Over 900 people signed up and participated in the EMS Branch of Urban Shield. Novel training on K9 care and Large MCI exercise (nightclub shooting) Ambulance Strike Team exercise planned and implemented by Alameda County EMS Ambulance Strike Team and Mobile Field Hospital all fully engaged. Maritime interdiction scenario and tactical team integration during 2 scenarios. <p>2016</p> <ul style="list-style-type: none"> Alameda County EMS effectively managed EMS Branch and trained more than 200 medical professionals over the 48 hour event on mass casualty terrorism response in 2016; Participated in Board of Supervisors' Urban Shield Task Force. Hospitals encouraged to participate. <p><u>EMS AND CLINIC FIELD TREATMENT SITE CO-LOCATION Project</u></p> <ul style="list-style-type: none"> <u>Exercise Scope:</u> Two linked exercises (Tabletop and Full Scale) tested the models for side-by-side coordinated in-the-field victim stabilization between Emergency Medical Services (EMS) units and Community Health Centers (CHC). Models were developed with coordinators from Alameda County EMS and Community Health Centers of the Alameda Health Consortium through an independent consultant Barbara Morita. Full-scale exercise conducted <u>May 30 and 31, 2018</u> at three clinic locations. Hospitals supported this new model pilot project <p><u>TRAIN – TRIAGE RESOURCE ALLOCATION FOR INPATIENT (EVACUATION)</u></p> <ul style="list-style-type: none"> Promoting the Triage by Resource Allocation for In-patients (TRAIN) project in 2017-19. Supporting Sutter Hospital TRAIN implementation project in Alameda County Alta Bates Summit Berkeley and UCSF Children's Hospital participated in the TRAIN Exercise held June 25, 2018. The next NICU TRAIN and surge planning meeting will be held July 17, 2018 in Alameda County. <p><u>DISASTER / SURGE TRAINING</u></p> <p><u>MHOCSA TRAINING</u></p> <ul style="list-style-type: none"> RDMHS developed and conducted CSTI Medical Health Operations Center Support 	
--	--	--	--	--	---	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>Activities (MHOCSA) Courses in May 2018</p> <p><u>EOM TRAINING</u></p> <ul style="list-style-type: none"> Conducted several Emergency Operations Manual (EOM) training classes. Hospitals participated in the training. <p><u>MCI DEPLOYMENT MODULES & RESOURCES</u></p> <ul style="list-style-type: none"> EMS submitted several grants via Urban Areas Security Initiative (UASI) for terrorism related program funding. EMS participates on the UASI training/exercise committee and also on the senior approval board. Six MCI Deployment Modules were purchased in June 2018 for use in a mass casualty event. 	
5.06	Hospital Evacuation*	✓		✓	<p><u>PROGRESS TO DATE:</u></p> <p><u>COALITION SURGE TEST (CST) EXERCISE– FOCUS HOSPITAL EVACUATION</u></p> <ul style="list-style-type: none"> Alameda County EMS held the first CST “Dry Run” and Test June 14, 2018 and June 27, 2018. Alta Bates Summit and ValleyCare Hospitals participated as the EVAC hospitals. The EMS Branch DOC was activated with the MHOAC and RDMHS. <p><u>TRAIN – TRIAGE RESOURCE ALLOCATION FOR INPATIENT (EVACUATION)</u></p> <ul style="list-style-type: none"> The EMS for Children Coordinator promotes the TRAIN Model.- Triage by Resource Allocation for IN-Patient Matrix for evacuation planning project in 2017-19. Supporting Sutter Hospital TRAIN implementation project in Alameda County Alta Bates Summit Berkeley and UCSF Children’s Hospital participated in the TRAIN Exercise held June 25, 2018. The next Contra Costa / Alameda County NICU TRAIN and surge planning meeting will be held July 17, 2018 in Alameda County. <p><u>MHOAC PROGRAM</u></p> <ul style="list-style-type: none"> The MHOAC program may be activated to support the needs of a hospital evacuation. If Alameda County resources are depleted, the MHOAC may request mutual aid for resources from the RDMHC / RDMHS consistent with the state medical/health EOM. During a hospital evacuation, the non-evacuating hospital will be expected to expand capacity to take more patients per the Alameda County Emergency Operations Plan, Pediatric Medical Surge Plan, and other EMS plans. The HPP EMSA Coordinator participates in the Hospital Evacuation Plan reviews 	<p><i>The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.</i></p> <p><u>OBJECTIVE:</u> Continue to strengthen medical surge and evacuation plans.</p> <p><u>LONGE RANGE</u></p> <ul style="list-style-type: none"> Conduct Annual Coalition Surge Test Exercise

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>and table top exercises at Alameda Health System Highland Hospital.</p> <p><u>NAPA AND SONOMA COUNTIES – NORTH BAY FIRES</u> - EMERGENCY RESPONSE – OCTOBER 9- DECEMBER 2017 (HOSPITAL & SNF EVACUATIONS)</p> <ul style="list-style-type: none"> • EMS disaster preparedness staff including and in support of Kelly Coleman, Regional Disaster Medical Health Specialist (RDMHS) Region II / EMS Agency Prehospital Care Coordinator. Received, processed, tracked and coordinated fulfillment of 37 mutual aid requests from Napa and Sonoma Counties, • Provided Mutual Aid and Support. • Requests for Advanced Life Support (ALS) and Basic Life Support (BLS) ambulances, EOC staff, behavioral and environmental health professionals and as well as a variety of medical supplies and air scrubbers for healthcare facilities were provided. • Assisted in coordination of non-emergency permitted provider resources to assist in repatriation of patients • Alameda County EMS prepared patient tracking and resource tracking reports for Region II for behavioral health deployments • The fires affected 5 operational areas (OAs) within Region II and required the support of approx. 20 OA's throughout the state of California. • RDMHS Region II worked with Napa and Sonoma counties on recovery activities relating to reimbursement and environmental health impacts. RDMHS facilitated post event discussions and recommendations for improvement with Alameda County Disaster Preparedness Health Coalition. • Extensive Region II Medical Health Coordination for North Bay Firestorm to support recovery and reimbursement • Alameda County EMS Branch activated to support RDMHS 	
--	--	--	--	--	--	--

Enhanced Level: Advance Life Support:						
5.07	Base Hospital Designation*	✓			<p><u>PROGRESS TO DATE:</u> (No change)</p> <ul style="list-style-type: none"> • Alameda Health System – Highland Hospital continues to be the base hospital. • Alameda County EMS continues to have on-line medical direction provided by a base hospital – MOU contract extension with Alameda Health System (Highland Hospital) 	<p><i>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.</i></p> <p><u>OBJECTIVE:</u> Continue to monitor Base hospital and support</p>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	--------------------------------	-------------------------------	-----------------------------------	---------------------

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
						strengthened capability.
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design	✓			<p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> The 3 Trauma Center - Master Contract Amendments were approved for July 2015-2016: Alameda Health System, Oakland (previous Highland); UCSF Benioff Children's Hospital, Oakland, and Sutter Health Eden Medical Center (dba Eden Medical Center) In May 2016, Alameda County EMS facilitated and funded the American College of Surgeons (ACS) "Trauma Consultation" survey at Alameda Health system – Highland Hospital. The completed consultation assisted in creating a roadmap of improvements. In 2012, the three trauma hospitals completed the process and are now verified centers of excellence in trauma care by the ACS. Alameda County EMS Trauma Plan is submitted annually. The last submission date was August 2017. The next submission is planned for August 2018. <p>(Refer to 5.09)</p> <p><u>TRAUMA HOSPITALS – NEW DESIGNATIONS/VERIFICATIONS</u></p> <ul style="list-style-type: none"> American College of Surgeons (ACS) initial verification was completed at all Alameda County Trauma Centers in May 2013. At that time: UCSF Benioff Children's Hospital Oakland - <u>Level 1 Pediatric Trauma Center (TC)</u>, Alameda County Medical Center (Highland) – <u>Level 2 Adult TC</u> and Sutter Eden Medical Center – <u>Level 2 Adult TC</u>. ACS Verification is now a requirement of the Alameda County Trauma Center MOU (next contract renewal July 2018). ALL three Trauma Centers completed their first re-verification in April 2017: UCSF Benioff Children's Hospital Oakland - <u>Level 1 Pediatric (TC)</u>, Sutter Eden Medical Center – <u>Level 2 Adult TC</u> and <u>Alameda Health System</u> (Highland), formerly known as, Alameda County Medical Center (Highland) – changed status to <u>Level 1 Adult TC</u>. 	<p><i>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.</i></p> <p><u>OBJECTIVE:</u> Alameda County strengthens trauma care system</p>
5.09	Public Input	✓			<p>(No change)</p> <p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> The County of Alameda continues to maintain contractual agreements with each of the designated trauma centers. The fundamental components of these are based on the California State Regulations for Trauma Systems. <p><u>TRAUMA HOSPITALS – NEW DESIGNATIONS/VERIFICATIONS</u></p> <ul style="list-style-type: none"> American College of Surgeons (ACS) initial verification was completed at all Alameda County Trauma Centers in May 2013. At that time: UCSF Benioff 	<p><i>In planning its trauma care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.</i></p> <p><u>OBJECTIVE:</u> Ensure Centers of excellence for trauma care</p>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	--------------------------------	-------------------------------	-----------------------------------	---------------------

					<p>Children's Hospital Oakland - <u>Level 1 Pediatric Trauma Center (TC)</u>, Alameda County Medical Center (Highland) – Level 2 Adult TC and Sutter Eden Medical Center – Level 2 Adult TC.</p> <ul style="list-style-type: none"> ACS Verification is now a requirement of the Alameda County Trauma Center MOU (next contract renewal July 2018). ALL three Trauma Centers completed their first re-verification in April 2017: UCSF Benioff Children's Hospital Oakland - <u>Level 1 Pediatric (TC)</u>, Sutter Eden Medical Center – Level 2 Adult TC and <u>Alameda Health System</u> (Highland), formerly known as, Alameda County Medical Center (Highland) – changed status to Level 1 Adult TC. ACS is dedicated to improving all phases of care of the injured trauma patient. 	
--	--	--	--	--	---	--

Enhanced Level: Pediatric Emergency Medical and Critical Care System:

5.10	Pediatric System Design	✓			<p><u>PROGRESS TO DATE:</u> <u>CA EMS FOR CHILDREN PROPOSED REGULATIONS AND PENDING EOM PEDIATRIC SURGE ANNEX</u></p> <ul style="list-style-type: none"> Monitoring status of proposed pending CA EMSC Regulations Monitoring status of CA Medical and Public Health Pediatric Surge Annex Prepared to implement Pediatric System Design changes to strengthen program once the regulations and surge annex finalized and approved. <p><u>HOSPITAL PEDIATRIC CAPABILITY AND READINESS</u></p> <ul style="list-style-type: none"> Receiving hospitals – Required to have pediatric readiness capability Pediatric Critical Care Trauma Center – Level 1 – UCSF Benioff Children's Hospital is the designated Trauma Center <p><u>PEDIATRIC QI</u> <u>CQI DATA COLLECTION</u></p> <p>- CONSIDERATION OF CHILDREN INEGRATED IN EMS QI DATA COLLECTION:</p> <ul style="list-style-type: none"> Data update implementation and report dissemination provided as follows: <ul style="list-style-type: none"> APOT Report Change in Wall time- control chart QI Reports = Trauma Reports and Psych patients First Watch <p><u>ALAMEDA COUNTY EMS POLICIES AND PROCEDURES</u> – EMSC AUDIT PROCESS INTEGRATED IN EMS QI ACTIVITIES</p> <ul style="list-style-type: none"> Alameda County QI Plan 2018-19 (EMSC QI integrated in QI Plan) Hospital Responsibilities Policy and Skills Competency Trauma Audit Process Policy 	<p><i>Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including: 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.</i></p> <p><u>ALAMEDA COUNTY EMS FOR CHILDREN BENCHMARKS:</u></p> <ul style="list-style-type: none"> Ensure pediatric ALS/BLS equipment and supplies Adopt evidence based pediatric policies and protocols Leverage hospitals to strengthen pediatric readiness for “day to day” and medical surge readiness Ensure pediatric competency Strengthen pediatric medical surge and disaster plans including the Children's Disaster CONOPs (Annex to OA
------	-------------------------	---	--	--	---	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> Unusual Occurrence Policy Pediatric Readiness Reports – Provided post Hospital ED Site Visits <p><u>EMS STAFF QI</u></p> <p>ACTIVITIES WITH FOCUS ON CHILDREN AND PEDIATRIC TRANSPORTS INCLUDE:</p> <ul style="list-style-type: none"> Contract compliance monitoring – UCSF Benioff Children’s Hospital Pediatric Readiness Project Development of new agreements – Pediatric Readiness Project with UCSF Benioff Children’s Hospital Review – Unusual occurrence impacting children process <p><u>INVESTIGATIONS</u></p> <ul style="list-style-type: none"> Investigation of all incidents reported via the Alameda County Unusual Occurrence reporting process, and coordination with all EMS providers and allied agencies to provide educational follow-up or disciplinary actions (where applicable). Tracked, investigated, and managed numerous Unusual Occurrences (real/potential reported threats to health and safety as per State regulation) reported to the EMS Agency EMS QI Coordinator Role collaboration with EMS for Children Coordinator Monitor hospital bypass and ambulance “wait times” – with consideration for children <p><u>ALAMEDA COUNTY PEDIATRIC PROJECTS 2017-19:</u></p> <p><u>PEDIATRIC SURGE PLAN</u></p> <ul style="list-style-type: none"> Completed, disseminated and tested pediatric medical surge plan in SWMHE November 2017. <p><u>PEDIATRIC COMMUNICATIONS - REDDINET</u></p> <ul style="list-style-type: none"> Developed customized assessment polls Conducted training at multiple hospital sites during the Reddinet training. Practice with pediatric scenarios and customized polling. <p><u>PEDIATRIC INTEGRATION IN EXERCISES</u></p> <p>STATEWIDE MEDICAL/HEALTH EXERCISE (SWMHE) – NOVEMBER 2017</p> <ul style="list-style-type: none"> The goals included testing EOC coordination, medical surge, and communications with cross sector healthcare partners. The scenario was an Active Shooter in Dublin impacting children and a Vehicle into a Crowd in Oakland. <p><u>PEDIATRIC READINESS PROJECT – ED SITE VISITS</u></p> <ul style="list-style-type: none"> Emergency Department Pediatric Readiness Project – conducted ED Site Visits with UCSF Benioff Children’s Hospital. 	<p>EOP)</p> <ul style="list-style-type: none"> Ensure pediatric resources are disseminated to healthcare partners via Alameda County EMS Website; googlist serve, and coalitions/committees Ensure Pediatric Quality Improvement Ensure Injury Prevention and education Projects Pediatric Medical Surge capability and system-wide readiness
--	--	--	--	--	--	---

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> New MOU in process with UCSF Benioff Children's Hospital to continue Pediatric Readiness Site Visits in 2018-19. Pediatric Site Visits provided data on trauma re-triage. Educating all receiving hospitals on Trauma Re-triage policy. <p><u>ALAMEDA COUNTY CHILDREN'S DISASTER CONOPS</u></p> <ul style="list-style-type: none"> Contributed to Children's Disaster CONOPs - Annex to OA EOP – (This project was temporarily on hold but now a meeting planned for 2018. Project is pending Approval from Alameda County Emergency Operations Council decision) <p><u>CDPH / EMSA PEDIATRIC SURGE PROJECT</u></p> <ul style="list-style-type: none"> Support State EMSA / CDPH Pediatric Medical Surge Project Developed CA Children's Disaster CONOPs – Draft Framework. Participating on the CDPH / EMSA Pediatric Surge – EMS Workgroup. First conference call held June 28, 2018. <p><u>ALAMEDA COUNTY EMS POLICIES</u></p> <ul style="list-style-type: none"> 2017 and 2018 EMS Field Manual – Reviewed and updated pediatric policies as needed <p><u>PEDIATRIC INTUBATION – OPTION REMOVED</u></p> <ul style="list-style-type: none"> The Scope of Practice Committee of the EMS Authority has informed us that pediatric intubation is being removed as an option for our local optional scope of practice effective <u>July 1, 2018</u>. The bag valve mask will be the method of ventilation of choice for this population. <p>NEW POLICIES - <u>ADMINISTRATION – OPERATIONS</u></p> <ul style="list-style-type: none"> <u>TRAUMA RE-TRIAGE PEDIATRIC (PEDIATRIC)</u> – NEW JANUARY 2018 <p><u>2019 SUMMARY OF FIELD MANUAL POLICY UPDATE - PROPOSALS</u></p> <p><u>EMS FIELD MANUAL - PEDIATRIC SECTIONS</u></p> <ul style="list-style-type: none"> <u>ANAPHYLAXIS PEDIATRIC</u> p. 63 <u>VF/VT PEDIATRIC</u> p. 73 <u>AIRWAY OBSTRUCTION</u> p. 62 <ul style="list-style-type: none"> Pediatric Intubation (< 40 kg) removed per California EMSA <u>NEONATE RESUS</u> p. 67 <u>POISONING</u> p. 71 <u>RESPIRATORY DISTRESS</u> p. 75-76 <u>ROUTINE MEDICAL CARE</u> p. 77 <u>MEDICATIONS</u> p. 41 <p><u>MCI POLICY</u> – UPDATED POLICY</p>	
--	--	--	--	--	---	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> Strengthened to clarify patient triage, transport, and tracking; SALT or START triage can be used for pediatric patients. <p><u>TRAIN – TRIAGE RESOURCE ALLOCATION FOR INPATIENT (EVACUATION)</u></p> <ul style="list-style-type: none"> Promoting the Triage by Resource Allocation for In-patients (TRAIN) project in 2017-19. Supporting Sutter Hospital TRAIN implementation project in Alameda County Alta Bates Summit Berkeley and UCSF Children’s Hospital participated in the TRAIN Exercise held June 25, 2018. The next NICU TRAIN and surge planning meeting will be held July 17, 2018 in Alameda County. <p><u>SCHOOL CAMPAIGN FOR EMERGENCY PLANNING</u></p> <ul style="list-style-type: none"> Emergency School Guidelines – Dissemination Supported CA Child Care Disaster Plan project; EMSC Coordinator advisor to project; developed “Train the Trainer” Curriculum and disseminated to regional Injury Prevention groups in 2017. <p><u>PEDIATRIC INTEGRATION - COMMITTEES</u></p> <ul style="list-style-type: none"> New EMSC – Pediatric Readiness Advisory Committee – first meeting planned for June 27 (before Receiving Hospital meeting). Updated Pediatric Resources and ensure access with system partners via ED Receiving Hospital Committee, Disaster Preparedness Coalition (DPHC), QI Meetings, and Hospital Disaster Preparedness Committees) Ensure pediatric issues are addressed in all EMS programs: Quality Improvement, Trauma, Disaster, and Injury Prevention <p><u>PEDIATRIC RESOURCES AND SUPPLIES</u></p> <ul style="list-style-type: none"> Six MCI Deployment Modules were purchased in June 2018 with POW Kits for adults and children. 	
5.11	Emergency Departments	✓		✓	<p><u>PROGRESS TO DATE:</u></p> <p><u>ED PEDIATRIC READINESS PROJECT –</u></p> <ul style="list-style-type: none"> UCSF Benioff Children’s Hospital and Alameda County EMS conducted 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). The April 2016 and 2017 site visits emphasized the pediatric medical surge readiness and provide a pediatric mock code. Alameda County Pediatric Site Visits were conducted at the following hospitals: 	<p><i>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.</i></p> <p><u>Objective:</u> Strengthen pediatric capability to care for children for Alameda County hospitals</p> <p><u>LONG -RANGE GOALS- PEDIATRIC READINESS</u></p>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	--------------------------------	-------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> o Alta Bates Summit Medical Centers (Berkeley and Oakland Campus) o Alameda Health System (Highland Hospital, Alameda Hospital, and San Leandro Hospital) o Stanford ValleyCare o St. Rose • New MOU in process with UCSF Benioff Children’s Hospital to continue Pediatric Readiness Site Visits in 2018-19. <p><u>CA EMS FOR CHILDREN PROPOSED REGULATIONS AND PENDING EOM PEDIATRIC SURGE ANNEX – IMPACT ON HOSPITAL EDS</u></p> <ul style="list-style-type: none"> • Monitoring status of proposed pending CA EMSC Regulations • Monitoring status of CA Medical and Public Health EOM - Pediatric Surge Annex • Prepared to implement Pediatric System Design changes to strengthen program once the regulations and surge annex finalized and approved. • New EMSC – Pediatric Readiness Advisory Committee – first meeting planned for June 27, 2018 (before Receiving Hospital meeting). New committee will review current site visit methodology and make recommendations for improvement. 	<p><u>PROJECT</u></p> <ul style="list-style-type: none"> • To conduct a pediatric mock code demonstration in hospitals; To conduct an assessment for ED pediatric capabilities (“Day-to-Day” and Emergency / Medical Surge Events); To review the site-visit self-assessment tool from the California Pediatric Readiness Project and the result recommendations 2016; To provide an ED on-site training with expert feedback and a post site visit hospital specific customized report which includes recommendations on strategies for improvement; and to facilitate on-going collaboration and future training with UCSF Benioff Children’s Hospital.
--	--	--	--	--	---	--

5.12	Public Input	✓			<p>(No Change) – (Refer to 2016 EMS system Plan)</p> <p><u>PROGRESS TO DATE:</u></p> <p>Various <u>committee collaborations</u> are continuing to ensure pediatric emergency care and critical care public input and EMS agency representation as follows: EMS Quality Council; Emergency Medical Oversight Committee EMOC; Receiving Hospital Committee; Trauma Audit Committee; Regional Trauma Audit Committee; Data Steering Committee; ePCR Change Committee; EMS Section Chiefs Committee; Alameda County Fire Chiefs Committee; EMSAAC/EMDAAC; CA EMS for Children TAC Meeting; LEMSA Coordinators Meeting; Pediatric Readiness Project and EMSC Advisory Committee, and other ad-hoc committees (ie. ReddiNet and Medical Surge Workgroup Committee)</p>	<p><i>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</i></p>
------	--------------	---	--	--	---	---

Enhanced Level: Other Specialty Care Systems: Survival to discharge over the next few years.

5.13	Specialty System Design	✓	✓	✓	<p><u>PROGRESS TO DATE:</u></p> <p><u>STEMI/CARDIAC ARREST RECEIVING CENTERS</u></p> <ul style="list-style-type: none"> • <u>Changed STEMI to STEMI/Cardiac Arrest Receiving Centers.</u> • Shared Hospital Specific Outcome Data for Stroke, STEMI, Cardiac Arrest Outcomes. • Cardiac Arrest Registry to Enhance Survival implemented in late 2015. • All MOU’s for specialty receiving hospitals were updated or in progress in 2017 • 2020 MOU renewal for specialty receiving hospitals (Stroke, STEMI, Cardiac Arrest) <p><u>- REGISTRY AND DATA COLLECTION -</u></p>	<p><i>Local EMS agencies that develop Specialty Systems of Care shall determine the optimal system (based on community need, available resources and current available evidence) including, but not limited to:</i></p> <p>STROKE RECEIVING CENTERS</p> <ul style="list-style-type: none"> • Primary Stroke Receiving Centers, • Thrombectomy Capable Stroke Centers • Comprehensive Stroke Centers
------	-------------------------	---	---	---	---	---

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	--------------------------------	-------------------------------	-----------------------------------	---------------------

					<p><u>CARDIAC ARREST REGISTRY</u></p> <ul style="list-style-type: none"> Cardiac Arrest Registry to Enhance Survival (CARES Registry) – August 2015 CARES data collection integrated into ePCR in June 2016 Completed first TWO years of official participation in CARES data collection and was included in National 2016 and 2017 CARES reports <p><u>SEPSIS ALERT PROGRAM</u></p> <ul style="list-style-type: none"> 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. <p>- <u>SPECIALTY CENTERS</u> -</p> <p><u>Current ALAMEDA COUNTY PRIMARY STROKE RECEIVING CENTERS – MOUs</u></p> <ul style="list-style-type: none"> Kaiser Permanente Oakland Alta Bates Summit Campus - Oakland Alameda Health System – City of Alameda Kaiser Permanente – San Leandro Kaiser Permanente - Fremont Washington Hospital – Fremont Sutter Eden – Castro Valley <p><u>Current ALAMEDA COUNTY STEMI / CARDIAC ARREST RECEIVING CENTERS</u></p> <ul style="list-style-type: none"> Alameda Health System – Highland Alta Bates Summit Campus – Oakland Kaiser Permanente Fremont Kaiser Permanente Oakland Washington Hospital – Fremont St. Rose Stanford ValleyCare <p><i>The American Heart Association has recommendations regarding cardiovascular patients (STEMI, STROKE, and CARDIAC ARREST). All Alameda County “specialty” patient assessment, treatment, triage, and transport protocols meet local and national recommended guidelines.</i></p> <p><u>STROKE RECEIVING CENTERS –</u></p> <ul style="list-style-type: none"> Alameda County EMS ensures that patients who are experiencing a possible cerebral vascular accident (Stroke) on scene, detected by clinical assessment, are 	<p>STEMI/CARDIAC ARREST RECEIVING CENTERS</p> <ul style="list-style-type: none"> ECMO Capable SRC/CARC <p>TRAUMA RECEIVING CENTERS</p> <ul style="list-style-type: none"> Pediatric Adult <p>Appropriate (BLS, ALS, CCT) IFT network for ALL specialties</p> <p><u>LONG-RANGE PLAN:</u></p> <ul style="list-style-type: none"> Support and help coordinate any or ALL of our existing Stroke Centers in becoming Thrombectomy capable by 2020 <p><u>LONG-RANGE PLAN:</u></p> <ul style="list-style-type: none"> Support help coordinate any or ALL of our existing STEMI/Cardiac Arrest Centers in becoming ECMO capable by 2020 <p><u>CA EMS FOR CHILDREN PROPOSED REGULATIONS AND PENDING EOM PEDIATRIC SURGE ANNEX</u></p> <p><u>SHORT RANGE PLAN</u></p> <ul style="list-style-type: none"> Monitoring status of proposed pending CA EMSC Regulations specific to QI and pediatric receiving hospital designation requirements. Monitoring status of CA Medical and Public Health EOM - Pediatric Surge Annex for receiving hospital designations Prepared to implement Pediatric System Design changes to strengthen program once the regulations and surge annex finalized and approved to include pediatric data exchange with non-pediatric receiving hospitals.
--	--	--	--	--	--	---

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>transported to an EMS designated hospital (MOU in place) for specialty diagnostics and treatment: CT / CTA and if needed, IV fibrinolytic and or transfer to a comprehensive capable center for IR services.</p> <p><u>STEMI / CARDIAC ARREST RECEIVING CENTERS -</u></p> <ul style="list-style-type: none"> Alameda County EMS ensures that patients who are experiencing a possible ST-elevation myocardial infarction (STEMI) on scene, detected by clinical exam and 12-lead electrocardiogram, are transported to an EMS designated hospital (MOU in place) for specialty diagnostics and treatment: coronary angiogram and if needed a Primary Percutaneous Coronary Intervention (PCI). Alameda County EMS also ensures that patients who were pulseless on scene or in transport that received attempted resuscitation and experience return of spontaneous circulation (ROSC) or presented with recurrent VF/VT are transported to the same EMS designated hospitals (MOU in place) that the above STEMI patients are, since these patients frequently need some of the same interventions. These specialty receiving facilities provide appropriate use of Targeted Temperature Management, Primary Percutaneous Coronary Intervention, Metabolic and Circulatory support as well as other diagnostic tests and therapies that are specific to post cardiac arrest patients. <p><u>TRAUMA CENTERS - QUALITY IMPROVEMENT – “PATIENT CENTRIC” SYSTEM PERFORMANCE (Adults and Pediatrics)</u></p> <p><i>Clinical / Operational Performance, Policy Compliance and Patient Centric Analysis - Alameda County EMS employs business intelligence software to analyze system participants' compliance with system policies.</i></p> <ul style="list-style-type: none"> Operationally, Alameda County EMS ensures that system participants are <u>compliant with response time and clinical requirements</u>. Clinically, Alameda County EMS <u>analyzes system data</u> 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 <u>analyses are patient centric</u>. Since all Alameda County (ALCO) system participants are utilizing a <u>NEMSIS v3.4 compliant one single data collection system</u>, ALCO EMS has unprecedented access to a comprehensive and cohesive picture of clinical and operational performance of 	
--	--	--	--	--	---	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

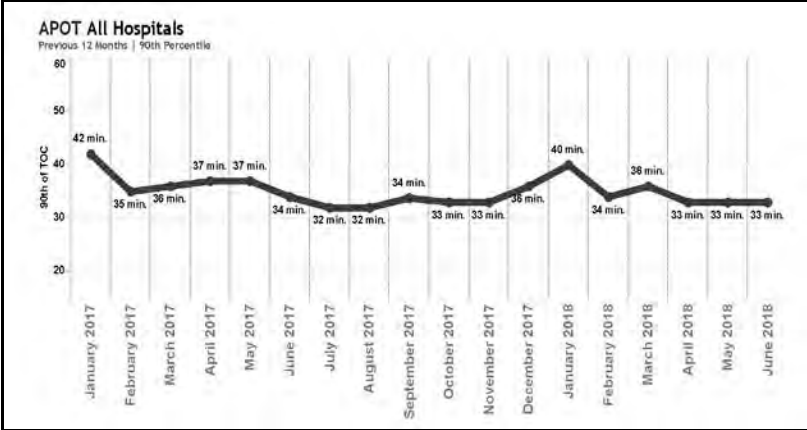
					<p>our system.</p> <ul style="list-style-type: none"> Working closely with its Trauma Centers (TC's), Alameda County EMS participates in the scheduled internal <u>TC system and clinical oversight committee</u> meetings (ALL CT's). This helps to ensure inclusive representation from the stakeholders involved with care of the trauma patient. The <u>Trauma Program Manager</u> for Alameda County works closely with all TC program Managers and their facilities <u>Trauma Process Improvement Coordinator</u> to facilitate timely case closer regarding EMS related clinical and or operational issues that may impact patient outcomes. EMS for Children Coordinator will work closely with Trauma Process Improvement Coordinator for EMS related pediatric trauma related issues that may impact patient outcome. <p><u>CA EMS FOR CHILDREN PROPOSED REGULATIONS AND PENDING EOM PEDIATRIC SURGE ANNEX</u></p> <ul style="list-style-type: none"> Monitoring status of proposed pending CA EMSC Regulations Monitoring status of CA Medical and Public Health Pediatric Surge Annex Prepared to implement Pediatric System Design changes to strengthen program once the regulations and surge annex finalized and approved. <p><u>HOSPITAL PEDIATRIC CAPABILITY AND READINESS</u></p> <ul style="list-style-type: none"> Receiving hospitals – Required to have pediatric readiness capability Pediatric Critical Care Trauma Center – Level 1 – UCSF Benioff Children's Hospital is the designated Trauma Center <p>- <i>PEDIATRIC SPECIALTY CENTERS (Refer to trauma Centers 5.10 above)</i></p>	
5.14	Public Input	✓			(No change) – Refer to EMS System Plan 2015	<i>In planning other specialty care systems, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.</i>

Universal Level:						
6.01	QA/QI Program	✓	✓	✓	<p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> Implemented ePCR First Responder screen Established Pre-hospital intervention reports that analyze VS changes Improved Core measures accuracy Expanded Tableau ad hoc reporting capability <p><u>ePCR – DEFINITIVE NETWORKS INCORPORATED HOSTING / Training Services</u></p>	<i>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,</i>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> Initial contract - April 2016 through October 31, 2016. Definitive Networks Incorporated Data Hosting / Training Services contract extension to <u>June 2019</u>. Supplemental extension in progress. <p>Alameda County and provider QI plans updated annually. Refer to Alameda County EMS website for the 2018 QI plan.</p> <p><u>QUALITY IMPROVEMENT - BENCHMARKS AND PROGRESS UPDATES</u></p> <ul style="list-style-type: none"> Continued work on development and implementation of a county wide health <u>information exchange</u> that enables sharing of clinical data between hospitals and the prehospital system. Continue to explore integration of this work with <u>Alameda County Care Connect</u>, a <u>Whole Person Care</u> pilot program. <p><u>ALAMEDA COUNTY CARE CONNECT (WHOLE PERSON CARE)</u></p> <ul style="list-style-type: none"> Travis Kusman participates in the AC3 Steering Committee Karl Sporer participates in the AC3 Clinical Working Group Data Sharing from EMS to AC3 <ul style="list-style-type: none"> Working on mechanics of daily data sharing Developed and completed a list of data elements Completed the technical aspects of data delivery Data Sharing Agreement in preparation; Awaiting the completion of an MOU between EMS and AC3 Consider adding ReddiNet 5150 HAvBED/Census information Implemented developed plan to reduce <u>ambulance patient offload times</u> at emergency departments (time from ambulance arrival to hospital staff assuming care of patients) in conjunction with EMS provider agencies, hospitals and ACRECC. <p><u>AMBULANCE PATIENT OFFLOAD TIME (APOT)</u></p> <ul style="list-style-type: none"> Continued Development of Ambulance Patient Offload Time report - Monthly reports shared with hospital leadership and providers; Significant improvement in overall drop off times; Completed a meeting with the leadership of Eden Hospital Continue to monitor the turnaround improvements from earlier this year. System Operations and Regulatory Compliance Quarterly reporting to California Emergency Medical Services Authority (EMSA) 	<p><i>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.</i></p> <p><u>OBJECTIVE:</u></p> <ul style="list-style-type: none"> Reduce pain and suffering and improve the health of our patients <p><u>SHORT RANGE PLAN:</u></p> <ul style="list-style-type: none"> Improve Core Measures accuracy in Tableau Implement First Responder screen in Zoll ePCR Establish reports that assess the effect of prehospital interventions by analyzing patient VS changes Expand Tableau ad hoc reporting capability for EMS <p><u>LONG RANGE PLAN:</u></p> <ul style="list-style-type: none"> Integrate prehospital data with hospital data (via HIE and other methods) to assess patient outcomes and the effect of prehospital interventions <p>(No Change)</p> <ul style="list-style-type: none"> Integrate pre-hospital and hospital data (via HIE and other methods) to assess patient outcomes and the effect of pre-hospital interventions
--	--	--	--	--	---	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	--------------------------------	-------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> • Attained notable reduction system-wide in Ambulance Patient Offload Time with process and reporting recognized as best practice by California EMS Authority • Quarterly reporting to California Emergency Medical Services Authority (EMSA) • Attained notable reduction system-wide in Ambulance Patient Offload Time with process and reporting recognized as best practice by California EMS Authority  <p>COI DATA COLLECTION:</p> <ul style="list-style-type: none"> • Data update implementation and report dissemination provided as follows: <ul style="list-style-type: none"> ○ APOT Report ○ Change in Wall time- control chart ○ QI Reports = Trauma Reports and Psych patients ○ First Watch 	
6.02	Prehospital Records	✓	✓	✓	<p>PROGRESS TO DATE: <u>ePCR – DEFINITIVE NETWORKS INCORPORATED HOSTING / Training Services</u></p> <ul style="list-style-type: none"> • Initial contract - April 2016 through October 31, 2016. Definitive Networks • Incorporated Data Hosting / Training Services contract extension to <u>June 2019</u>. (Supplemental extension in progress in 2017). • Support for <u>ePCR system</u> – Using "Definitive Networks Incorporated," provide fully functional ePCR Training System, business Intelligence Portal, Tier 4 Hosting Center and redundant hardware for servers starting April 2016 through October 2017. <p>QI PLAN</p>	<p><i>Pre-hospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.</i></p> <p>OBJECTIVE: Through scientific data collection and analysis, measurably assess prehospital impact on reducing pain and suffering</p> <p>SHORT RANGE PLAN:</p> <ul style="list-style-type: none"> • Improve Core Measures accuracy in Tableau • Implement First Responder screen in Zoll ePCR • Establish reports that assess the effect of prehospital interventions by analyzing patient VS changes

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> • Alameda County and provider QI plans updated annually. • Refer to Alameda County EMS website for the 2018-19 QI plan. • <u>ALAMEDA COUNTY CARE CONNECT (WHOLE PERSON CARE)</u> • Travis Kusman participates in the AC3 Steering Committee • Karl Sporer participates in the AC3 Clinical Working Group • Data Sharing from EMS to AC3 <ul style="list-style-type: none"> ○ Working on mechanics of daily data sharing ○ Developed and completed a list of data elements ○ Completed the technical aspects of data delivery ○ Data Sharing Agreement in preparation; Awaiting the completion of an MOU between EMS and AC3 ○ Consider adding ReddiNet 5150 HAvBED/Census information • In 2017, Alameda County EMS provided Alameda Health System (AHS) “Hope Center Ambulatory Care” – <u>Data Sharing Program</u> • Alameda County EMS tracks avoidable hospitalizations, emergency department use for high risk patients, and monitor ambulance transport numbers. The EMS specific goals with AHS include: monitor program effectiveness as an important resource for the county; identify “high risk” patients for targeted interventions; serve as a proxy for ED visits to hospitals outside of AHS; and monitor programs’ effect on individual patients. 	<ul style="list-style-type: none"> • Expand Tableau ad hoc reporting capability for EMS <p><u>LONG RANGE PLAN:</u></p> <ul style="list-style-type: none"> • Integrate prehospital data with hospital data (via HIE and other methods) to assess patient outcomes and the effect of prehospital interventions <p>(Refer to 6.01 and 6.03) *</p>
--	--	--	--	--	--	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

6.03	Prehospital Care Audits	✓		✓	<p><u>PROGRESS TO DATE:</u> (Refer to 2018-19 Alameda County QI Plan) <u>ALAMEDA COUNTY EMS POLICIES AND PROCEDURES</u> describe the audit process.</p> <ul style="list-style-type: none"> Alameda County QI Plan 2018-19 Base Hospital QI Responsibilities Base Hospital Responsibilities Hospital Responsibilities Policy and Skills Competency Trauma Audit Process Policy Unusual Occurrence Policy Pediatric Readiness Reports – Provided post Hospital ED Site Visits <p><u>EMS STAFF QI</u> on-going activities include:</p> <ul style="list-style-type: none"> Contract compliance monitoring of all line items Development of new agreements Reviewing response time audits by provider Reviewing provider audits Participate in audits Review – Unusual occurrence process EMS QI Coordinator Role Monitor hospital bypass and ambulance “wait times” Ongoing implementation of plan with audits to reduce <u>ambulance patient offload times</u> at emergency departments (time from ambulance arrival to hospital staff assuming care of patients) in conjunction with EMS provider agencies, hospitals and ACRECC. <p><u>EMS FOR CHILDREN</u></p> <ul style="list-style-type: none"> Reviewing pediatric call volume and system impact. Refer to table below. 	<p><i>Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.</i></p> <p><u>OBJECTIVES:</u></p> <p>LONG-RANGE PLAN</p> <ul style="list-style-type: none"> Maintain the one-stop data source for all clinical system data to better enable Alameda County 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 enhanced ability to match FRALS and transport data to one patient. Develop a plan with audits to reduce <u>ambulance patient offload times</u> at emergency departments (time from ambulance arrival to hospital staff assuming care of patients) in conjunction with EMS provider agencies, hospitals and ACRECC.
------	-------------------------	---	--	---	--	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>EMS for Children</p> <table border="1"> <caption>Pediatric Transports Data (2013-2023)</caption> <thead> <tr> <th>Year</th> <th>Emergent Transports</th> <th>Non-Emergent Transports</th> </tr> </thead> <tbody> <tr><td>2013</td><td>266</td><td>4,234</td></tr> <tr><td>2014</td><td>266</td><td>4,133</td></tr> <tr><td>2015</td><td>225</td><td>4,072</td></tr> <tr><td>2016</td><td>245</td><td>3,704</td></tr> <tr><td>2017</td><td>236</td><td>3,801</td></tr> <tr><td>2018</td><td>230</td><td>3,657</td></tr> <tr><td>2019</td><td>227</td><td>3,559</td></tr> <tr><td>2020</td><td>223</td><td>3,460</td></tr> <tr><td>2021</td><td>220</td><td>3,361</td></tr> <tr><td>2022</td><td>216</td><td>3,263</td></tr> <tr><td>2023</td><td>212</td><td>3,164</td></tr> </tbody> </table> <p>The trend of distinct count of Trans to Hospital (actual & forecast) for Date Of Call Year broken down by Transport Priority (group). Color shows details about Forecast indicator. The data is filtered on Age and Trans to Hospital Year. The Age filter keeps 15 members. The Trans to Hospital Year filter excludes 1900. The view is filtered on Date Of Call Year, which keeps 2013, 2014, 2015, 2016 and 2017.</p> <p><i>UCSF Benioff Children's Hospital, Oakland – Data</i></p> <ul style="list-style-type: none"> In 2018 averaged 29 transports to UCSF Benioff Children's Hospital per week. 90% of the Transfer of Care (TOC) 25.4 minutes. Average TOC is 12.0 minutes. 	Year	Emergent Transports	Non-Emergent Transports	2013	266	4,234	2014	266	4,133	2015	225	4,072	2016	245	3,704	2017	236	3,801	2018	230	3,657	2019	227	3,559	2020	223	3,460	2021	220	3,361	2022	216	3,263	2023	212	3,164	
Year	Emergent Transports	Non-Emergent Transports																																								
2013	266	4,234																																								
2014	266	4,133																																								
2015	225	4,072																																								
2016	245	3,704																																								
2017	236	3,801																																								
2018	230	3,657																																								
2019	227	3,559																																								
2020	223	3,460																																								
2021	220	3,361																																								
2022	216	3,263																																								
2023	212	3,164																																								
6.04	Medical Dispatch	✓	✓	<p>PROGRESS TO DATE: QUALITY IMPROVEMENT PLAN</p> <ul style="list-style-type: none"> Calls are monitored and reviewed for appropriateness. In an effort to coordinate and standardize emergency medical dispatch functions throughout the County, Alameda County EMS has established a Medical Dispatch Review Committee that is comprised of representatives from ACRECC and the Oakland Fire Department Dispatch center as well as field personnel, the EMS Director, EMS Medical Director and provider agency and leadership. The establishment of this committee has assisted in standardizing the assignment of EMS resources throughout the county. Establishing cross-center dialogue has improved our data collection with respect to MPDS activities. This improved data collection has provided us the means to more accurately assess the effectiveness of our MPDS implementation. Per the 2015-16 Quality Improvement Plan, Emergency Medical Dispatch has responsibilities as follows: <ul style="list-style-type: none"> Prospective participation on EMS Committees 	<p><i>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.</i></p> <p>OBJECTIVE:</p> <ul style="list-style-type: none"> Have readily available data to review dispatch response priority and pre-arrival post dispatch instructions. <p>SHORT RANGE PLAN</p> <ul style="list-style-type: none"> Ensure an ongoing QA/QI feedback loop with dispatch agencies. 																																					

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> o Concurrent activities, procedure evaluation of EMDs o Retrospective Analysis o Reporting Feedback (No change)	
6.05	Data Management System*	✓	✓		<p>PROGRESS TO DATE:</p> <ul style="list-style-type: none"> • Alameda County EMS has implemented a NEMSIS v3.4 single data collection (Zoll Data Systems RescueNet ePCR) countywide and has finished training for the FRALS agencies. • <u>ePCR – DEFINITIVE NETWORKS INCORPORATED HOSTING / Training Services</u> • Definitive Networks Incorporated Data Hosting / Training Services contract extension to June 2019 • <u>QUALITY IMPROVEMENT – “PATIENT CENTRIC” SYSTEM PERFORMANCE</u> - Clinical / Operational Performance, Policy Compliance and Patient Centric Analysis • Alameda County EMS employs business intelligence software to analyze system participants' 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 analyses are patient centric. • Since all Alameda County system participants are utilizing one single data collection system, Alameda County EMS has unprecedented access to a comprehensive and cohesive picture of the clinical and operational performance of our system. • QUALITY IMPROVEMENT - DATA MANAGEMENT SYSTEM – “SINGLE ENTRY POINT” - <u>FRALS and transport agencies</u> report 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 NEMSIS v3.4 single <u>electronic patient care reporting platform</u> allows for unprecedented QI and a comprehensive overview of our EMS System. • EMS DATA ANALYSIS – Alameda County EMS is expanding data sharing and analysis capability within the system. Currently, ALCO EMS is in the early stages of developing a <u>bi-directional data exchange</u> with Alameda County specialty receiving centers and other system hospitals. All specialty receiving facility MOUs beginning May 2016 will include language requiring participation in a bi-directional data 	<p><i>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.</i></p> <p>OBJECTIVE: (SHORT-RANGE)</p> <ul style="list-style-type: none"> • 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. <p>- (No Change)</p>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>exchange.</p> <ul style="list-style-type: none"> o NEW 2017 - Discussions ongoing with Kaiser Permanente leadership concerning the implementation of a bidirectional data exchange project • Completed data for the Cardiac Arrest Registry to Enhance Survival 2016 national report. Alameda County EMS has accomplished their first complete year with CARES and the first to be included in the national data. • NEMSIS 3.4 – Implementation of NEMSIS 3.4 completed in June 2017. All 911 providers submitting v3.4 data to CEMSIS/NEMSIS in June 2018ALCO EMS implemented the CEMSIS data elements (“primary impression” and other elements) in 2016. NEMSIS 2.2.1 data used to run core measure reports for 2016. • Initiated active participation in quality improvement meetings at ALL Trauma Centers (UCSF Benioff Children’s Hospital, Highland (Alameda Health System), and Eden Hospital). 	
6.06	System Design Evaluation	✓			<p><u>PROGRESS TO DATE:</u> NEW <u>EMS SYSTEM EVALUATION - RFP</u></p> <ul style="list-style-type: none"> • In July 2015, the Alameda County EMS Agency began an EMS evaluation process in preparation to release the currently activeRFP for 911 EOA emergency ambulance services, with the goal of advancing an EMS System that is operationally and clinically excellent as well as financially sustainable 	<p><i>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.</i></p> <p><u>OBJECTIVE:</u></p> <ul style="list-style-type: none"> • Continue RFP Process
6.07	Provider Participation	✓			<p><u>PROGRESS TO DATE:</u> (Refer to 6.06 above.) <u>EMS SYSTEM EVALUATION</u></p> <ul style="list-style-type: none"> • In July 2015, the Alameda County EMS Agency began an EMS evaluation process in preparation to release a RFP for 911 EOA emergency ambulance services, with the goal of advancing an EMS System that is operationally and clinically excellent as well as financially sustainable. <p><u>PARAMEDICS PLUS</u></p> <ul style="list-style-type: none"> • Current contract ends June 30, 2019. ALCO EMS will conduct an RFP process, select and implement a contract for services to the Exclusive Operating Area (EOA) currently served by Paramedics Plus prior to June 30, 2019. 	<p><i>The local EMS agency shall have the resources and authority to require provider participation in the system-wide evaluation program.</i></p> <p><u>OBJECTIVE:</u></p> <ul style="list-style-type: none"> • Establish an evaluation of the EMS System Design in preparation for the release of a new RFP • Review Paramedics Plus contract for amendments needed.

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	--------------------------------	-------------------------------	-----------------------------------	---------------------

					<p><u>2017-18 QUALITY IMPROVEMENT PLAN</u></p> <ul style="list-style-type: none"> The 2017-18 QI plan requires provider participation in system-wide QI activities. (Refer to 6.8.08 below) 	(Refer to 6.8.08 below)
6.08	Reporting	✓			<p>PROGRESS TO DATE: (Refer to 6.06 and 6.07 above)</p> <p>EMS SYSTEM Evaluation</p> <p><u>EMERGENCY AMBULANCE AND FIRST RESPONDER SERVICES - CONTRACTS</u></p> <ul style="list-style-type: none"> Alameda County EMS is responsible for the procurement, provision and approval of advanced life support emergency ambulance and first responder services that includes contracts with Paramedics Plus and the cities of throughout Alameda County. Each of these contracts contain extensive operational and clinical performance reporting requirements enabling the EMS Agency to assure consistent and high quality provision of service and care to patients. <p>Refer to 2017 and 2018-19 QI Plan for reporting requirements.</p>	<p><i>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).</i></p> <p>OBJECTIVE:</p> <ul style="list-style-type: none"> Alameda County will continue to report to EMSA on the RFP process.

Enhanced Level: Advanced Life Support:

6.09	ALS Audit	✓		✓	<p>PROGRESS TO DATE:</p> <ul style="list-style-type: none"> EMS QI Plan 2017 and 2018-19 defines the audit process (Refer to Alameda County EMS website) EMS Policies require assessment of Unusual Occurrences Alameda County EMS conducts audit of base hospital processes and outcomes All ALS providers are using a unified data collection and reporting system (Zoll and Tableau) in 2017. Alameda County EMS has implemented a NEMSIS v3.4 single data collection (Zoll Data Systems RescueNet ePCR) countywide and has finished training for the FRALS agencies. ePCR – <u>DEFINITIVE NETWORKS INCORPORATED HOSTING / Training Services</u> Definitive Networks Incorporated Data Hosting / Training Services contract extension to June 2019 	<p><i>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.</i></p> <p>OBJECTIVE: Future phases of the data project will include linking the hospital data with prehospital data</p> <p><u>LONG-RANGE PLAN</u></p> <ul style="list-style-type: none"> Integrate prehospital data with hospital data (via HIE and/or other methods) to assess patient outcomes and the effect of hospital interventions Integrate pediatric patient disposition of select patients as identified by the pending CA EMS for Children regulations – QI requirements.
------	-----------	---	--	---	---	---

Enhanced Level: Trauma Care System:

6.10	Trauma System Evaluation	✓		✓	<p>(No Change) – Refer to 2015 and 2016 EMS System Plan</p> <p>TRAUMA RECEIVING CENTERS</p> <ul style="list-style-type: none"> The Alameda County EMS Agency ensures overall trauma system design, monitoring and quality improvement, including trauma center designation and 	<p><i>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</i></p>
------	--------------------------	---	--	---	--	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>administration of the associated contracts.</p> <ul style="list-style-type: none"> The Trauma quality benchmarks include: 1) maintenance of a trauma registry to track trauma system and trauma center performance on a case-by-case basis using the Lancet Trauma 1 database; 2) A bi-county trauma audit (quality assurance and improvement) process to assure outside expert review of the trauma center and the trauma system on an ongoing basis; and 3) full participation in CEMSIS Trauma and EMS data sharing to improve patient outcomes. <u>QUALITY IMPROVEMENT – “PATIENT CENTRIC” SYSTEM PERFORMANCE - Clinical / Operational Performance, Policy Compliance and Patient Centric Analysis</u> Alameda County EMS employs business intelligence software to analyze system participants' compliance with system policies. Operationally, Alameda County EMS ensures that system participants are compliant with response time and clinical 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 analyses are patient centric. Since all Alameda County system participants are utilizing one single data collection system, Alameda County EMS has unprecedented access to a comprehensive and cohesive picture of the clinical and operational performance of our system. Working closely with its Trauma Centers (TC's), Alameda County EMS participates in the scheduled internal TC system and clinical oversight committee meetings (ALL CT's). This helps to ensure inclusive representation from the stakeholders involved with care of the trauma patient. The Trauma Program Manager for Alameda County works closely with all TC program Managers and their facilities Trauma Process Improvement Coordinator to facilitate timely case closer regarding any EMS related clinical and or operational issues that may impact patient outcomes. <p>(Refer to 6.11 below.)</p>	<p><i>to the system design and operation.</i></p> <p><u>OBJECTIVE:</u> <u>LONG-RANGE PLAN:</u></p> <ul style="list-style-type: none"> Evaluate the need for an ACS EMS System Consultation
6.11	Trauma Center Data	✓		✓	<p>PROGRESS TO DATE: Trauma Centers – Contracts with Data Requirements</p> <ul style="list-style-type: none"> The 3 Trauma Center - Master Contracts with Alameda Health System, Oakland (previous Highland); UCSF Benioff Children's Hospital, Oakland, and Sutter Health Eden Medical Center (dba Eden Medical Center) scheduled for presentation to and 	<p><i>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.</i></p>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>approval by the County Board of Supervisors provide for services through June 30, 2021.</p> <ul style="list-style-type: none"> In May 2016, Alameda County EMS facilitated the America College of Surgeons (ACS) “Trauma Consultation” survey at Alameda Health system – Highland Hospital. The completed consultation assisted in creating a roadmap of improvements. In April 2017, the America College of Surgeons (ACS) “Trauma Consultation” reevaluated the three trauma hospitals and they continue to be verified centers of excellence in trauma care by the ACS. Alameda Health System – Highland is now designated a Level 1 trauma center. <p>Alameda County EMS Trauma Plan is submitted annually. The last submission dates were in 2016 and 2017.</p> <p>ACS CERTIFICATION is now a requirement of current MOU. New MOU's completed in 2015.</p> <ul style="list-style-type: none"> Alameda Health System - Highland Hospital had a consultation visit for Level 1 status in May 2016. Alameda Health System - Highland Hospital had a successful Verification visit for Level 1 status in April 2017. All trauma centers successfully completed their scheduled ACS Re-verification visits In 2017: Alameda Health System, Oakland (Highland)-Level 1 Adult; UCSF Benioff Children's Hospital Oakland -Level 1 Pediatric and Sutter Health Eden Medical Center-Level 2 Adult. Continue to participate in and host the RTCC. <p><u>CLINICAL SYSTEMS OF CARE – SPECIALTY CENTERS</u></p> <p><u>TRAUMA CENTERS:</u></p> <ul style="list-style-type: none"> Monitoring of current contracts and data requirements. Take part in quarterly Trauma Audit Committee meetings. Implementation of the American College of Surgeons Trauma Quality Improvement Program (ACS TQIP®). <p><u>STROKE CENTERS</u></p> <ul style="list-style-type: none"> Monitoring of current contracts and data requirements. Lead the Alameda County Stroke Meeting three times a year. Developed a plan to streamline data flow utilizing Get with the Guidelines Registry in 2018. <p><u>STEMI/Cardiac Arrest Centers:</u></p> <ul style="list-style-type: none"> Monitoring of current contracts and data requirements. Lead the Alameda County STEMI/Cardiac Arrest Meeting three times a year. 	<p>OBJECTIVE: (LONG-RANGE)</p> <ul style="list-style-type: none"> Ensure appropriate feedback and action taken if / when trauma patients are transported to non-trauma center hospitals. Provide education on pediatric trauma. Continued enhancement of <u>quality improvement programs</u> including those associated with trauma specialty care systems Continue to collaborate with system stakeholders in review and revision of triage, treatment, transport and transfer protocols regarding trauma patient care. Utilize TC specific as well as County and Region aggregated TQIP data to influence system change when needed.
--	--	--	--	--	---	---

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<u>PEDIATRIC TRAUMA CASE STUDY REVIEWS</u> <ul style="list-style-type: none"> Education on Pediatric Trauma Assessment and Trauma Destination is on-going at EMS stakeholder meeting including the ED Receiving Hospital Meetings and the ED Pediatric Site Visits EMS Medical Director and Quality Review Committee is monitoring data to improve outcomes. 	
--	--	--	--	--	--	--

Universal Level:

7.01	Public Information Materials	✓	✓	✓	<p><u>PROGRESS TO DATE:</u> <u>INFORMATION DISSEMINATION</u></p> <ul style="list-style-type: none"> Alameda County EMS continues to develop and disseminate county-wide EMS information materials at community events and training programs. (Refer to Alameda County EMS Web-Site and the Blog). The Alameda County EMS website includes: <ul style="list-style-type: none"> Emergency Preparedness and Response Resources EMS for Children (Emergency School Guidelines and ED Pediatric Readiness Site Visit Resources) Community Resources (CPR7, Heart Screening, EMS Corps, Health Pipeline Project, Injury Prevention (including Falls Prevention), ie. Senior Injury Prevention (SIPP) and Childhood Injury Prevention, AED / PAD program, Child Care Center Emergency Preparedness, and current infectious disease information (with links to Alameda County Public Health website) <p><u>CPR 7</u></p> <ul style="list-style-type: none"> Implemented pilot using reusable manikins instead of individual / disposable CPR kits. Continue supporting the 9th grade CPR training effort using the reusable manikins. <p><u>PUBLIC INFORMATION OFFICER TRAINING</u></p> <ul style="list-style-type: none"> EMS Staff Kat Woolbright (Injury Prevention) and Brian Aiello (Deputy EMS Director) completed PIO course in 2016 <p>(Refer to 2016 and 2017 EMS System Plan)</p>	<p><i>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 education of health risks in target areas; and appropriate utilization of emergency departments.</i></p> <p><u>OBJECTIVES:</u></p> <p><u>LONG RANGE</u></p> <ul style="list-style-type: none"> To continue with public education, awareness and information programs, updating information on issues as they are identified through changes in laws, best practices, community meetings, and input from partner agencies - Proposed programs:, first responder falls referral programs, childhood safety and injury prevention areas, falls prevention discussion groups by EMS SIPP) (IPP does not conduct safety checks) <p><u>SHORT RANGE</u></p> <ul style="list-style-type: none"> Train EMS Staff on Public Information Officer roles.
7.02	Injury Control	✓	✓	✓	<p><u>PROGRESS TO DATE:</u> <u>COMMUNITY AEDS – PAD PROGRAMS</u> <u>HEARTSAFE PROJECT</u></p> <ul style="list-style-type: none"> The Alameda County Project HeartSAFE became a reality in 2012. The project placed 185 AEDs in County and community buildings. To accomplish the aggressive 	<p><i>The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.</i></p> <p><u>OBJECTIVES:</u></p>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>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, and data management in a five year plan.</p> <ul style="list-style-type: none"> ALCO EMS has collaborated with Alameda County Risk Management which intends to fund maintenance of the Project HeartSAFE AED's located in County owned and leased facilities for the next several years. <p>Alameda County EMS intends to continue the HeartSAFE project at ninety three community Board of Supervisor sites for three years. The project will include maintenance of AEDs at each community location.<u>CPR7</u></p> <ul style="list-style-type: none"> In 2017-18, Alameda County EMS implemented a pilot project using reusable manikins instead of individual/disposable CPR kits. EMS is moving toward supporting the 9th grade CPR training effort using the reusable manikins. Future plans will continue to support the 9th grade CPR training effort using the reusable manikins. <p><u>HEART SCREENING</u></p> <ul style="list-style-type: none"> Twice in the past three years, Alameda County EMS has partnered with the Via Heart Project (Non-for profit) as a Co-sponsor for a one day heart screening for children 12-25 years of age. This service is FREE of charge to the community as main sponsorship is secured by Via prior to the event. The Heart Screening experience includes: <ul style="list-style-type: none"> Medical history, patient and family Height, weight and blood pressure CPR and AED training 12-lead ECG and ECHO Face-to-Face Physician consult <p><u>STOP THE BLEED CAMPAIGN</u></p> <ul style="list-style-type: none"> Developed <u>Stop the Bleed public awareness</u> and information campaign for 2018 Continued work with CBOs who provide services for <u>older adults</u> to identify older adult patients from 911 system who may benefit from fall prevention programs <p><u>ALAMEDA COUNTY CARE CONNECT</u></p> <ul style="list-style-type: none"> Continued work with community partners to develop planning to <u>connect high</u> <u>utilizers of 911</u> and other medical services with appropriate care (<u>AC3</u>) 	<ul style="list-style-type: none"> Based upon quantitative and qualitative data, continue outreach to low-income, racially/ethnically diverse populations. Educate and advocate for the creation of appropriate legislation improving services for and safety of children and older adults Engage in <u>community partnerships</u> facilitating intervention and more comprehensive service delivery to at-risk populations to include Children, seniors, and Functional Needs; connect case managers and <u>mental health teams</u>). Work with other public and private agencies on Children and Older Adult Injury Prevention concerns Continue collaborations with-public and private agencies on Children and Older Adult Injury Prevention concerns <p><u>SHORT RANGE</u></p> <ul style="list-style-type: none"> <u>Injury Prevention training classes and annual conferences</u> <p><u>LONG RANGE</u></p> <p>Community Paramedicine Project</p> <ul style="list-style-type: none"> Develop and consider supplemental funding for <u>Community Paramedicine Program</u> <p><u>LONG-RANGE PLAN:</u></p> <ul style="list-style-type: none"> Coordinate with Youth Alive and our three Trauma Centers to develop new collaborative strategies to increase referrals for violence intervention services.
--	--	--	--	--	--	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> Worked with Intellectual and Developmental Disability Forensic Team (IDDFE) to develop goals for 2018 using Sequential Intercept technique <p><u>ASSESS AND REFER</u></p> <ul style="list-style-type: none"> Another alternative for selected 911 patients who have been evaluated by a paramedic. Work group has been meeting for 8 months Completion of a survey of Alameda County Paramedics about the acceptability and issues with this policy was completed and collated. Further work planned on operational and training aspects of this policy. <p><u>CHILDHOOD INJURY PREVENTION PROGRAM</u></p> <p><u>ALAMEDA COUNTY SAFE KIDS COALITION:</u></p> <ul style="list-style-type: none"> Facilitated by Injury Prevention Program (IPP) staff, Coalition focuses on prevention of unintentional injuries to children/youth; Coalition members include: East Oakland Health Center, Brighter Beginnings, Alameda Health Systems (Highland Hospital), Eden-Sutter Hospital, Oakland Police Department, California Highway Patrol, UCSF Benioff Children’s Hospital Oakland, Asian Health Services, Alameda County Lead Program, Safe Routes to School, and numerous non-profit and community based organizations The Coalition meets monthly to share expertise, invite guest speakers and coordinated/ participated in 17 car seat check-up events and inspection stations, 7 health fairs and the following annual events i.e., Safe Kids International Walk to School Day (October) and World’s Largest Swimming Lesson (June) and Safe Kids Day (April); Injury Prevention Program (IPP) with assistance of other EMS staff and designated partners annually coordinates the EMS Week Kids Day event held in May 2016, 2017, and 2018. <p><u>CHILD PASSENGER SAFETY</u></p> <p>Conducted 20 Child Passenger Safety Check-Up Events/Inspection Stations.</p> <ul style="list-style-type: none"> Provided education to 898 individuals Distributed 320 child safety seats to low-income families Provided installation assistance for 515 child safety seats Provided MOU holding partners with an additional 220 child safety seats for distribution to their clients <p><u>SAFE KIDS DAY</u></p>	
--	--	--	--	--	---	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>Held 4th annual Safe Kids Day in partnership with Supervisor Scott Haggerty</p> <ul style="list-style-type: none"> • Distributed and properly installed 500 booster seats • Distributed and properly fit 500 wheeled sports helmets • Hosted community safety fair with 30 agencies/activities participating • 1,500 attendance <p><u>CHILD PASSENGER SAFETY TRAININGS BASICS COURSE (CSPT)</u></p> <ul style="list-style-type: none"> • Created Child Passenger Safety Basics 8 hour training for RNs, which was approved for 6 BRN CEs. Curriculum was reported on in Safe Ride News and the CA VOSP newsletter. • Safe Kids Worldwide is hosting the curriculum on their member resource website, and the AAP is currently undergoing a review. • With the support of certified instructors, IPP hosted and facilitated Child Passenger Safety Technician (CPST) classes in September 2015, April 2016; 2017. • Facilitated / hosted one Education Classes in October 2015, 2016, and 2017. <p><u>EVERY 15 MINUTE PROGRAM.</u></p> <ul style="list-style-type: none"> • Assisted Highland Hospital, part of the Alameda Health System, in the planning and coordination of their Every 15 Minute Program. • In May 2015, 2016, and 2017 collaborate with Alameda Health Systems, Eden-Sutter Hospital and local law enforcement. <p><u>COMMUNITY EVENTS FOR CHILDREN – GOGGLE DISTRIBUTION</u></p> <ul style="list-style-type: none"> • Distributed additional 434 helmets and provided education utilizing our concussion goggles to 682 individuals at various community events. <p><u>EMS WEEK</u></p> <ul style="list-style-type: none"> • Hosted EMS Week Kids Day, May 2017 & <u>May 24, 2018.</u> • 2017- 50 attendees, 2018- 75 attendees • Education and activities provided over a wide variety of topics, i.e. earthquake preparedness/safety, water safety, wheeled sports safety, fire prevention, etc. <p><u>SWIMMING POOL EVENT</u></p> <ul style="list-style-type: none"> • <u>June 21, 2018-</u> hosting World's Largest Swimming Lesson event at Mills College Aquatic Facility. Will be providing 40 youth with free swim and CPR lessons. <p><u>WALK TO SCHOOL DAY</u></p> <ul style="list-style-type: none"> • Hosted International Walk to School Day event- 325 participants <p><u>YOUTH ALIVE TRAUMA VIOLENCE INTERVENTION PROGRAM:</u></p>	
--	--	--	--	--	--	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> • YOUTH ALIVE Caught in the Crossfire Trauma Violence Intervention Program contract renewed. Provides support to those physically injured by violent crime and treated at trauma centers including intervention to prevent retaliatory violence. <p><u>BIKE/HELMET SAFETY PRESENTATIONS:</u></p> <ul style="list-style-type: none"> • IPP staff provided helmet fittings and distribution at numerous community health fairs. <p><u>GRANTS:</u></p> <ul style="list-style-type: none"> • AAA awarded IPP 350 car seats in 2016 and 2017 for distribution to IPP community partners. • Safe Kids World Wide: Local coalition established in the early 1990's; organization routinely provides printed educational materials; updates on best practices, policies and laws; grants and technical assistance. Refer to grant descriptions in table below. <p>NEXT PAGE</p>	
--	--	--	--	--	--	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	--------------------------------	-------------------------------	-----------------------------------	---------------------

					<table border="1"> <tr> <td data-bbox="590 266 716 402">Medicine Safety Education Grant March - Dec, 2018</td> <td data-bbox="716 266 1438 402">Source: Safe Kids Worldwide with the support of Johnson & Johnson Consumer, Inc. Purpose: To educate parents and caregivers of young children about responsible storage, dosing and disposal of medicine. Raise awareness and influence changes in knowledge by promoting key messages in the media and partner organizations. Goal: Conduct educational sessions with the goal of reaching at least 100 individuals and to host at least one community event.</td> </tr> <tr> <td data-bbox="590 402 716 516">Bike to School Day Grant -May 2018</td> <td data-bbox="716 402 1438 516">Purpose: To teach safe behaviors to kids and properly fit bicycle helmets. Goal: Partner with local stakeholders and volunteers to hold at least one Bike to School Day event where coalition members and volunteers chaperon children to school either by foot or bike and host educational activities.</td> </tr> <tr> <td data-bbox="590 516 716 683">Water Safety Grant May – August 2018</td> <td data-bbox="716 516 1438 683">Purpose: Educate families on how to protect children from preventable injuries in and around the water. Raise public awareness to influence changes in knowledge and behavior by promoting key messages in the community, in the media and through partner organizations. Goal: Conduct educational sessions with the goal of reaching at least 200 individuals and to host at least two interactive community events that focus on water safety and include content on safe pool environments – in the community, as well as discuss safety around open bodies of water.</td> </tr> <tr> <td data-bbox="590 683 716 850">AAA Child Passenger Safety Seat Donation Feb.-Dec. 2017 &2018</td> <td data-bbox="716 683 1438 850">Source: AAA Northern California, Nevada & Utah Purpose: To provide car seats and booster seats to nonprofits and community groups that have established child passenger safety programs and provide free car seat inspections to their communities. Goal: To distribute car seats and booster seats to families in-need at no charge. The goal is to have the child arrive safer than how they arrived to the fitting station or car seat checkup event.</td> </tr> <tr> <td data-bbox="590 850 716 964">Safe Kids Day -Bike Helmets 2017 & 2018</td> <td data-bbox="716 850 1438 964">Source: Eden Medical Center Purpose: This donation is specifically for Safe Kids Day, June 23 Goal: To distribute 500 free bicycle helmets and ensure proper fit to the children receiving them at the time of donation.</td> </tr> <tr> <td data-bbox="590 964 716 1078">Safe Kids Day Booster Seats 2017 & 2018</td> <td data-bbox="716 964 1438 1078">Source: AAA Northern California, Nevada & Utah Purpose: This donation is specifically for Safe Kids Day, June 23 Goal: To distribute 500 free booster seats to families in-need. The booster seats will be properly fitted children receiving them and the families and caregivers will receive education on proper use.</td> </tr> <tr> <td data-bbox="590 1078 716 1159">SAFE KIDS DAY 2017 & 2018</td> <td data-bbox="716 1078 1438 1159">Source: Safe Kids Worldwide Purpose/goal: Materials grant to support Safe Kids Alameda County's annual Safe Kids Day</td> </tr> <tr> <td data-bbox="590 1159 716 1240">'Ask the Expert'</td> <td data-bbox="716 1159 1438 1240">Source: Safe Kids Worldwide and Babies 'R Us -- Purpose: Provide materials and funding to offer stipends for area Child Passenger Safety Technicians to host 'Ask the Expert' car seat safety educational sessions at local Babies 'R Us Stores</td> </tr> <tr> <td data-bbox="590 1240 716 1408">Falls Prevention Grant AUGUST 2, 2017-JULY 31, 2020</td> <td data-bbox="716 1240 1438 1408">Goal: Provide education to parents on proper selection and installation of their child safety seats. Sub-award agreement with the Partners in Care Foundation under their AOA Evidence-Based Falls Prevention State Grant from Department of Health and Human Services, Administration for Community Living called 'Building a Long-Term Falls Prevention Network for California's Elders (BALANCE). -- Purpose: Spread adoption of three evidence-based falls prevention programs; strengthen outcomes data collection, and coordinate coalition efforts to build partnerships..</td> </tr> </table> <p data-bbox="590 1419 701 1442">NEXT PAGE</p> <p data-bbox="590 1451 1157 1474"><u>SENIOR INJURY PREVENTION PROGRAM (SIPP):</u></p> <ul data-bbox="590 1484 1409 1542" style="list-style-type: none"> • Senior Injury Prevention Partnership: Facilitated by IPP staff, Partnership focuses on prevention of unintentional injuries to seniors, age 60 plus. 	Medicine Safety Education Grant March - Dec, 2018	Source: Safe Kids Worldwide with the support of Johnson & Johnson Consumer, Inc. Purpose: To educate parents and caregivers of young children about responsible storage, dosing and disposal of medicine. Raise awareness and influence changes in knowledge by promoting key messages in the media and partner organizations. Goal: Conduct educational sessions with the goal of reaching at least 100 individuals and to host at least one community event.	Bike to School Day Grant -May 2018	Purpose: To teach safe behaviors to kids and properly fit bicycle helmets. Goal: Partner with local stakeholders and volunteers to hold at least one Bike to School Day event where coalition members and volunteers chaperon children to school either by foot or bike and host educational activities.	Water Safety Grant May – August 2018	Purpose: Educate families on how to protect children from preventable injuries in and around the water. Raise public awareness to influence changes in knowledge and behavior by promoting key messages in the community, in the media and through partner organizations. Goal: Conduct educational sessions with the goal of reaching at least 200 individuals and to host at least two interactive community events that focus on water safety and include content on safe pool environments – in the community, as well as discuss safety around open bodies of water.	AAA Child Passenger Safety Seat Donation Feb.-Dec. 2017 &2018	Source: AAA Northern California, Nevada & Utah Purpose: To provide car seats and booster seats to nonprofits and community groups that have established child passenger safety programs and provide free car seat inspections to their communities. Goal: To distribute car seats and booster seats to families in-need at no charge. The goal is to have the child arrive safer than how they arrived to the fitting station or car seat checkup event.	Safe Kids Day -Bike Helmets 2017 & 2018	Source: Eden Medical Center Purpose: This donation is specifically for Safe Kids Day, June 23 Goal: To distribute 500 free bicycle helmets and ensure proper fit to the children receiving them at the time of donation.	Safe Kids Day Booster Seats 2017 & 2018	Source: AAA Northern California, Nevada & Utah Purpose: This donation is specifically for Safe Kids Day, June 23 Goal: To distribute 500 free booster seats to families in-need. The booster seats will be properly fitted children receiving them and the families and caregivers will receive education on proper use.	SAFE KIDS DAY 2017 & 2018	Source: Safe Kids Worldwide Purpose/goal: Materials grant to support Safe Kids Alameda County's annual Safe Kids Day	'Ask the Expert'	Source: Safe Kids Worldwide and Babies 'R Us -- Purpose: Provide materials and funding to offer stipends for area Child Passenger Safety Technicians to host 'Ask the Expert' car seat safety educational sessions at local Babies 'R Us Stores	Falls Prevention Grant AUGUST 2, 2017-JULY 31, 2020	Goal: Provide education to parents on proper selection and installation of their child safety seats. Sub-award agreement with the Partners in Care Foundation under their AOA Evidence-Based Falls Prevention State Grant from Department of Health and Human Services, Administration for Community Living called 'Building a Long-Term Falls Prevention Network for California's Elders (BALANCE). -- Purpose: Spread adoption of three evidence-based falls prevention programs; strengthen outcomes data collection, and coordinate coalition efforts to build partnerships..	
Medicine Safety Education Grant March - Dec, 2018	Source: Safe Kids Worldwide with the support of Johnson & Johnson Consumer, Inc. Purpose: To educate parents and caregivers of young children about responsible storage, dosing and disposal of medicine. Raise awareness and influence changes in knowledge by promoting key messages in the media and partner organizations. Goal: Conduct educational sessions with the goal of reaching at least 100 individuals and to host at least one community event.																							
Bike to School Day Grant -May 2018	Purpose: To teach safe behaviors to kids and properly fit bicycle helmets. Goal: Partner with local stakeholders and volunteers to hold at least one Bike to School Day event where coalition members and volunteers chaperon children to school either by foot or bike and host educational activities.																							
Water Safety Grant May – August 2018	Purpose: Educate families on how to protect children from preventable injuries in and around the water. Raise public awareness to influence changes in knowledge and behavior by promoting key messages in the community, in the media and through partner organizations. Goal: Conduct educational sessions with the goal of reaching at least 200 individuals and to host at least two interactive community events that focus on water safety and include content on safe pool environments – in the community, as well as discuss safety around open bodies of water.																							
AAA Child Passenger Safety Seat Donation Feb.-Dec. 2017 &2018	Source: AAA Northern California, Nevada & Utah Purpose: To provide car seats and booster seats to nonprofits and community groups that have established child passenger safety programs and provide free car seat inspections to their communities. Goal: To distribute car seats and booster seats to families in-need at no charge. The goal is to have the child arrive safer than how they arrived to the fitting station or car seat checkup event.																							
Safe Kids Day -Bike Helmets 2017 & 2018	Source: Eden Medical Center Purpose: This donation is specifically for Safe Kids Day, June 23 Goal: To distribute 500 free bicycle helmets and ensure proper fit to the children receiving them at the time of donation.																							
Safe Kids Day Booster Seats 2017 & 2018	Source: AAA Northern California, Nevada & Utah Purpose: This donation is specifically for Safe Kids Day, June 23 Goal: To distribute 500 free booster seats to families in-need. The booster seats will be properly fitted children receiving them and the families and caregivers will receive education on proper use.																							
SAFE KIDS DAY 2017 & 2018	Source: Safe Kids Worldwide Purpose/goal: Materials grant to support Safe Kids Alameda County's annual Safe Kids Day																							
'Ask the Expert'	Source: Safe Kids Worldwide and Babies 'R Us -- Purpose: Provide materials and funding to offer stipends for area Child Passenger Safety Technicians to host 'Ask the Expert' car seat safety educational sessions at local Babies 'R Us Stores																							
Falls Prevention Grant AUGUST 2, 2017-JULY 31, 2020	Goal: Provide education to parents on proper selection and installation of their child safety seats. Sub-award agreement with the Partners in Care Foundation under their AOA Evidence-Based Falls Prevention State Grant from Department of Health and Human Services, Administration for Community Living called 'Building a Long-Term Falls Prevention Network for California's Elders (BALANCE). -- Purpose: Spread adoption of three evidence-based falls prevention programs; strengthen outcomes data collection, and coordinate coalition efforts to build partnerships..																							

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> SIPP Partnership includes: Alameda County Area Agency on Aging, Vital Link, United Seniors Oakland-Alameda County, Alameda Health Systems, Eden-Sutter Hospital, Spectrum, Senior Support Services of the Tri-Valley, Sutter Health Systems; City of Fremont, St. Mary's Health Center, Life Elder Care and other community based and non-profit organizations. In addition to their networking and advocacy, SIPP plans and facilitates an annual statewide Senior Injury Prevention Forum. In its 17th year, the 2017 forum will take place on June 2017.in Oakland, CA. <p><u>SENIOR INJURY PREVENTION</u> <u>SENIOR INJURY PREVENTION CONFERENCE</u> <u>2016</u></p> <ul style="list-style-type: none"> In its 16th year, the 2016 forum was held May 25, 2016 in Emeryville, CA The 2016 SIPP Forum theme was - Growing BOLDER: Bringing Strength & Balance to our Lives! Our Areas of Focus Include: <ul style="list-style-type: none"> Safe Practices for Managing Medications; Senior Injury Coalition Building Exploration of Evidence Based Fall Prevention Programs; Health Complications and Falls <p><u>2017</u></p> <ul style="list-style-type: none"> Continued planning for and hosted 2017 SIPP Educational Forum at the Asian Cultural Center in Oakland. <p><u>2018</u></p> <ul style="list-style-type: none"> Hosted the 2018 SIPP Forum on March 16 at the Waterfront Hotel in Oakland. Launched 4 Matter of Balance workshops. Serve as hosting agency for a Matter of Balance Master Trainer class on behalf of the Partners in Care Foundation. Complete a site visit with the Partners in Care Foundation. Hold a Matter of Balance Refresher Class for current coaches. <p><u>STOP THE BLEED TRAINING - SENIORS</u></p> <ul style="list-style-type: none"> Conducted a Stop the Bleed training session at the Senior Injury Prevention Partnership Education Forum, with 100 of the 140 attendees being trained, including County Supervisor Nate Miley. <p><u>SENIORS - GRANT</u></p> <ul style="list-style-type: none"> SIPP was awarded a 3 year grant from the Partners in Care Foundation to implement several fall prevention programs. This work take place in partnership with two senior service providers. 	
--	--	--	--	--	---	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	<p align="center">Progress – 2017 UPDATED 8/7/18</p>	<p align="center">Objective – 2017-18</p>
----------	------------------	----------------------------	-----------------------------------	----------------------------------	---	--

					<ul style="list-style-type: none"> Matter of Balance Fall Prevention Team supported a Contra Costa County Coach Training in August. The support will be reciprocated in the future. SIPP provided incentives to some of its members to help celebrate Fall Prevention Awareness Week, September 18-22, 2017. SIPP helped plan and execute the Healthy Living Festival at the Oakland Zoo. With 19 students from Northern Lights Middle School, SIPP provided some of the workforce for the serving of lunch to 2,000 seniors attending the Festival. <table border="1" data-bbox="590 557 1440 1110"> <thead> <tr> <th data-bbox="590 557 821 719">Helmet Education Presentation CHILDREN</th> <th data-bbox="821 557 963 719">Fall Prevention Presentations SENIORS</th> <th data-bbox="963 557 1119 719">Emergency Preparedness Prez's SENIORS</th> <th data-bbox="1119 557 1236 719">Age Well Drive Smart Prez's SENIORS</th> <th data-bbox="1236 557 1440 719">Senior Health Fair</th> </tr> </thead> <tbody> <tr> <td data-bbox="590 719 821 1110">Total Presentations- 4 Participants: 352 1 -Presentation for 300 (Envision Students @ UC Berkeley) 2- Helmet/car seat Safety Presentation at Oakland Head Start 22 parents 1-Rec Center 30 Elementary school age kids</td> <td data-bbox="821 719 963 1110">Total Presentations : 17 Participants: 308</td> <td data-bbox="963 719 1119 1110">Total Presentations: 9 Participants: 225</td> <td data-bbox="1119 719 1236 1110">Total 2 Participants: 63</td> <td data-bbox="1236 719 1440 1110">Total Health Fare's: 2 Participants: 350 - went to booth for both events and received materials Healthy Living Festival and Satellite Affordable Housing Associates: SAHA Senior Health Fair</td> </tr> </tbody> </table> <p><u>EDUCATIONAL PRESENTATIONS:</u> IPP staff conducts the following sessions:</p> <p><u>FALLS PREVENTION DISCUSSION GROUPS:</u></p> <ul style="list-style-type: none"> 22 presentations with residents and 5 sessions with nursing students/health/social service professionals. Drive Smart: collaboration with California Highway Patrol (CHP), 3 to 4 hour Office of Traffic Safety (OTS) sponsored sessions have been conducted 5 times during FY 2016/17. <p><u>EMERGENCY PREPAREDNESS:</u></p> <ul style="list-style-type: none"> Conducted quarterly in response to outreach to programs serving seniors. <p><u>HEALTH FAIRS:</u></p> <ul style="list-style-type: none"> Annually participate in planning and participate in the Healthy Living Festival sponsored by Alameda County Board of Supervisor Nate Miley. Plus participated at 	Helmet Education Presentation CHILDREN	Fall Prevention Presentations SENIORS	Emergency Preparedness Prez's SENIORS	Age Well Drive Smart Prez's SENIORS	Senior Health Fair	Total Presentations- 4 Participants: 352 1 -Presentation for 300 (Envision Students @ UC Berkeley) 2- Helmet/car seat Safety Presentation at Oakland Head Start 22 parents 1-Rec Center 30 Elementary school age kids	Total Presentations : 17 Participants: 308	Total Presentations: 9 Participants: 225	Total 2 Participants: 63	Total Health Fare's: 2 Participants: 350 - went to booth for both events and received materials Healthy Living Festival and Satellite Affordable Housing Associates: SAHA Senior Health Fair	
Helmet Education Presentation CHILDREN	Fall Prevention Presentations SENIORS	Emergency Preparedness Prez's SENIORS	Age Well Drive Smart Prez's SENIORS	Senior Health Fair												
Total Presentations- 4 Participants: 352 1 -Presentation for 300 (Envision Students @ UC Berkeley) 2- Helmet/car seat Safety Presentation at Oakland Head Start 22 parents 1-Rec Center 30 Elementary school age kids	Total Presentations : 17 Participants: 308	Total Presentations: 9 Participants: 225	Total 2 Participants: 63	Total Health Fare's: 2 Participants: 350 - went to booth for both events and received materials Healthy Living Festival and Satellite Affordable Housing Associates: SAHA Senior Health Fair												

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>seven (7) community based fairs primarily between April and October for a total of 7 fairs.</p> <p>ADVOCACY: IPP Staff serves on Alameda County Medication Coalition</p> <p>EMS WEEK:</p> <ul style="list-style-type: none"> Annually, host the May meeting of the Alameda County Round Table. Member organizations serve seniors. <p>-----</p> <p>GRANTS:</p> <ul style="list-style-type: none"> California Department of Public Health for the second year awarded IPP funds to implement two evidenced based programs—Stepping On and Tai Chi. Stepping On consists of 8 week sessions and Tai Chi consists of 12 week sessions held throughout the year. Partners In Care Foundation (PIC) in September 2015 awarded IPP a two-year grant to implement Matter of Balance (MOB) and STEADI, two evidenced based programs. Successfully fulfilled terms of year 1 grant with PIC by training 30 coaches completing 64 Matter of Balance (MOB) classes. Initiated year two by training 15 coaches and scheduled MOB classes throughout the county. Measure A funds community based falls prevention and medication management programs. <p>-----</p> <p>ALAMEDA COUNTY HEALTH COACH PROGRAM</p> <ul style="list-style-type: none"> 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. <p>PIPELINE PROJECT</p> <ul style="list-style-type: none"> The Pipeline Partnership with collaborate with Berkeley Youth Alternatives (BYA) to build more health care internship positions for youth in Alameda County. BYA will act as fiscal agent to oversee grants awarded to expose youth to hands-on-internship activities in the health industry August 2015 to June 2016. <p>NEW CHANGES/HEALTH CARE SYSTEM AND POLICY - SENIORS</p> <ul style="list-style-type: none"> Evidenced Based Programs for Seniors—funding from California Department of Public Health and Partners In Care Foundation allowed IPP to introduce evidenced programs to Alameda County programs i.e. Stepping On, Tai Chi, Matter of Balance and STEADI. - Safe Kids Worldwide: Eliminated the provision of insurance 	
--	--	--	--	--	--	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>coverage for registered Safe Kids Car Seat Check-Up events. This change resulted in partner organizations assuming responsibility for the provision of insurance.</p> <p><u>SENIOR SUPPORT PROGRAMS - 2016</u></p> <ul style="list-style-type: none"> • <u>Afghan Health Promoter Project - City of Fremont</u> – Service Linkage, medical management, and Health Education July 2015-June 2016 • <u>DayBreak Adult Centers</u> – improved medication compliance July 2015-June 2016 • <u>Senior Support Program of the Tri Valley</u> – improved medication compliance • <u>St. Mary's Center</u> – Medication Safety Pilot July 15 – June 2016 • <u>United Seniors of Oakland and Alameda</u> – Medication Safety Program (Measure A) <p><u>FALL PREVENTION</u></p> <ul style="list-style-type: none"> • Education Forum May 2016 and Train-the Trainer August 2015-July 2017 <p><u>COMMUNITY PARAMEDICINE</u></p> <ul style="list-style-type: none"> • Continuing monitoring of this unique OSPHD directed Pilot study. Continued work to secure funding through November of 2018 (the end of the study) from AHS/ACHD, Measure A, and the City of Alameda • Providing care for frequent users and recently discharged patients with chronic diseases in the city of Alameda to improve health and decrease dependency on emergency services safety net • Continue to participate as part of the OSHPD Community Paramedicine Health workforce Pilot Project (HWPP #173) • Alameda County launched its two year Community Paramedicine Pilot Project. The City of Alameda is the focal point of pilot conducted January 2015-December 2016. • Continued Community Paramedicine Pilot Program work in conjunction with Alameda City Fire Department. Secured funding from Alameda Health System (AHS) to partially offset cost of extension of the program through November 2017. Extended term of Community Paramedicine Pilot Program with Alameda City Fire Department through November 2017 which includes the new funding partnership with AHS. <p><u>CHILD CARE EMERGENCY PLAN “TRAIN THE TRAINER”</u></p> <ul style="list-style-type: none"> • EMS for Children Coordinator designed, developed, and disseminated curriculum to Alameda and Contra Costa County Safety and Injury Prevention Committees. <p><u>LAW ENFORCEMENT PROGRAMS – OPIATE OVERDOSES</u></p> <ul style="list-style-type: none"> • Approved Law Enforcement Programs to provide naloxone (Narcan) for suspected 	
--	--	--	--	--	---	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>opiate overdoses in Alameda County are:</p> <ul style="list-style-type: none"> o Alameda County Sherriff's Office o East Bay Parks Police Department o Fremont Police Department o Hayward Police Department o Newark Police Department o Oakland Police Department o Pleasanton Police Department o Union City Police Department o San Leandro Police Department o Livermore Police Department 	
7.03	Disaster Preparedness	✓			<p>PROGRESS TO DATE: <u>MEDICAL SURGE PROJECTS AND DPHC</u></p> <ul style="list-style-type: none"> • <u>Alameda County initiated the Phase 1 Medical Surge project</u> - with focus on the health care facility assessments to identify organization medical surge capabilities and needs. In phase 2, the focus was on the prehospital medical surge capability assessment – communications directory. In 2016, the medical surge framework for critical care bed expansion was revised. • With the Disaster preparedness Health Coalition (DPHC), partners are leveraged to clarify disaster / surge response roles for an all-hazard and event specific scenarios. <p><u>ALAMEDA COUNTY MHOAC MANUAL</u></p> <ul style="list-style-type: none"> • Although Alameda County currently has the OA Emergency Operations Plan as well as EMS specific MCI, medical surge, and disaster medical operations plans, Alameda County EMS has developed the first draft - <u>MHOAC Manual Guide</u> • The priority goal for 2017-18 was the Alameda County MHOAC Manual. • The final MHOAC Manual with the Incident Response Guides will be finalized in 2018-19. • The MHOAC Manual identifies roles and activities for the Health Care Services agency are identified including EMS, PH, BH, and EH. Hospital coordination functions are included. <p><u>STATEWIDE MEDICAL/HEALTH FUNCTIONAL EXERCISE</u></p> <ul style="list-style-type: none"> • Alameda County EMS conducted the functional exercise November 2017. The scenario was a simultaneous terrorist attack at the Oakland Coliseum and a carnival in Dublin. Medical Surge, Communications, and EOC Coordination capabilities were tested with county-wide partners including Paramedics Plus, hospitals, SNFs, clinics, 	<p><i>The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.</i></p> <p>OBJECTIVE <u>MEDICAL SURGE</u></p> <ul style="list-style-type: none"> ▪ The priority EMS benchmark is to strengthen medical surge capability and capacity in a disaster. The focus is to clarify the health care system response for a surge of patients that exceed health care system existing resources. ▪ The goal is to strengthen the plan for medical surge patient tracking and patient movement to ensure effective adult and pediatric response in 2018-2019.

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>Alameda County OES, and City of Oakland EMS Branch.</p> <p><u>COALITION SURGE TEST (CST) EXERCISE- FOCUS HOSPITAL EVACUATION</u></p> <ul style="list-style-type: none"> Alameda County EMS held the first CST “Dry Run” and Test June 14, 2018 and June 27, 2018. <p><u>YELLOW COMMAND – URBAN SHIELD CATASTROPHIC EARTHQUAKE FUNCTIONAL EXERCISE</u></p> <ul style="list-style-type: none"> Alameda County will activate the OA EOC Medical/Health Branch 9/6/18 <p><u>URBAN SHIELD TRAINING – PARTNERSHIP WITH ALAMEDA COUNTY OES</u></p> <ul style="list-style-type: none"> Organizer for Urban Shield Mass Casualty Incident full scale exercise 9/2016, 9/2017 and planning for 9/2018 <p><u>URBAN SHIELD 2017</u></p> <ul style="list-style-type: none"> Planned 2017 Urban Shield Mass Casualty Incident full scale exercise; hospitals participated and encouraged to attend Over 900 people signed up and participated in the EMS Branch of Urban Shield. Novel training on K9 care and Large MCI exercise (nightclub shooting) Ambulance Strike Team exercise planned and implemented by Alameda County EMS Ambulance Strike Team and Mobile Field Hospital all fully engaged. Maritime interdiction scenario and tactical team integration during 2 scenarios. <p>2016</p> <ul style="list-style-type: none"> Alameda County EMS effectively managed EMS Branch and trained more than 200 medical professionals over the 48 hour event on mass casualty terrorism response in 2016; Participated in Board of Supervisors’ Urban Shield Task Force. Hospitals encouraged to participate. <p><u>EMS AND CLINIC FIELD TREATMENT SITE CO-LOCATION Project</u></p> <ul style="list-style-type: none"> <u>Exercise Scope:</u> Two linked exercises (Tabletop and Full Scale) tested the models for side-by-side coordinated in-the-field victim stabilization between Emergency Medical Services (EMS) units and Community Health Centers (CHC). Models were developed with coordinators from Alameda County EMS and Community Health Centers of the Alameda Health Consortium through an independent consultant Barbara Morita. Full-scale exercise conducted <u>May 30 and 31, 2018</u> at three clinic locations. Hospitals supported this new model pilot project <p><u>COALITION SURGE TEST (CST)</u></p> <ul style="list-style-type: none"> The CST hospital evacuation exercise was conducted on June 27, 2018. The EMS 	
--	--	--	--	--	---	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>Branch DOC was activated to coordinate and identify patient movement resources available for evacuating hospitals who needed to transport patients to receiving hospitals.</p> <p><u>TRAIN – TRIAGE RESOURCE ALLOCATION FOR INPATIENT (EVACUATION)</u></p> <ul style="list-style-type: none"> Promoting the Triage by Resource Allocation for In-patients (TRAIN) project in 2017-19. Supporting Sutter Hospital TRAIN implementation project in Alameda County Alta Bates Summit Berkeley and UCSF Children’s Hospital participated in the TRAIN Exercise held June 25, 2018. The next NICU TRAIN and surge planning meeting will be held July 17, 2018 in Alameda County. <p><u>DISASTER / SURGE TRAINING</u></p> <p><u>MHOCSA TRAINING</u></p> <ul style="list-style-type: none"> RDMHS developed and conducted CSTI Medical Health Operations Center Support Activities (MHOCSA) Courses in May 2018 <p><u>EOM TRAINING</u></p> <ul style="list-style-type: none"> Conducted several Emergency Operations Manual (EOM) training classes. Hospitals participated in the training. <p><u>MCI DEPLOYMENT MODULES & RESOURCES</u></p> <ul style="list-style-type: none"> EMS submitted several grants via Urban Areas Security Initiative (UASI) for terrorism related program funding. EMS participates on the UASI training/exercise committee and also on the senior approval board. <p>Six MCI Deployment Modules were purchased in June 2018 for use in a mass casualty event.</p> <p><u>REDDINET COMMUNICATIONS</u></p> <ul style="list-style-type: none"> Alameda County EMS is conducting ongoing training and exercises with ReddiNet focused on patient tracking and customized assessment polling with emphasis on hospitals, SNFs, clinics, prehospital fire department ALS transport, 911 and Non-911 Permitted Ambulance Providers, Alameda County OES and the City of Oakland OES. The ReddiNet Coordinator is Cynthia Frankel, RN - PHCC at Alameda County EMS <p><u>REGIONAL DISASTER MEDICAL HEALTH SPECIALIST (RDMHS) POSITION</u></p> <ul style="list-style-type: none"> 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 	
--	--	--	--	--	---	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	--------------------------------	-------------------------------	-----------------------------------	---------------------

					<p>coordination services for the period July 1, 2012 through June 30, 2014. An updated agreement was executed in 2015 and in 2016 providing for the continuation of services through June 30, 2017. An extension agreement governing services through June 30, 2018 occurred. The RDMHS position is the component of the Regional Disaster Medical and Health Coordination Program that directly supports regional disaster preparedness, response, mitigation, and recovery activities.</p> <ul style="list-style-type: none"> Travis Kusman is the new Region II RDMHC as of August 2018. <p><u>REGIONAL DISASTER MEDICAL HEALTH SPECIALIST PROGRAM</u></p> <ul style="list-style-type: none"> The RDMHS manages the program which includes but is not limited to: 24/7 response to Region II emergencies; emergency mutual aid coordination for medical and health including processing situation reports and resource requests from the Region II Operational Areas; participates in Urban Shield, and organizes the Ambulance Strike Team mass casualty scenario. The RDMHS also leads the regional Ebola and Infectious Disease Transportation project. RDMHS Region II coordinated and attended an EMS/Ebola unit training offered in conjunction with Kaiser Permanente Oakland and served on the work groups for several different statewide plans including the Statewide Patient Movement Plan and the Emergency Operations Manual revision. Taught Medical/Health EOM training in Pleasant Hill August 23, 2016. Taught EOM class March 16, 2017 in Marin County. Instructed EOM training class in Alameda County on May 25, 2017. Conducted Ambulance Strike Team exercise as part of Urban Shield September 9-12, 2016, 2017, and upcoming 2018 in Alameda County. Conducted Ambulance Strike Team Leader class trainings on October 29, 2016, 2017, and 2018. Participated in 2016, 2017, and 2018 upcoming statewide medical/health exercises. <p><u>PORT OF OAKLAND EXERCISE 2018</u></p> <ul style="list-style-type: none"> Participated in large (FBI, OPD, OFD, ACSO, EMS, Port of Oakland) exercise named "Operation Seasickness" simulating a terrorist attack on a vessel with many contaminated victims. "Transported" several victims to Highland Hospital, who participated as well. <p><u>SUPPORT STATE PROJECTS</u></p> <ul style="list-style-type: none"> Participated on the California Patient Movement Committee. Cynthia Frankel, HPP Coordinator and Kelly Coleman, RDMHS participated in the Patient Movement Tabletop exercise in Sacramento – January 2017 <p><u>CALIFORNIA PEDIATRIC SURGE PROJECT</u></p>	
--	--	--	--	--	---	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> Cynthia Frankel, EMS for Children and HPP EMSA Coordinator lead on the development of the draft framework. Components adapted to the Alameda County Pediatric Surge Plan. The CDPH/EMSA Pediatric Surge CONOPs to support the EOM and Patient Movement Plan is being developed by the CDPH/EMSA Pediatric Surge Committee. Cynthia Frankel is participating on the EMS sub-committee. <p><u>CHILD CARE EMERGENCY PLAN “TRAIN THE TRAINER”</u></p> <ul style="list-style-type: none"> EMS for Children Coordinator designed, developed, and disseminated curriculum to Alameda and Contra Costa County Safety and Injury Prevention Committees. <p>(Refer to Section 8.01)</p> <ul style="list-style-type: none"> EMS submitted several grants via Urban Areas Security Initiative (UASI) for terrorism related program funding. EMS participates on the UASI training/exercise committee and also on the senior approval board. 	
7.04	First Aid & CPR Training	✓		✓	<p><u>PROGRESS TO DATE:</u> <u>AED/PAD PROGRAM</u> <u>HEARTSAFE PROJECT</u></p> <ul style="list-style-type: none"> 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, and data management in a five year plan. ALCO EMS has collaborated with Alameda County Risk Management which intends to fund maintenance of the Project HeartSAFE AED’s located in County owned and leased facilities for the next several years. <p>Alameda County EMS intends to continue the HeartSAFE project at ninety three community Board of Supervisor sites for three years. The project will include maintenance of AEDs at each community location.</p> <p><u>CPR7</u></p> <ul style="list-style-type: none"> In 2017-18, Alameda County EMS implemented a pilot project using reusable manikins instead of individual/disposable CPR kits. EMS is moving toward supporting the 9th grade CPR training effort using the reusable manikins. Future 	<p><i>The local EMS agency shall promote the availability of first aid and CPR training for the general public.</i></p> <p><u>OBJECTIVE:</u> <u>AED/PAD PROGRAM - HEARTSAFE PROJECT</u></p> <ul style="list-style-type: none"> With a need to increase Sudden Cardiac Arrest (SCA) survival rates in Alameda County, the HeartSAFE Project goal was envisioned to provide 185 AEDs with training, oversight, and maintenance in high risk / high traffic locations. Alameda County EMS ensures this project remains sustainable and campaigns to promote community AEDs with the message: “When AED’s are available and used within 3 minutes, the survival of someone suffering from Sudden Cardiac Arrest (SCA) outside of a hospital will increase from 5% to a survival rate of up to 70%. Ensuring timely access to an AED, will strengthen the links in the chain of survival in the county. Because nearly half of cardiac arrest events are witnessed, efforts to increase survival rates focus on timely and effective

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>plans will continue to support the 9th grade CPR training effort using the reusable manikins.</p> <ul style="list-style-type: none"> • Program developed for public school 7th graders in Alameda County. • In our 5th year (2014-2015 school year), 31 middle schools in Alameda County participated. 31,938 - 7th graders were trained in cardiopulmonary resuscitation (CPR) and in turn trained their families and friends, multiplying the impact of their own participation in the program. As of the conclusion of the <u>2015-2016 school year</u>, Alameda County EMS facilitated training nearly 10% of the Alameda County population in CPR. The CPR 7 program was featured in a recent edition of the Journal of Emergency Medical Services. • In 2017, re-evaluated new project with a high school target group. Alameda County EMS will transition formally used resources for CPR7 and will began supporting CPR9 in a multi-year process as of the up-coming 2017-18 school year. • Implemented pilot using reusable manikins instead of individual / disposable CPR kits. Continue supporting the 9th grade CPR training effort using the reusable manikins. <p><u>HEART SCREENING</u></p> <ul style="list-style-type: none"> • Twice in the past three years, Alameda County EMS has partnered with the Via Heart Project (Non-for profit) as a Co-sponsor for a one day heart screening for children 12-25 years of age. This service is FREE of charge to the community as main sponsorship is secured by Via prior to the event. The Heart Screening experience includes: <ul style="list-style-type: none"> o Medical history, patient and family o Height, weight and blood pressure o CPR and AED training o 12-lead ECG and ECHO o Face-to-Face Physician consult <p><u>PUBLIC SAFETY FIRST AID PROGRAMS</u></p> <ul style="list-style-type: none"> • Implemented credentialing program as required by state regulation for Public Safety First Aid programs in 2017. 	<p>delivery of interventions by bystanders and EMS personnel.”</p> <p><u>PUBLIC SAFETY FIRST AID PROGRAMS – NEW</u></p> <ul style="list-style-type: none"> • Implement credentialing program as required by state regulation for Public Safety First Aid programs in 2017. <p><u>CPR7</u></p> <ul style="list-style-type: none"> • 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 • 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 <p><u>LONG-RANGE:</u></p> <ul style="list-style-type: none"> • Support CPR 9 in a multi-year project. • Continue HeartSAFE Project
--	--	--	--	--	---	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

Universal Level::						
8.01	Disaster Medical Planning*	✓		✓	<p><u>PROGRESS TO DATE:</u> <u>ALAMEDA COUNTY EOC MEDICAL/ HEALTH BRANCH</u> - OPTIMIZE FUNCTIONALITY <u>OPERATIONAL AREA EOC</u></p> <ul style="list-style-type: none"> 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. Plans were finalized work completed in September 2017. <p><u>MOBILE OFF-SITE OPERATIONAL CAPABILITY</u></p> <ul style="list-style-type: none"> EMS Director, EMS Deputy Director and EMS Coordinators including the MHOAC and RDMHS have new mobile laptops with extended life batteries and enhanced connectivity to ensure operational self-sufficiency, reliable communications and information management capability. All also have issued 700/800Mhz EBRCSA portable radios for emergency communications. The EMS Director, EMS Deputy Director, MHOAC and RDMHS also have issued satellite voice and data communications devices. <p><u>HPP PROGRAM – DISASTER GRANT PROJECT</u> <u>HPP ADMINISTRATIVE CHANGES</u></p> <ul style="list-style-type: none"> The administration of the Hospital Preparedness Program (HPP) grant continues under the Alameda County Public Health Department. The HPP EMS Coordinator Cynthia Frankel continues to coordinates the HPP workplan deliverables with the HPP Coordinator in Public Health. <ul style="list-style-type: none"> ALCO EMS staff support activities of the HPP workplan (such as the 700 megahertz Radios programs and the annual statewide exercise). Cynthia Frankel is the co-project lead for the statewide exercises in 2016, 2017, and 2018. ReddiNet coordination facilitated by Cynthia Frankel, ReddiNet Coordinator, remains essential program component <p><u>DISASTER PREPAREDNESS HEALTH COALITION (DPHC)</u></p> <ul style="list-style-type: none"> The EMS HPP EMS Coordinator – Cynthia Frankel, RN, continues to support the DPHC Steering Committee and Workgroups to leverage system-wide partners and to facilitate effective planning and exercises. EMS Director and Prehospital Care Coordinators support the DPHC as needed. Regional Disaster Medical / Health Specialist – Kelly Coleman resides within Alameda County EMS and provides on-going state/ regional updates, training and 	<p><i>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.</i></p> <p><u>OBJECTIVES: LONG-RANGE PLAN</u> <u>Overarching Goals:</u></p> <ul style="list-style-type: none"> To strengthen system-wide MCI/disaster/surge capability and capacity; ensure robust planning, training and risk mitigation To ensure the coordination of acute care patients among county health care facilities and other health care partners. (consistent with CA Medical/Health EOM) <p><u>DISASTER PREPAREDNESS HEALTH COALITION</u></p> <ul style="list-style-type: none"> To integrate and leverage medical health system stakeholders and partners into preparedness planning efforts To integrate and collaborate with medical/health system-wide partners to leverage effective disaster response plans Maximize partnership with Alameda County Health Care Services Agency Divisions - Behavioral Health Care and Environmental Health. <p><u>PLANS AND POLICIES</u></p> <ul style="list-style-type: none"> To strengthen already existing plans with focus on medical surge – aligning with state and regional plans and guidance To develop an operational county wide MHOAC Manual with the Incident Response Guides and supporting annexes (ie. Medical Surge Expansion Framework and Pediatric Medical Surge Plan) <p><u>EXERCISES</u></p> <ul style="list-style-type: none"> Coordinate plans, test plans in exercises, and prepare HSEEP compliant after action reports with corrective

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>planning activities for DPHC.</p> <ul style="list-style-type: none"> Travis Kusman, EMS Director, is newly appointed as the Region II RDMHC <u>2017-18 HPP WORKPLAN</u> Development and implementation of 2017-18 workplan; prepared 2018-19 workplan <u>HPP EMSA COORDINATOR MOU – ALAMEDA COUNTY EMS</u> Subcontract Health Care Services Agency for HPP Deliverables <u>MEDICAL SURGE PROJECTS</u> The priority EMS benchmark in the HPP deliverables is to strengthen medical surge capability and capacity in a disaster. The focus is to clarify the health care system response for a surge of patients that exceeds the system’s routinely available existing resources. The goal is to strengthen the plan for medical surge bed expansion/decompression, patient tracking, patient movement, and effective pediatric response. In 2016, Alameda County started its <u>Phase 1 - Medical Surge</u> project with a focus on health care facility assessments to identify their medical surge capabilities and needs. In <u>Phase 2</u> - was on the focus is on prehospital Non-911 Permitted Ambulance Providers medical surge capability assessment and development of hospital bed expansion/decompression options for critical patients. In 2017-18, the focus is developing the Alameda County MHOAC Manual with Incident Response Guides. The first draft was completed. The final manual with the IRGs will be completed in 2018-19. <p><u>MEDICAL SURGE PLAN</u></p> <ul style="list-style-type: none"> In 2016, the medical surge framework for hospital bed expansion was revised with bed expansion options for expanding ICU and PICU capacity. In 2017, the plan was to develop a process for planning and implementing a team to ensure bed expansion is feasible. Alameda County EMS has leveraged critical care experts from Alameda County hospitals (ICU and PICU) to clarify realistic disaster response expansion methodology for teams to mobilize for bed expansion. The CDPH Pediatric Surge Committee and EMS Workgroup are preparing a CONOPs to the EOM and Patient Movement Plan. Although the pediatric surge plan was revised, additional revisions will occur consistent the pending EMS for Children Regulations and the CDPH/EMSA Pediatric Medical Surge recommendations. The medical surge workgroup has been recreated to form separate committees: <ul style="list-style-type: none"> Pediatric and EMSC Advisory Group with UCSF Benioff Children’s Hospital Co-Location Project Planning Committee ReddiNet Planning Committee 	<p>action plans.</p> <ul style="list-style-type: none"> Conduct exercises with focus on health care facility, first responder, BLS and ALS integration. <p><u>COMMUNICATIONS AND INFORMATION Management</u></p> <ul style="list-style-type: none"> Strengthen emergency communications, and information management infrastructure. (ie. ReddiNet) <p><u>MEDICAL SURGE (LONG-RANGE PLAN)</u> <u>- PATIENT TRACKING AND PATIENT MOVEMENT</u></p> <ul style="list-style-type: none"> Enhance preparedness to respond to multiple casualty incidents given reality of Hybrid Targeted Violence, Active Shooters, terrorism, and multi-site coordinated attacks. Strengthen <u>triage, patient tracking, and patient movement</u> functions while simplifying associated workflow for responders. Deploy <u>Point of Wounding / Triage</u> response packs across system. Continue development of Tactical EMS and Rescue Task Force programs. Continue to design and implement Public Access Hemorrhage Control program. Enhance <u>ReddiNet</u> capabilities and facilitate training for all EMS system partners Strengthen <u>Medical Surge Hospital Bed Expansion Capability</u> and process for a surge of patients
--	--	--	--	--	---	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> o MCI Policy Planning Committee o Non-911 Permitted Ambulance Providers o Bay Area NICU Surge Planning Committee focused on the TRAIN Project • Alameda County EMS will continue to develop the hospital bed expansion / decompression framework for a surge of critical patients • Continue to lead (host) and/or participate in the <u>State, Regional and local Disaster Committees</u> to include: <ul style="list-style-type: none"> o <u>Regional</u>: - Lead (host) Region 2 MHOAC Committee; participate on the Association of Bay Area Health Officers (ABAHO), and UASI Emergency Management and Medical Shelter Workgroup; and lead the Ebola and Infectious Disease Workgroup o <u>State</u> – Participate in the Patient Movement, California Medical / Health Emergency Operations Manual Committee and Workgroups; California Child Care Disaster Plan Committee (which now has ended); and CDPH / EMSA Pediatric Surge and EMS Workgroup. 	
8.02	Response Plans	✓			<p>PROGRESS TO DATE: PLANS AND POLICIES</p> <ul style="list-style-type: none"> • Alameda County Emergency Plans are multi-hazard functional plans consistent with the California Multi-Hazard Plans and the California Medical Health EOM. <p>Alameda County aligns with above plans. Refer to alameda County response plans and policies below:</p> <ul style="list-style-type: none"> • <u>ALAMEDA COUNTY EMERGENCY OPERATIONS PLAN</u> • <u>MCI POLICY</u> – 2017 and 2018 EMS Field Manual • <u>ALAMEDA COUNTY MEDICAL SURGE EXPANSION FRAMEWORK</u> – Options for Critical Care Expansion • <u>PEDIATRIC MEDICAL SURGE PLAN</u> • <u>REDDINET ADMINISTRATION POLICY</u>- Operations Plan • <u>CENSUS REPORTING POLICY</u>- Alameda County Operations Plan • <u>EMS DUTY OFFICER NOTIFICATION POLICY</u> has been finalized, implemented by ACRECC. Implemented new policies and procedures by Alameda County Regional Emergency Communications Center to improve EMS system performance and notification of EMS Agency Duty Officers • <u>DISPATCH MCI/DISASTER NOTIFICATION POLICY</u>: Development of new policies and procedures to be implemented by the contracted 911 dispatch provider to improve EMS resource allocation and ensure notification of key personnel in EMS 	<p><i>Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.</i></p> <p>OBJECTIVE:</p> <ul style="list-style-type: none"> ▪ The Alameda County EOP and California Medical/Health Emergency Operations Manual (EOM) serve as the primary plans to guide the planning and response in Alameda County

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>administration of significant events in the system.</p> <ul style="list-style-type: none"> • <u>SPECIAL EVENTS POLICY</u> – Alameda County EMS is in the process of developing and implementing a special events coverage policy. This policy will enable non-emergency permitted providers to handle on-site medical coverage at large events / venues, ideally decreasing impact of activities there on the 911 system. • The Alameda County <u>MHOAC Manual (GUIDE)</u> first draft developed in 2017-18 (adapted from the San Mateo template). The Alameda County DMOP will be replaced by the MHOAC Guide. Initiated customization of the new Alameda County Medical Health Operational Area Coordinator (MHOAC) Manual Incident Response Guides for Alameda County. First draft completed. • HCSA Continuity Plan – Cynthia Frankel coordinated the completion of the EMS plan content in 2017 <p><u>EMERGENCY PREPAREDNESS AND RESPONSE</u></p> <p>RDMHS Region II</p> <ul style="list-style-type: none"> • RDMHS Region II helped to conduct another Ambulance Strike Team Leader class as well as an EOM training session for regional stakeholders • RDMHS Region II completed duties as assigned by Alameda EMS agency, California EMS Authority Disaster Medical Services (EMSA DMS), and CDPH Emergency Preparedness Office. Maintained normal response activities in accordance with the CA Emergency Operations Manual and this Scope of Work. • Hosted quarterly MHOAC meeting in 2017 and 2018 with Bay Area OA attendance and participation. Continued collaboration and communications with OES regional partners. • Assigned by EMSA and CDPH leadership to participate in the Patient Movement Plan workgroup. Reviewed draft Patient. Movement Plan at the request of EMSA and the contractor and provided feedback as necessary. • Continued planning for State Wide Medical Health Exercise (SWMHE) Exercise 2017 and 2018 with regional stakeholders. • Also participated in planning for Urban Shield 2017 and upcoming 2018. <p><u>PORT OF OAKLAND EXERCISE 2018</u></p> <ul style="list-style-type: none"> • Participated in large (FBI, OPD, OFD, ACSO, EMS, Port of Oakland) exercise named “Operation Seasickness” simulating a terrorist attack on a vessel with many contaminated victims. • “Transported” several victims to Highland Hospital, who participated as well. <p><u>DISASTER READINESS / EMERGENCY DISASTER DEPLOYMENTS</u></p>	
--	--	--	--	--	---	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p><u>NORTH BAY FIRES 2017</u></p> <ul style="list-style-type: none"> EMS disaster preparedness staff including and in support of Kelly Coleman, Regional Disaster Medical Health Specialist (RDMHS) Region 2 / EMS Agency Prehospital Care Coordinator. Received, processed, tracked and coordinated fulfillment of 37 mutual aid requests from Napa and Sonoma Counties, related to the catastrophic fires consistent with CA Medical and Health EOM. Requests for Advanced Life Support (ALS) and Basic Life Support (BLS) ambulances, EOC staff, behavioral and environmental health professionals and as well as a variety of medical supplies and air scrubbers for healthcare facilities were provided. The fires affected 5 operational areas (OAs) within Region II and required the support of approx. 20 OA's throughout the state of California. RDMHS Region II worked with Napa and Sonoma counties on recovery activities relating to reimbursement and environmental health impacts. EMS Branch activated to support Region II RDMHS <p><u>WARRIORS PARADE - JUNE 2018</u></p> <ul style="list-style-type: none"> EMS was involved in supporting the preparation for and coordination of medical response associated with the Warriors celebration in Oakland which was attended by in excess of a million people. EMS planned and prepared for the worst given recent terrorist activity world-wide. EMS coordinated with multiple ambulance providers, fire departments, local and federal law enforcement agencies, hospitals and EMS Agencies in neighboring counties, facilitating the delivery of highly efficient and effective emergency medical care. <u>OROVILLE DAM</u> - FEBRUARY 13, 2017 – ALCO EMS led the Region 2 ambulance strike team to Oroville spill way incident; Deployed and provided leadership for the Region 2 ambulance strike team to Oroville spill way incident <u>WOMEN'S MARCH</u> – JANUARY 21, 2017 – ALCO EMS Duty Officer monitored situation <u>POST ELECTION CIVIL UNREST</u> – 2016 / 2017 – EMS monitoring situations with potential civil unrest as needed <u>UC BERKELEY PLANNED AND UNPLANNED DEMONSTRATIONS</u>, APRIL 27, 2017 - Mass Gathering Plan initiated for potential for large crowds and civil unrest in the City of Berkeley due to a visiting political speaker. Due to media significant 	
--	--	--	--	--	--	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>coverage and violent protests at similar events in the past the City of Berkeley, activated additional police, fire and EMS resources to provide for the safety and security of residents and visitors.</p> <ul style="list-style-type: none"> • <u>'GHOSTSHIP' WAREHOUSE FIRE</u> – DECEMBER 2, 2016 - Alameda County EMS responded to scene and remotely managed medical health aspect of the "Ghostship warehouse fire" tragedy. Regional Disaster Medical Health Specialist (RDMHS Region II) helped to coordinate response and recovery efforts including the use of behavioral health resources. Oakland Warehouse Fire – MHOAC and RDMHS coordinated situation reporting and were prepared for resource support if needed. ALCO EMS recognized for response by the Alameda County Board of Supervisors. • <u>CLAYTON FIRE</u> - AUGUST 2016 – RDMHS responded to support regional medical coordination needs • <u>WINTER STORMS 2016</u> - Alameda County Proclamation of a Local Emergency by the Director of Emergency Services for 2016 winter storms • <u>ROCKY FIRE, LAKE COUNTY ; VALLEY FIRE IN LAKE COUNTY, AND THE WRAGG FIRE IN NAPA AND SOLANO COUNTY</u> – Kelly Coleman, RDMHS coordinated situation reporting and mutual aid resource requests = September 2015 • <u>VALLEY FIRE AND CALISTOGA SHELTER RESPONSE, NAPA</u> – Cynthia Frankel, HPP EMSA Coordinator deployed for the EOC Medical Relief Team at the Calistoga Fairground from September 19-20, 2015. Kelly Coleman, EMT-P provided the regional mutual aid coordination as the RDMHS from September 12 through October 2015. • <u>SUPER BOWL</u> – Pre-planning and response – EMS staff participated in partial activation of the Alameda County EOC February 7, 2016. Deployment of tactical swat teams included EMS and the Santa Clara County EOC also included EMS staff - Kelly Coleman, RDMHS, Jim Morrissey, Elsie Kusel, Cynthia Frankel, Lee Siegel, and Joshua English participated in the response. • <u>ACE TRAIN DERAILMENT RESPONSE</u> – March 7, 2016 MARCH 7, 2016 - EMS Director Travis Kusman served as the Alameda County EOC Medical / Health Branch Director and was supported by: MHOAC Jim Morrissey; RDMHS Kelly Coleman; EMS Coordinator Elsie Kusel at the Operational Area EOC; and Michael Jacobs at the scene of the incident. The incident was stabilized with the transport of approximately 200 injured and non-injured persons accomplished in conjunction with multiple fire and law enforcement agencies and other emergency responders and 	
--	--	--	--	--	--	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>management teams. ALCO EMS was honored for the role by the Alameda County Board of Supervisors. (Refer to 8.02 in the 2016 EMS System Plan)</p>	
8.03	HazMat Training	✓	✓	✓	<p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> Refer to 8.03 in the 2016 Alameda County EMS System Plan Nearly all public safety providers have received hazmat training in at least the "First Responder Assessment Level" <p><u>TRAINING</u></p> <ul style="list-style-type: none"> HAZMAT training provided by employer * Alameda County EMS Plans the Urban Shield Medical Branch Section activities and leads the Annual Urban Shield Exercise. Medical Operations ** (Urban Shield Exercise held September 2015, 2016, 2017, and planned for September 2018) <p><u>URBAN SHIELD 2017</u></p> <ul style="list-style-type: none"> Over 900 people signed up and participated in the EMS Branch of Urban Shield. Novel training on K9 care and Large MCI exercise (nightclub shooting) Ambulance Strike Team exercise planned and implemented by Alameda County EMS Ambulance Strike Team and Mobile Field Hospital all fully engaged. Maritime interdiction scenario and tactical team integration during 2 scenarios. Planning for Urban Shield 2018 <ul style="list-style-type: none"> Annual HAZMAT drill conducted to test plans and policies reviewed annually, *** The RDMHS participated in "Operation Ecocide" with FBI WMD, Cal Guard 95th CST, and local Hazmat/Fire/EMS responders in 2016. <p><u>PORT OF OAKLAND EXERCISE 2018</u></p> <ul style="list-style-type: none"> Participated in large (FBI, OPD, OFD, ACSO, EMS, Port of Oakland) exercise named "Operation Seasickness" simulating a terrorist attack on a vessel with many contaminated victims. "Transported" several victims to Highland Hospital, who participated as well. <p>* 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 to the First Responder Operations (FRO) level. The Alameda Fire Department works in conjunction with the Alameda County Fire Department HAZMAT Team.</p>	<p><i>All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.</i></p> <p><u>OBJECTIVE:</u></p> <ul style="list-style-type: none"> Conduct WMD training for providers (LONG RANGE) Purchase equipment for providers focused on WMD (SHORT RANGE)

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>** URBAN SHIELD – Has grown into a comprehensive full-scale regional preparedness exercise. Urban Shield provides the opportunity to assess the overall Bay Area UASI Region’s response capabilities. Urban Shield continues to test regional integrated systems for prevention, protection, response and recovery in a high-threat, high density urban area.</p> <p><u>URBAN SHIELD 2017</u></p> <ul style="list-style-type: none"> • Over 900 people signed up and participated in the EMS Branch of Urban Shield. • Novel training on K9 care and Large MCI exercise (nightclub shooting) • Ambulance Strike Team exercise planned and implemented by Alameda County EMS • Ambulance Strike Team and Mobile Field Hospital all fully engaged. • Maritime interdiction scenario and tactical team integration during 2 scenarios. • Planning for Urban Shield 2018 <p>***Refer to Alameda County EMS Field Manual 2018 for MCI/Disaster/WMD Section: Biological Attack; Chemical Attack; CHEMPACK Deployment; Decontamination Incident; Hazardous Materials, and other relevant policies.</p>	
8.04	Incident Command System	✓			Refer to Alameda County 2017 MCI Policy on the Alameda County website in the 2018 EMS Field Manual. The Alameda County Emergency Operations Plan is available upon request. The Alameda County MHOAC Manual first draft is available upon request.	<i>Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.</i>
8.05	Distribution of Casualties*	✓		✓	<p><u>PROGRESS TO DATE:</u></p> <p><u>EBOLA AND INFECTIOUS DISEASE TRANSPORTATION PROJECT:</u></p> <ul style="list-style-type: none"> • The RDMHS (located at Alameda County EMS) is managing the workplan for the HPP Supplemental Ebola funding for EMS transport. • The RDMHS worked with the Region II MHOAC’s to draft the Ebola transport ConOps; and worked with the Alameda HCC to purchase Ebola/ID PPE and other equipment. <p><u>MCI POLICY</u></p> <ul style="list-style-type: none"> • Per the <u>Alameda County MCI Policy</u>, hospitals are polled for MCI incidents involving 15+ patients via ReddiNet. • For the duration of the MCI, the Transport Group Supervisor under ICS will determine transportation methods and destinations and notify facilities of the number of incoming patients. • MCI Policy was updated in 2017. Refer to 2018 Field Manual. 	<p><i>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.</i></p> <p><u>OBJECTIVE:</u></p> <p><u>LONG RANGE PLAN:</u></p> <ul style="list-style-type: none"> • Work with Region 2 to develop a surge mutual support plan • Collaborate with Region II MHOACs and ReddiNet Administration (HASC) to strengthen ReddiNet patient tracking and operational effectiveness in a surge event. • Adapt the Patient Movement Plan (pending at state level) to Alameda County. • Implement the Pediatric Surge Plan as needed

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p><u>MHOAC AND RDMHS</u></p> <ul style="list-style-type: none"> During a disaster and/or medical surge event, the <u>MHOAC</u> will coordinate medical response, share situation status and request mutual aid in conjunction with the RDMHS (per the above mentioned plans consistent with the CA Medical/Health EOM). The RDMHS completed the Critical Decision Making for Complex Coordinated Attacks. This course is pending availability in Alameda County for EMS and providers Travis Kusman, EMS Director, is the Region II RDMHC. <p><u>REDDINET COMMUNICATIONS - POLICY</u></p> <ul style="list-style-type: none"> The Alameda County Regional Emergency Coordinating Center (ACRECC) will send a "bed capacity" poll via ReddiNet ReddiNet will be utilized for HAVBED reporting and customized assessment polling. Patients are tracked via ReddiNet Alameda County EMS is conducting ongoing training and exercises with ReddiNet focused on patient tracking and customized assessment polling with emphasis on hospitals, SNFs, clinics, prehospital fire department ALS transport, 911 and Non-911 Permitted Ambulance Providers, Alameda County OES and the City of Oakland OES. The ReddiNet Coordinator is Cynthia Frankel, RN - PHCC at Alameda County EMS <p><u>COALITION SURGE TEST (CST)</u></p> <ul style="list-style-type: none"> The CST hospital evacuation exercise was conducted on June 27, 2018. The EMS Branch DOC was activated to coordinate and identify patient movement resources available for evacuating hospitals who needed to transport patients to receiving hospitals. 	<ul style="list-style-type: none"> Update Pediatric Surge Plan as needed pending the EMSA/CDPH Pediatric Surge Planning Committee recommendations
8.06	Needs Assessment	✓			<p>(Refer to Alameda County 2016 EMS System Plan – 8.05)</p> <p><u>PROGRESS TO DATE:</u></p> <p><u>MCI POLICY</u></p> <ul style="list-style-type: none"> Per the <u>Alameda County MCI Policy</u>, hospitals are polled for MCI incidents involving 15+ patients via ReddiNet. For the duration of the MCI, the Transport Group Supervisory under ICS will determine transportation methods and destinations and notify facilities of the number of incoming patients. <p><u>REDDINET COMMUNICATIONS - POLICY</u></p> <ul style="list-style-type: none"> The Alameda County Regional Emergency Coordinating Center (ACRECC) will send 	<p><i>Alameda County EMS agency, uses 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.</i></p> <p><u>OBJECTIVES:</u></p> <ul style="list-style-type: none"> Align and support pending updated California Medical / Health Emergency Operations Manual (EOM). Finalize the Alameda County MHOAC Manual for 2018 consistent with the EOM.

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>a "bed capacity" poll via ReddiNet</p> <ul style="list-style-type: none"> ReddiNet will be utilized for HAVBED reporting and customized assessment polling Patients are tracked via ReddiNet ReddiNet modules and permissions were updated in 2017-18 for Alameda County system-wide ReddiNet users. ReddiNet reports are distributed to the Disaster Preparedness Health Coalition which provide utilization and activity in "real time." The ReddiNet Coordinator shares the reports after "real" events and exercises with recommendations for improvement. <p><u>EMERGENCY / MEDICAL SURGE PLANS AND PROCEDURES</u> The Alameda County EMS written policies and procedures for distributing patients are listed below:</p> <ul style="list-style-type: none"> MCI Policy – 2018 EMS Field Manual Alameda County Emergency Operations Plan Alameda County Medical Surge Expansion Framework – Options for Critical Care Expansion Pediatric Medical Surge Plan ReddiNet Administration Policy- Operations Plan Census Reporting – Alameda County Operations Plan Alameda County MHOAC Manual pending final revision <p><u>MHOAC AND RDMHS</u></p> <ul style="list-style-type: none"> During a disaster and/or medical surge event, the <u>MHOAC</u> will coordinate medical response, share situation status and request mutual aid in conjunction with the RDMHS (per the above mentioned plans consistent with the CA Medical/Health EOM). The Alameda County MHOAC Manual first draft was developed (adapted from the San Mateo Template) in 2017-18. Assessing resource tracking coordination within OA EOC between logistics (General Services and EMS to ensure "real time" situation awareness. <p><u>ALAMEDA COUNTY EOC MEDICAL /HEALTH BRANCH</u></p> <ul style="list-style-type: none"> The Alameda County EOC Medical/Health Branch may be activated with Alameda County EMS leadership in conjunction with the MHOAC facilitating coordination with the Alameda County Health Care System including hospitals and transport providers. <p>(Refer to Section 8.07 for disaster communication systems).</p>	
8.07	Disaster	✓	✓		PROGRESS TO DATE:	<i>A specific frequency (e.g., CALCORD) or frequencies shall be</i>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

Communications*					<p><u>COMMUNICATION SYSTEMS:</u> Alameda County EMS ensures redundant and interoperable communications:</p> <ul style="list-style-type: none"> • Med1 – (Alameda County EMS disaster email) • ReddiNet • CAHAN • Mass Notification (Everbridge System customized for Alameda County; hosted by Alameda County Officer of Homeland Security and Emergency Services) • WebEOC • DHV/MRC • HAM Radios • 700/800 Megahertz Radios – EBRCSA • Cell Phones • Satellite Phones • Social Media <p><u>REDDINET</u></p> <ul style="list-style-type: none"> • ACCESS AND UTILIZATION - expanded “users” beyond existing partners including fire departments with hospitals, prehospital providers (911- and Non-911 Permitted Ambulance Providers, clinics and skilled nursing facilities. • Facilitated ReddiNet Upgrades with new modules and permissions for system disaster response partners in 2017-18; ensuring training and exercises for all Alameda County ReddiNet Users including FRALS transport, health care facilities, Alameda County OES, and the City of Oakland OES. • Alameda County EMS considering a resource module using ReddiNet. <p><u>PORTABLE RADIOS – 700/800 MEGAHERTZ EBRICS</u></p> <ul style="list-style-type: none"> • Specific Alameda County EMS communications frequencies were identified for the EBRICS – 700/800 megahertz radios. Radios distribution plan completed. • Mission – to own and operate a “state of the art” P25 compliant communications system for the public agencies within Alameda and Contra Costa Counties ▪ 100% complete with placing EBRICS radio system in dispatch centers of all ALCO Non-911 Permitted Ambulance providers; conduct a weekly EBRICS radio test with the Non-911 Permitted Ambulance providers. ▪ All Non-911 Permitted Ambulance providers equipped with EBRCSA radio at end of 2017. <p><u>CALIFORNIA HEALTH ALERT NETWORK (CAHAN)</u></p>	<p><i>identified for interagency communication and coordination during a disaster.</i></p> <p><u>OBJECTIVES:</u></p> <ul style="list-style-type: none"> ▪ 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. ▪ Enhance disaster communications and preparedness to respond to multiple casualty incidents given reality of Hybrid Targeted Violence, Active Shooters, terrorism, and multi-site coordinated attacks. <p><u>SHORT-RANGE</u></p> <ul style="list-style-type: none"> ▪ Enhance <u>ReddiNet</u> capabilities and facilitate training for all EMS system partners <ul style="list-style-type: none"> ○ Conduct ReddiNet training for patient tracking for System ReddiNet Users including FRALS transport. ○ <u>Maximize utilization of 911 and Non-911 Permitted Ambulance providers in a medical surge event.</u> Ensure communications via ReddiNet and EBRICS. ▪ Assess feasibility of shared information management for resource tracking at Operational Area EOC. Currently, GSA has an effective resource platform. EMS is seeking access to these system for greater situation awareness. EMS is considering other ReddiNet resource tracking options.
-----------------	--	--	--	--	--	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> ▪ ALCO EMS staff - Adele Pagan, IT (Lead) and Cynthia Frankel, RN (Support), have completed the required CAHAN Administrator training. California quarterly exercises are conducted with the Operational Area EMS system providers. <p><u>LOCAL ALAMEDA COUNTY MASS NOTIFICATION SYSTEM</u></p> <ul style="list-style-type: none"> • Everbridge – ALCO Office of Homeland Security has acquired a new mass notification system. The ALCO EMS Staff - Adele Pagan, IT, (Lead) and Cynthia Frankel, RN (Support) are also the points of contact for the EMS notification components. EMS contact updates verified in CAHAN system. <p><u>AC ALERT</u></p> <ul style="list-style-type: none"> ▪ Cynthia Frankel has completed the AC Alert training. Alameda County Health Care Services Agency (HCSA) will be implementing AC Alert in August 2018. <p><u>INFORMATION MANAGEMENT UPGRADES – WEBEOC</u></p> <ul style="list-style-type: none"> • Alameda Operational Area has transitioned from RIMS to the new WEBEOC information management system. • Alameda County EMS collaborating with Alameda County Sheriff’s Department OES, General Services Agency, and Public Health to explore a shared information platform for resource tracking. <p><u>EMS RESOURCE CONTACT LIST - DIRECTORY / METRICS</u></p> <ul style="list-style-type: none"> • Redundant communications and information management systems have been updated in 2017-18 with Health Care System points of contact for disaster events (ie. ReddiNet; Email distribution lists; and Alameda County Emergency Manager Association lists). Facility Surge and Resource Capability information is also included in the contact list and directories. 	
8.08	Inventory of Resources	✓			<p>(No Change) – Refer to the 2016 Alameda County EMS System Plan</p> <p><u>PROGRESS TO DATE:</u></p> <p>Alameda County EMS continues to update personnel 24/7 contacts, inventories and status of disaster medical resources including:</p> <ul style="list-style-type: none"> • Health Care Facilities, HCFs, (hospitals, skilled nursing facilities, clinics, and dialysis centers) • Approved ambulance providers (911 and Non-911 Permitted Ambulance Providers) in the county • Approved contracts with medical supply/equipment vendors • Region II – EMS Directors, MHOACs, Health Officers, and RDMHS/C with alternates • Committees (includes Disaster Preparedness Health Coalition, DPHC, ED Receiving Hospital Committees, and EMS Section – Fire Chiefs) <p>Alameda County EMS has an updated <u>EMS Master Resource – contact list directory and</u></p>	<p><i>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.</i></p> <p><u>OBJECTIVE:</u></p> <ul style="list-style-type: none"> • Update and maintain inventories of disaster medical resources

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p><u>distribution lists</u> to include the above listed organizations and their disaster/ 24/7 contacts including:</p> <ul style="list-style-type: none"> • EMS Duty Officers • ReddiNet Primary and Secondary Contacts • EBRCs 700/800 Megahertz Radio Distribution Contact List • MRC • HCSA Leadership Team Emergency Contacts • Alameda County Emergency Managers Association Master Contact List <p>The RDMHS has updated the web-based <u>Metrics Resource and Personnel Management System</u> Directory which includes operational assets and plans: contact information for HCFs/prehospital providers; ACS caches; Chempacks; Disaster Trailers (deployment modules) and vendors.</p> <p><u>EMERGENCY SUPPLIES</u></p> <p><u>MCI DEPLOYMENT MODULES FOR MASS CASUALTY EVENTS</u></p> <ul style="list-style-type: none"> • Planned and procured six MCI Deployment Modules in June 2018. • Disaster Mass Casualty Modules will be distributed throughout Alameda County to replace existing disaster trailers. <p><u>SWAT-T TOURNIQUETS</u></p> <ul style="list-style-type: none"> • Procured approximately 6000 <u>SWAT-T tourniquets</u> via a UASI grant for distribution to every law enforcement officer/deputy within Alameda County. • Allows for immediate and potentially life-saving hemorrhage control at the “point-of-wounding” • To include training by ALCO EMS personnel. • The Metrics and MHOAC Manual have point of contacts to deploy the caches. <p>The Alameda County 2017 and 2018 EMS Policy and Procedure Manual includes information on the disaster supplies including Chempack deployment and hospital contacts (Refer to the 2018 Field Manual on the Alameda County EMS website)</p>	
8.09	DMAT Teams Mutual Aid Agreements*	✓			(No Change) – Refer to 2014, 2015 and 2016 EMS System Plan Alameda County supports the Region II DMAT team with other Bay Area Counties.	<i>EMS agency shall establish and maintain relationships with DMAT teams in its area</i>
8.10	Mutual Aid Agreements*	✓			(No Change) - Refer to 2016 EMS System Plan <ul style="list-style-type: none"> • Alameda County EMS currently serves as the RDMHC/S for Region II. 	<u>OBJECTIVE:</u> <ul style="list-style-type: none"> • Encourage signing of mutual aid (mutual support)

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> In a disaster and/or mutual aid event, Alameda County EMS supports the Alameda County Emergency Operations Plan and the California Medical/Health Emergency Operations Manual consistent with SEMS. <p>PROGRESS TO DATE: MUTUAL SUPPORT AGREEMENTS:</p> <ul style="list-style-type: none"> RDMHS facilitated signed agreements for the majority of Region II's operational areas. 	agreement by those few OA's in Region II which have yet to do so
8.11	CCP Designation*	✓	✓		<p>No Change - (Refer to 2016 EMS System Plan – 8.11)</p> <p>PROGRESS TO DATE:</p> <ul style="list-style-type: none"> Alameda County has designated potential Field Treatment Sites, FTS (previously known as Casualty Collection Points) <p><u>EMS AND CLINIC FIELD TREATMENT SITE CO-LOCATION Project</u></p> <ul style="list-style-type: none"> Submitted proposal for Co-Location Clinic Field Treatment Site Project funded by HPP 2017-18. Planned and developed assessment and Co-Location matrix. <u>Exercise Scope:</u> Two linked exercises (Tabletop and Full Scale) tested the models for side-by-side coordinated in-the-field victim stabilization between Emergency Medical Services (EMS) units and Community Health Centers (CHC). Models were developed with coordinators from Alameda County EMS and Community Health Centers of the Alameda Health Consortium through an independent consultant Barbara Morita. Full-scale exercise conducted <u>May 30 and 31, 2018</u> at three clinic locations. 	<p><i>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).</i></p> <p><u>OBJECTIVES:</u> FTS <u>SHORT-RANGE</u></p> <ul style="list-style-type: none"> Identify sites 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. Expand options to assist in facilitating hospital expansion and decompression of Operational Area (OA) during a MCI/medical surge event (ie. Co-Location Clinic Field Treatment Site Project) <p><u>CO-LOCATION PROJECT</u> Co-located EMS FTS with Community Health Center <u>SHORT-RANGE</u></p> <ul style="list-style-type: none"> Conduct assessment, revise plan, and conduct exercise: <ul style="list-style-type: none"> Assess Community Health Center disaster medical surge plans; Assess side by side medical operations for autonomous medical entities Develop matrix of key components required for coordination of efforts
8.12	Establishment of CCPs	✓			<p>No Change - (Refer to 2017 and 2018 Alameda County EMS Field Manual – MCI Policy and Field Treatment Site Plans)</p> <p><u>EMS AND CLINIC FIELD TREATMENT SITE CO-LOCATION Project</u></p> <ul style="list-style-type: none"> <u>Exercise Scope:</u> Two linked exercises (Tabletop and Full Scale) tested the models 	<p><i>EMS agency, in coordination with the local OES, shall develop plans for establishing Casualty Collection Points (CCP) and a means for communicating with them.</i></p>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>for side-by-side coordinated in-the-field victim stabilization between Emergency Medical Services (EMS) units and Community Health Centers (CHC). Models were developed with coordinators from Alameda County EMS and Community Health Centers of the Alameda Health Consortium through an independent consultant Barbara Morita.</p> <ul style="list-style-type: none"> • Full-scale exercise conducted <u>May 30 and 31, 2018</u> at three clinic locations. 	
8.13	Disaster Medical Training	✓			<p><u>PROGRESS TO DATE:</u> <u>AMBULANCE STRIKE TEAM LEADER (ASTL)</u></p> <ul style="list-style-type: none"> • Led 2 Ambulance Strike Team Leader (ASTL) training courses open to California Mutual Aid Region II provider agencies credentialing approximately 50 leadership personnel. <p><u>AMBULANCE STRIKE TEAM:</u></p> <ul style="list-style-type: none"> • Trained several fire departments and EMS providers regionally in Ambulance Strike Team / Medical Task Force operations – approximately 50 field leadership personnel trained. <ul style="list-style-type: none"> ◦ Started and maintained the quarterly Region 2 RDMHS Ambulance Strike team leader course <p><u>TACTICAL MEDICINE TECHNICIAN EDUCATION – COURSES</u></p> <ul style="list-style-type: none"> • Developed, received POST and EMSA approval and ran our first 40 hour <u>Tactical Medical Technician (TMT)</u> class in Dublin. • Completed and gained statewide approval and EMS Commission approval for the Tactical Medicine Guidelines working closely with EMSA and POST. <p><u>TACTICAL EMERGENCY MEDICAL SERVICES (TEMS) TRAINING:</u></p> <ul style="list-style-type: none"> • Provided Tactical Emergency Medical Services (TEMS) training to Paramedics Plus and Union City Police Department. Conducted Tactical Emergency Medical Services (TEMS) Training with Paramedics Plus, San Leandro Police, Oakland Police, Alameda County Sheriff’s Department <p><u>ACTIVE SHOOTER AND MASS VIOLENT THREAT EXERCISES</u></p> <ul style="list-style-type: none"> • ALCO EMS has been a leader in providing direction, planning, support and training supplies for active shooter and mass violent threat exercises throughout the county and region. In addition to several planning meeting for each jurisdiction, below are the actual dates of the all-day exercises: 	<p><i>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.</i></p> <p><u>OBJECTIVE:</u></p> <ul style="list-style-type: none"> • Alameda County EMS reviews disaster training of EMS responders and conducts training for service providers in its service area.

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> o Berkeley PD/ Berkeley FD, P+ exercises April 19 and May 17, 2018 o Newark PD, ACFD, P+ exercises May 21 and May 24, 2018 o Livermore PD, LPFD, Reach, Cal star , P+ exercises July 16 and Aug 2, 2018 o Kaiser Permanente- OPD, P+. July 19 and July 20, 2018 • EMS Disaster and preparedness staff assisted local fire departments and law enforcement in conducting an active shooter response exercise in Livermore • Conducted active shooter training for: Union city PD 08/2016 and Berkley City PD 04/2017. Trained several fire department, EMS and law enforcement groups in medical response to active shooter incidents. Conducted active shooter training for ALCO Fire, Union city PD, Berkley city PD <p><u>URBAN SHIELD</u></p> <ul style="list-style-type: none"> • Organizer for <u>Urban Shield Mass Casualty Incident full scale</u> exercise September 9-11, 2016, September 9-11, 2017 Tactical EMS Event, and upcoming 2018 exercise. • Alameda County EMS leads the EMS Medical Operations for Urban Shield <p><u>URBAN SHEILD 2018</u></p> <ul style="list-style-type: none"> • Planning for urban shield 2018 scheduled September 8-9, 2018. • Planning to participate in the Yellow Command (Earthquake Scenario 96 hours post event) scheduled for September 6, 2018. The Alameda County EOC will be fully activated with EMS staffing the EOC Med/Health Branch. The goal is to support the shelter medical needs. <p><u>URBAN SHIELD 2017</u></p> <ul style="list-style-type: none"> • Over 900 people signed up and participated in the EMS Branch of Urban Shield. • Novel training on K9 care and Large MCI exercise (nightclub shooting) • Ambulance Strike Team exercise planned and implemented by Alameda County EMS • Ambulance Strike Team and Mobile Field Hospital all fully engaged. • Maritime interdiction scenario and tactical team integration during 2 scenarios. • Planning for Urban Shield 2018 • Participated in Board of Supervisors' Urban Shield Task Force <p><u>PORT OF OAKLAND EXERCISE 2018</u></p> <ul style="list-style-type: none"> • Participated in large (FBI, OPD, OFD, ACSO, EMS, Port of Oakland) exercise named "Operation Seasickness" simulating a terrorist attack on a vessel with many contaminated victims. • "Transported" several victims to Highland Hospital, who participated as well. 	
--	--	--	--	--	---	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p><u>EBOLA AND INFECTIOUS DISEASE TRAINING</u></p> <ul style="list-style-type: none"> Protected Measures provided by Alameda County EMS Medical Director. Guidance for suspect cases provided to system partners. Hospital Site visits conducted for Ebola in 2015 with EMS Medical Director RDMHS Region II coordinated and attended an EMS/Ebola unit training offered in conjunction with Kaiser Permanente Oakland. Conducted Ebola/Infectious Disease training for Regional stakeholders July 14, 2016 and in 2017. Conducted an Ebola Exercise with Kaiser Permanente Oakland and a Regional EMS team from Solano County November 2, 2016. <p><u>NON-911 PERMITTED AMBULANCE PROVIDER TRANSPORT SURGE TABLETOP & CST</u></p> <ul style="list-style-type: none"> Conducted first annual non-emergency permitted ambulance provider system surge table top exercise. Continue developing robust plan to more smoothly integrate these providers into the emergency response network in disaster and surge situations. Participated in first Coalition Surge Test held June 27, 2018. <p><u>OFFICE OF HOMELAND SECURITY AND EMERGENCY SERVICES AND UASI</u></p> <ul style="list-style-type: none"> Alameda County EMS participates in UASI and the Sheriff's Department of Homeland Security and Emergency Services Training (ie. Everbridge Mass Notification Training) <p><u>EXERCISES:</u></p> <ul style="list-style-type: none"> All Hospitals and EMS responders in Alameda County participate in the annual statewide exercises. Effective response capabilities are required and tested for all hospitals to include: Medical Surge; Hospital Command Center activations; redundant and interoperable communications systems; and information sharing and disseminations with Alameda County EMS (Duty Officer and/or EOC Medical/Health Branch if activated). These required capabilities are discussed and tested in each statewide medical /health exercise: November 17, 2016; and planned for the upcoming November 16, 2017 exercise). <p><u>EMS AND CLINIC FIELD TREATMENT SITE CO-LOCATION Project</u></p> <ul style="list-style-type: none"> <u>Exercise Scope:</u> Two linked exercises (Tabletop and Full Scale) tested the models for side-by-side coordinated in-the-field victim stabilization between Emergency Medical Services (EMS) units and Community Health Centers (CHC). Models were developed with coordinators from Alameda County EMS and Community Health 	
--	--	--	--	--	--	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>Centers of the Alameda Health Consortium through an independent consultant Barbara Morita.</p> <ul style="list-style-type: none"> • Full-scale exercise conducted <u>May 30 and 31, 2018</u> at three clinic locations. <p>ALAMEDA COUNTY MUTUAL AID FOR NAPA/SOLANO OPERATIONAL AREA WILDFIRES</p> <p>AST TEAMS</p> <ul style="list-style-type: none"> • <u>PARAMEDICS PLUS:</u> <ul style="list-style-type: none"> ○ Initial deployment on Monday 10/9/17 at 0330 ○ Multiple Ambulances Strike Teams (AST's) deployed throughout the incident. ○ Ongoing EOC support functions throughout the incident ○ Demobilized on Saturday, 10/14 at 1630hrs • <u>COUNTY PERMITTED NON-EMERGENCY TRANSPORT PROVIDERS:</u> The following providers that operate in our County provided personnel and resources throughout this incident: <ul style="list-style-type: none"> ○ AMR/Sutter ○ Westmed ○ Pro-Transport 1 ○ Royal Ambulance ○ Norcal Ambulance ○ Falck ○ Falcon <p>(Refer to 2016 Alameda County EMS System Plan 8.13 for additional information)</p>	
8.14	Hospital Plans	✓			<p>(Refer to 2016 Alameda County EMS System Plan – 8.14)</p> <p><u>PROGRESS TO DATE:</u></p> <p><u>EXERCISES:</u></p> <ul style="list-style-type: none"> • All Hospitals in Alameda County participate in the annual statewide medical/health exercises. Effective response capabilities are required and tested for all hospitals to include: Medical Surge (including MCI patient tracking, HavBed polling, and customized assessment polling); Hospital Command Center activations; redundant and interoperable communications systems; and information sharing and dissemination with Alameda County EMS (Duty Officer, MHOAC, and/or EOC Medical/Health Branch and/or EMS Branch DOC if activated). • These required capabilities are discussed and tested in each statewide medical /health functional exercise: November 2015; November 17, 2016 (MCI Train Derailment); and November 16, 2017 (Simultaneous Terrorism MCI Events). 	<p><i>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).</i></p> <p><u>OBJECTIVE:</u></p> <ul style="list-style-type: none"> • Alameda County EMS ensures that the hospital plans for internal and external disasters are fully integrated and tested with the county's medical response plans.

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> o The Alameda County MCI table-top exercise was held September 27, 2016. o The Alameda County terrorism table-top exercise was held September 26, 2017 • The Infectious Disease functional exercise is planned for 3rd Week November 15, 2018. <p><u>REDDINET TRAINING AND PRACTICD</u></p> <ul style="list-style-type: none"> • All hospital partners are expected to be proficient in ReddiNet and familiar with the messaging, assessment, MCI, and HAVBED modules. • The ReddiNet Coordinator provides customized ReddiNet training with practice on-site at each hospitals The EMS emergency plans and policies are reviewed at each training. <p><u>COALITION SURGE TEST</u></p> <ul style="list-style-type: none"> • Co-Location Limited No Notice Hospital Evacuation – Coalition Surge Test (CST) Exercise held June 27, 2018. The “Dry Run” was held June 14, 2018. <p><u>PORT OF OAKLAND EXERCISE 2018</u></p> <ul style="list-style-type: none"> • Participated in large (FBI, OPD, OFD, ACSO, EMS, Port of Oakland) exercise named “Operation Seasickness” simulating a terrorist attack on a vessel with many contaminated victims. • “Transported” several victims to Highland Hospital, who participated as well. <p><u>DISASTER PREPAREDNESS HEALTHCARE COALITION (DPHC)</u></p> <ul style="list-style-type: none"> • Alameda County Plans are reviewed and shared for consistency and alignment with the Alameda County EMS emergency plans and policies. • Alameda County provides training to DPHC <p><u>COLLABORATION PARTNERS AND COMMITTEES</u></p> <ul style="list-style-type: none"> • Region II Disaster Medical/Health Coordinator/Specialist (RDMHC/S) • Region II Medical Health Operational Area Coordinator (MHOAC) Quarterly Meetings • Association of Bay Area Health Officers (ABAHO) • Alameda County local Jurisdiction Emergency Preparedness Committees and Hubs (including the City of Berkeley and Oakland) • Alameda County Hospital Emergency Preparedness Committee Meetings (including UCSF Benioff Children’s Hospital and Alameda Health System) • Pediatric Readiness Planning Meetings • California EMSA/CDPH Patient Movement Committee • Bay Area UASI Medical and Health Workgroup • Alta Bates Closure (Relocation/Reorganization) Task Force and Assessment 	
--	--	--	--	--	---	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>(Impact Analysis) Subcommittee</p> <ul style="list-style-type: none"> California EMSA/CDPH Pediatric Surge Working Group Committee and the EMS Sub-Committee) Alameda County Emergency Manager’s Association (EMA) Committee Alameda County Health Care Services Agency Leadership Emergency Operations Council and Workgroups Co-Location Project Planning Group NICU Surge Planning Workgroup Assigned by EMSA and CDPH leadership to participate in the Patient Movement Plan workgroup. Reviewed draft Pt. Movement Plan at the request of EMSA and the contractor and provided feedback as necessary. UASI Yellow Command – Medical Shelter Planning Committee <p><u>ALAMEDA COUNTY EOP, MHOAC MANUAL, MCI, AND MEDICAL SURGE PLANS</u></p> <ul style="list-style-type: none"> Contractors funded by HPP (previously the Constant Group and the Mier Group) were hired to inform the Alameda County Medical Surge Planning. The contractors have reviewed hospital medical surge plans and capability in Alameda County. The priority focus was to identify hospital surge capability for bed expansion options to meet the needs of increasing numbers of patients in a disaster. Alameda County EMS has partnered with Alameda County Public Health on the Medical Surge projects. The Mier Group contractor is conducting assessments from hospitals and other HCFs for the annual SWMHE for 2018. A medical surge framework has been developed with options for hospital expansion / decompression of critical care areas (including PICU and ICU). The pediatric Medical Surge Plan was revised. The TRAIN Model is now recommended and tested in Alameda County with the Bay Area NICU Planning Surge Workgroup. The pediatric surge projects will support the recommendations from the CDPH/EMSA Surge Working Group and the pending proposed EMS for Children Regulations. A pediatric surge methodology and resources including a “how to” approach for planning and response will address pediatric bed expansion, triage, and transportation consistent with the CDPH/EMSA pediatric surge workgroup recommendations; plan to share with DPHC in 2018-19 	
--	--	--	--	--	---	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> The medical framework for expansion options will be attached to the Alameda County MHOAC Manual which will be finalized in 2018-19. <p><u>PLAN/POLICY DISSEMINATION</u></p> <ul style="list-style-type: none"> HPP EMSA Coordinator – Provides educations and reviews hospital emergency and surge plans as needed to ensure alignment with Alameda County EMS plans. The Alameda County MCI Policy, ReddiNet Policy, and medical surge expansion framework options were shared with the hospital partners at the Hospital Pediatric Readiness Site Visits; Disaster Preparedness Health Coalition (DPHC) meetings, ReddiNet on-site Trainings, and the Receiving Hospital Committee Meetings. The HPP EMSA Coordinator (also the EMS for Children Coordinator) has developed and shared the California Medical Surge CONOPs proposed draft framework with CDPH/EMSA. <p><u>TRAINING</u></p> <ul style="list-style-type: none"> The RDMHS has provided EOM training to the Disaster Preparedness Health Coalition (DPHC). The RDMHS has provided a summary report and recommendations following the North Bay Fires 2017 with DPHC partners. 	
8.15	Interhospital Communication	✓	✓		<p>(Refer to 2016 EMS System Plan – 8.15)</p> <p>PROGRESS TO DATE:</p> <p><u>COMMUNICATION SYSTEMS:</u></p> <p>Alameda County EMS ensures redundant and interoperable communications with system partners:</p> <ul style="list-style-type: none"> Med1 – (Alameda County EMS disaster email) ReddiNet – Cynthia Frankel is the primary ReddiNet Coordinator CAHAN AC Alert - Mass Notification (Everbridge System customized for Alameda County; hosted by Alameda County Officer of Homeland Security and Emergency Services) <ul style="list-style-type: none"> Adele Pagan is the primary EMSC CAHAN Coordinator; Cynthia Frankel is the backup The HCSA AC Alert System will be implemented in August 2018. WebEOC DHV/MRC HAM Radios 700/800 Megahertz Radios Cell Phones Social Media 	<p><i>The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.</i></p> <p><u>OBJECTIVE:</u></p> <ul style="list-style-type: none"> Alameda County EMS ensures there is a reliable emergency system for inter-hospital redundant and interoperable communications. <p><u>SHORT RANGE PLAN</u></p> <ul style="list-style-type: none"> Expand ReddiNet User group Upgrade ReddiNet modules and permissions for current & new users

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p><u>PORTABLE RADIOS – 700/800 MEGAHERTZ</u></p> <ul style="list-style-type: none"> • Specific Alameda County EMS communications frequencies were identified and received the EBRCS – 700/800 megahertz radios including the 911 and non-911 Permitted Ambulance providers • Mission – to own and operate a “state of the art” P25 compliant communications system for the public agencies within Alameda and Contra Costa Counties • All Alameda County Receiving Hospitals received EBRCS 700/800 megahertz radios for their total 13 Hospital Command Centers • Monthly 700/800 megahertz radio checks conducted. <p><u>REDDINET</u></p> <ul style="list-style-type: none"> • The Alameda County EMS ReddiNet Coordinator – Cynthia Frankel has conducted ReddiNet training customized for FRALS ALS. • Hospitals, Paramedics Plus. ACRECC, Hospitals, SNFs, and clinics received customized ReddiNet training scheduled in 2017 and 2018 with focus on MCI patient tracking and customized poling. • REDDINET ACCESS AND UTILIZATION - expanding “users” beyond existing hospital partners including fire departments with hospitals and prehospital providers (911 Ambulance providers and non-911 Permitted Ambulance Providers, clinics and skilled nursing facilities. • Alameda County EMS recommended, planned, and implemented upgrades for ReddiNet modules and permissions for EMS partners including City of Oakland Dispatch, EOC, ACRECC, hospitals, SNFs, clinics, 911 providers, non-911 contracted providers. • Multiple clinics under the same organization now have access to ReddiNet (ie. West Oakland and East Oakland Health Centers) • ReddiNet utilization is continually monitored for all “real” events and exercises. ReddiNet reports are shared with hospitals at the Disaster Preparedness Health Coalition Meetings to evaluate consistent utilization and recommendations for improvement.. 	
8.16	Prehospital Agency Plans	✓	✓		<p>No Change - (Refer to 2016 EMS System Plan – 8.16)</p> <p><u>ALAMEDA COUNTY MHOAC MANUAL</u></p> <ul style="list-style-type: none"> • Integrated Alameda County DMOP into Alameda County MHOAC Manual; first draft completed • The Incident Response Guides and select sections will be finalized in 2018-19. 	<p>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.</p>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	--------------------------------	-------------------------------	-----------------------------------	---------------------

					<u>MCI POLICY</u> <ul style="list-style-type: none"> Revision in 2018. 	<u>SHORT RANGE PLAN</u> <ul style="list-style-type: none"> Finalize Alameda County MHOAC Manual
--	--	--	--	--	---	--

Enhanced Level: Advanced Life Support:

8.17	ALS Policies	✓		✓	<p><u>PROGRESS TO DATE:</u></p> <p>The <u>2018 EMS FIELD MANUAL</u> provides policies and procedures in the field for significant medical incidents:</p> <ul style="list-style-type: none"> Active Shooter – developed the new policy Biological Attack Chemical Attack ChemPack Deployment Cyanide Poisoning Decontamination Incident Radiological Dispersion Device (RDD) aka “Dirty Bomb Hazardous Materials Incidents – EMS Response Multi-Casualty Incidents – EMS Response (New update 2018 and planned for 2019) Nerve Agent Treatment Suspicious Powder Process Fireline Paramedic - A Fireline Paramedic Policy which is compliant with regulation was implemented in 2016 <p><u>EMERGENCY PLANS</u></p> <p>The Alameda County emergency plans that address mutual aid for ALS providers include:</p> <ul style="list-style-type: none"> <u>ALAMEDA COUNTY EMERGENCY OPERATIONS PLAN</u> Medical Surge, and Field Treatment Site Plans consistent with state Medical/Health EOM and MHOAC Program <u>ALAMEDA COUNTY MHOAC MANUAL</u> (integrated Alameda County DMOP) first draft completed; the Incident Response Guides and select sections will be finalized in 2018-19. <u>EMS AND CLINIC FIELD TREATMENT SITE CO-LOCATION Project</u> <ul style="list-style-type: none"> <u>Exercise Scope:</u> Two linked exercises (Tabletop and Full Scale) tested the models for side-by-side coordinated in-the-field victim stabilization between Emergency Medical Services (EMS) units and Community Health Centers (CHC). Models were developed with coordinators from Alameda County EMS and Community Health Centers of the Alameda Health Consortium through an independent consultant Barbara Morita. Full-scale exercise conducted <u>May 30 and 31, 2018</u> at three clinic locations. 	<p><i>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.</i></p> <p><u>OBJECTIVES:</u></p> <ul style="list-style-type: none"> Ensure EMS has policies and procedures to allow advanced life support personnel and mutual aid responders to be sent and received. Develop a Mass Gathering Event policy to provide better guidelines for medical personnel called to the scene of these events. Develop a patient movement plan and / or policy consistent with California Patient Movement Plan (currently pending) – (<u>LONG-RANGE PLAN</u>) Develop and finalize an Alameda County MHOAC Manual Plan adapted from the California EMSA approved San Mateo MHOAC Guide Template
------	--------------	---	--	---	--	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	--------------------------------	-------------------------------	-----------------------------------	---------------------

					<ul style="list-style-type: none"> • <u>PEDIATRIC SURGE PLAN</u> supports the Alameda County EMS Policies and Alameda County EOP consistent with the MHOAC program requirements • <u>CA PATIENT MOVEMENT PLAN</u> Alameda County EMS RDMHS and EMS for Children Coordinator is reviewing and developing plans consistent with the CA Patient Movement Plan. In 2018-19, the Pediatric Surge Plan and pending MHOAC Manual will be revised consistent with the approved state Patient Movement Plan and CDPH/EMSA Pediatric Surge Workgroup recommendations. 	
--	--	--	--	--	---	--

Enhanced Level: Specialty Care Systems:

8.18	Specialty Center Roles	✓			<p><u>PROGRESS TO DATE:</u> <u>DISASTER PLANNING AND RESPONSE - REQUIREMENTS:</u></p> <ul style="list-style-type: none"> • Specialty Centers have plans and policies that identify their role in a disaster and/or medical surge event. (Refer to information below). • Specialty Centers participate in planning for major MCI, disaster, and surge events via the Disaster Preparedness Health Coalition (DPHC) and Receiving Hospital Committee • During a disaster or surge response, disaster communications, notifications, and instructions are provided to specialty centers via ReddiNet, Email, CAHAN, and 700/800 Megahertz EBRCSA Radios as needed. • Depending on the size of a major 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 "day to day." <p><u>SIGNIFICANT MEDICAL INCIDENT REQUIREMENTS</u> –Relevant <u>Policies and Plans</u> For specialty centers, relevant policies and plans that include disaster provisions are listed below:</p> <ul style="list-style-type: none"> • EMS Field Manual – MCI Policy 2018; CHEMPACK Deployment • EMS Administration Policies – Operations: Census Reporting; ReddiNet Utilization • EMS Administrative Policies - Programs • EMS Operations Policies • Alameda County Emergency Operations Plan • Alameda County MHOAC Manual – first draft completed; final plan expected 2018-19 (Alameda County DMOP and Medical Surge Plan now integrated in MHOAC Manual). • Alameda County Children’s Disaster CONOPs Annex to OA EOP (Pending Alameda 	<p><i>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.</i></p> <p><u>OBJECTIVE:</u></p> <ul style="list-style-type: none"> • Alameda County EMS will ensure that policies and procedures identify roles and responsibilities for significant MCIs, Surge, and disaster events for specialty centers including disaster communications.
------	------------------------	---	--	--	---	---

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>County Operations Council Approvals)</p> <ul style="list-style-type: none"> Alameda County Trauma Plan (revised 2018) 700/800 Megahertz EBRICs Radio Policy California Medical/Health EOM – (MHOAC Program) <p><u>SPECIALTY CENTERS</u> - MOUs provide disaster provisions</p> <p><u>CURRENT ALAMEDA COUNTY PRIMARY STROKE RECEIVING CENTERS</u></p> <ul style="list-style-type: none"> Alta Bates Summit Campus – Oakland Alameda Health System – City of Alameda Hospital Kaiser Permanente – Oakland Kaiser Permanente – San Leandro Kaiser Permanente Fremont Washington Hospital – Fremont Sutter Eden – Castro Valley <p><u>CURRENT ALAMEDA COUNTY STEMI / CARDIAC ARREST RECEIVING CENTERS</u></p> <ul style="list-style-type: none"> Alameda Health System – Highland Alta Bates Summit Campus – Oakland Kaiser Permanente Fremont Washington Hospital – Fremont St. Rose Stanford ValleyCare <p><u>CURRENT TRAUMA CENTERS</u></p> <ul style="list-style-type: none"> UCSF Benioff Children's Hospitals, Oakland Alameda Health System – Highland Hospital Sutter – Eden Hospital <p><u>UCSF BENIOFF CHILDREN'S HOSPITAL PEDIATRIC RECIEVING CENTER FOR PEDIATRIC TRAUMA</u></p> <ul style="list-style-type: none"> Coalition Surge Test – Considered role of specialty centers in evacuation. Tested evacuating of hospitals. Exercise held June 27, 2018. Alameda County EMS has a multi-year contract with the pediatric trauma center UCSF Benioff Children's Hospital, Oakland (Level 1 Trauma Center) for collaboration to ensure hospital quality improvement for hospital pediatric "day the day" readiness, injury prevention, and disaster / surge capability. A new contract is now being developed for 2018-19. 	
--	--	--	--	--	---	--

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2017 UPDATED 8/7/18	Objective – 2017-18
----------	------------------	----------------------------	-----------------------------------	----------------------------------	-----------------------------------	---------------------

					<p>DISASTER SURGE ROLES FOR SPECIALTY CENTERS</p> <ul style="list-style-type: none"> All specialty hospitals participate in the Alameda County Disaster Preparedness Health Coalition (DPHC) to facilitate their understanding of their disaster response roles with focus on the EOM and MHOAC program. All specialty hospitals participate in annual SWMHE to discuss and test their disaster response roles. The terrorism MCI table-top occurred September 26, 2017 and the functional occurred <u>November 16, 2017</u>. The goals included testing EOC coordination, medical surge, and communications with cross sector healthcare partners. The scenario was an Active Shooter in Dublin and a Vehicle into a Crowd in Oakland. 	
--	--	--	--	--	---	--

Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:

8.19	Waiving Exclusivity	✓			(No Change)	<i>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.</i>
------	---------------------	---	--	--	-------------	---

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT (2017-18)

		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	Interfacility Transfer		✓		✓	
Enhanced Level: Advanced Life Support						
1.24	ALS Systems		✓	✓		✓
1.25	On-Line Medical Direction		✓	✓	✓	✓
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		✓			
Enhanced Level: Pediatric Emergency 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		✓		✓	✓
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		✓		✓	
4.05	Response Time*		✓			✓
4.06	Staffing		✓			
4.07	First Responder Agencies		✓			✓
4.08	Medical & Rescue Aircraft*		✓			
4.09	Air Dispatch Center		✓			
4.10	Aircraft Availability*		✓			
4.11	Specialty Vehicles*		✓			
4.12	Disaster Response		✓		✓	✓
4.13	Intercounty Response*		✓			✓
4.14	Incident Command System		✓		✓	✓
4.15	MCI Plans		✓		✓	
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		✓	✓		
4.17	ALS Equipment		✓			
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		✓			
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		✓			
4.20	“Grandfathering”		✓			
4.21	Compliance		✓			
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:						
8.18	Specialty Center Roles		✓			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		✓			

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: 2017

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 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 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 **X**
 - Designation of other critical care centers **X**
 - 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)	\$ <u>4,068,605</u>
Contract Services (e.g. medical director)	_____
Operations (e.g. copying, postage, facilities)	<u>2,389,964</u>
Travel	<u>3,546</u>
Fixed assets	_____
Indirect expenses (overhead)	<u>1,258,802</u>
Subsidies: Ambulance and Fire Department First Responder pass through	<u>7,494,598</u>
EMS Fund payments to physicians/hospital	<u>13,354,220</u>
Dispatch center operations (non-staff)	<u>3,306,612</u>
Training program operations	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES	\$ <u>31,876,347</u>

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	\$ <u>137,471</u>
Preventive Health and Health Services (PHHS) Block Grant	_____
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	_____
Other local tax funds (e.g., EMS district)	<u>19,034,648</u>
County contracts (e.g. multi-county agencies)	_____
Certification fees	<u>121,833</u>
Training program approval fees	<u>99,894</u>
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	_____
Other (Specify): Ambulance pass through subsidies to Fire Departments	6,134,916
Other (Specify): Donations	<u>844</u>
Other (Specify): Use of Available Fund Balance	<u>6,287,991</u>
Other grants:	_____
Other fees: _____	_____
Other (specify): <u>Interest</u> _____	<u>58,750</u>
TOTAL REVENUE	\$ <u>31,876,347</u>

*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
- ___**X**___ Our fee structure is:

First responder certification	\$ <u>N/A</u>
EMS dispatcher certification	<u>N/A</u>
EMT-I certification	<u>140</u>
EMT-I recertification	<u>102</u>
EMT-defibrillation certification	<u>N/A</u>
EMT-defibrillation recertification	<u>N/A</u>
AEMT certification	<u>N/A</u>
AEMT recertification	<u>N/A</u>

EMT-P accreditation	<u>100</u>
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	<u>N/A</u>
MICN/ARN recertification	<u>N/A</u>
EMT-I training program approval	<u>3000</u>
Agencies of Government, Hospitals, Colleges	<u>1500</u>
AEMT training program approval	<u>N/A</u>
EMT-P training program approval	<u>4500</u>
Agencies of Government, Hospitals, Colleges	<u>2250</u>
MICN/ARN training program approval	<u>N/A</u>
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	<u>3000 (biennial)</u>
Ambulance vehicle permits	<u>250</u>
Public Safety First Aid_	<u>3000</u>
Agencies of Government_	<u>1500</u>
Other: _____	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (CONT.)

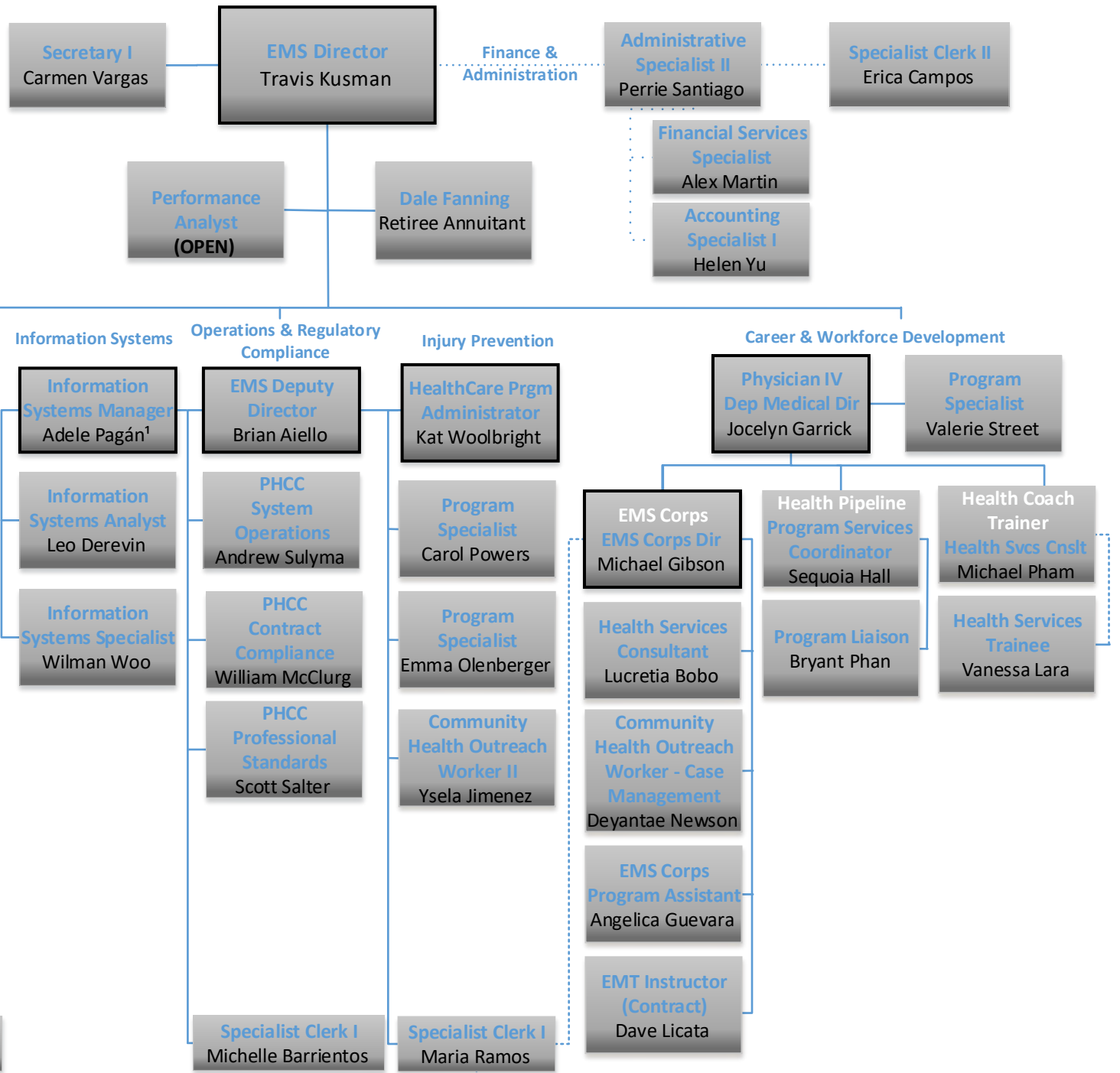
CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./ Coord./Director	EMS Director	1	\$60.41	N/A	
Asst. Admin./ Admin. Asst. / Admin. Mgr.	Deputy Director	1	\$56.40		
ALS Coord./Field Coord./Trng Coordinator	Prehospital Care Coordinator (PHCC)	1	\$50.62		
Program Coordinator/Field Liaison (Non-clinical)	Prehospital Care Coordinator (PHCC)	1	\$50.62		
Trauma Coordinator	Prehospital Care Coordinator (PHCC)	1	\$50.62		
Medical Director	Medical Director (Physician IV)	1	\$121.01		
Other MD/Medical Consult/Training Medical Director	Deputy Medical Director (Physician IV)	1	\$121.01		
Disaster Medical Planner	Supervising PHCC	1	\$53.64		
Dispatch Supervisor	Prehospital Care Coordinator (PHCC)	1	\$50.62		
Medical Planner	Prehospital Care Coordinator (PHCC)	1	\$50.62		
Data Evaluator / Analyst	Information Systems Specialist	1	\$40.92		
QA / QI Coordinator	Prehospital Care Coordinator (PHCC)	1	\$50.62		
Public Info. & Education Coordinator	Prehospital Care Coordinator (PHCC)	1	\$50.62		
Executive Secretary	Secretary 1	1	\$28.08		
Other Clerical	Specialist Clerk 1	5	\$26.66		
Professional Standards	Prehospital Care Coordinator (PHCC)	1	\$50.62		

Regional Disaster Medical Health Specialist (RDMHS)	Prehospital Care Coordinator (PHCC)	1	\$50.62		
	Information System Analyst	1	\$54.96		
	Information Systems Manager	1	\$61.50		
	Administration Specialist II	1	\$40.92		
	Financial Services Specialist II	1	\$40.92		
	Accounting Specialist I	1	\$29.16		
Injury Prevention Manager	Supervising Program Specialist	1	\$50.50		
Injury Prevention Specialist	Program Specialist	1	\$46.45		
EMS Corps EMT Training Program Director	Senior Program Specialist	1	\$47.79		
EMS Corps EMT Training Program Coordinator	Program Specialist	1	\$46.45		



Alameda County EMS

August 2018



[Boxes with **bolded** borders, indicate managers/supervisors.]
 [Supervisor¹, Specialist Clerk positions.]

TABLE 3: STAFFING/TRAINING

Reporting Year: _____ 2017

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	732			
Number newly certified this year	317			
Number recertified this year	415			
Total number of accredited personnel on July 1 of the reporting year			64	
Number of certification reviews resulting in:				
a) formal investigations	42			
b) probation	5			
c) suspensions	4			
d) revocations	3			
e) denials	3			
f) denials of renewal	0			
g) no action taken	23			

1. Early defibrillation:

a) Number of EMT-I (defib) authorized to use AEDs _____

b) Number of public safety (defib) certified (non-EMT-I) _____

2. Do you have an EMR training program

yes no

Los Positas

TABLE 4: COMMUNICATIONS

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

County: Alameda County EMS

Reporting Year: 2017

- 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 700 MHz Trunked
 - b. Other methods 800 MHz Trunked VHF
 - c. Can all medical response units communicate on the same disaster communications system? X 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 Yes No
 - 1) Within the operational area? Yes No
 - 2) Between operation area and the region and/or state? Yes No

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2017-2018

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:

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	
	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 NEW

Reporting Year: 2017

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

- 1. Number of patients meeting trauma triage criteria 5950 (2017)
- 2. Number of major trauma victims transported **directly** to a trauma center by ambulance. 5294 (2017)

Total # Trauma Activations:

- UCSF Benioff Children's Hospital – 850
- Sutter Eden Medical Center -2417
- Alameda Health System – Highland Hospital – 2683

Total Trauma Patients transported to Trauma Centers - 5950

- 3. Number of major trauma patients transferred to a trauma center 656 (2017)
- 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 11
- 2. Number of base hospitals with written agreements 1

TABLE 6: FACILITIES / CRITICAL CARE – SUPPLEMENTAL DATA INFORMATION

2017 ALAMEDA COUNTY TRAUMA CENTERS

	Children's Hospital	Eden Hospital	Highland Hospital
Total TRA Patient Count	850	2417	2,683
Trauma Activations	618	1551	2,597
Full Activation - Level I	117	319	545
Partial Activation - Level II	361	1232	2,052
Pri/Direct Admit	7	1	1
Trauma Consultations	178	126	81
Activations (other)	262	0	0
Admissions after TRA/ED	839	1571	1,185

TABLE 7: DISASTER MEDICAL

Reporting Year: 2017

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" & "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

*"Individuals 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 California 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 Health Care Services Agency
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? Yes No

Alameda County Emergency Medical Services

TABLE 8: Response/Transportation/Providers 2017

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: 4

Phone Number: (510) 632-3473

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

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

Transporting Agencies

32215 Total number of responses
32112 Number of emergency responses
103 Number of non-emergency responses

121 Total number of transports
7 Number of emergency transports
114 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
____ Number of emergency responses
____ Number of non-emergency responses

N/A Total number of transports
____ Number of emergency transports
____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers 2017

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

Number of Ambulance Vehicles in Fleet: 2

Phone Number: (510)528-5770

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

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

Transporting Agencies

1137 Total number of responses
1135 Number of emergency responses
2 Number of non-emergency responses

782 Total number of transports
33 Number of emergency transports
749 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
____ Number of emergency responses
____ Number of non-emergency responses

N/A Total number of transports
____ Number of emergency transports
____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers 2017

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

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

Transporting Agencies

802 Total number of responses
705 Number of emergency responses
97 Number of non-emergency responses

527 Total number of transports
44 Number of emergency transports
483 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
____ Number of emergency responses
____ Number of non-emergency responses

N/A Total number of transports
____ Number of emergency transports
____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers 2017

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

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

Transporting Agencies

12100 Total number of responses
12076 Number of emergency responses
23 Number of non-emergency responses

N/A Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
 Number of emergency responses
 Number of non-emergency responses

N/A Total number of transports
 Number of emergency transports
 Number of non-emergency transports

TABLE 8: Response/Transportation/Providers 2017

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

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

Transporting Agencies

<u>10013</u> Total number of responses	<u>N/A</u> Total number of transports
<u>9907</u> Number of emergency responses	<u> </u> Number of emergency transports
<u>106</u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u>N/A</u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

TABLE 8: Response/Transportation/Providers 2017

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: 7

Phone Number: (510) 981-3473

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

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

Transporting Agencies

11312 Total number of responses
11266 Number of emergency responses
46 Number of non-emergency responses

7126 Total number of transports
530 Number of emergency transports
6596 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

N/A Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers 2017

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

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

Transporting Agencies

<u>13988</u> Total number of responses	<u>N/A</u> Total number of transports
<u>13976</u> Number of emergency responses	<u> </u> Number of emergency transports
<u>12</u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u>N/A</u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

TABLE 8: Response/Transportation/Providers 2017

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

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

Transporting Agencies

<u>43178</u> Total number of responses	<u>N/A</u> Total number of transports
<u>43171</u> Number of emergency responses	<u> </u> Number of emergency transports
<u>7</u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u>N/A</u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

TABLE 8: Response/Transportation/Providers 2017

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

County: Alameda **Provider:** Paramedics Plus **Response Zone:** Alameda County

Address: 575 Marina Blvd
San Leandro, CA 94577

Number of Ambulance Vehicles in Fleet: 64

Phone Number: 510-746-5700

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 45

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

Transporting Agencies

143822 Total number of responses (Cad EID Count)
110102 Number of emergency responses
33720 Number of non-emergency responses

102810 Total number of transports (Arrival Count)
7007 Number of emergency transports
95803 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
____ Number of emergency responses
____ Number of non-emergency responses

N/A Total number of transports
____ Number of emergency transports
____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers 2017

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

County: Alameda **Provider:** Alameda City Fire Department **Response Zone:** Alameda

Address: 1300 Park St.
Alameda, CA 94501

Number of Ambulance Vehicles in Fleet: 4

Phone Number: 510-337-2100

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

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

Transporting Agencies

4945 Total number of responses
4924 Number of emergency responses
21 Number of non-emergency responses

4334 Total number of transports
399 Number of emergency transports
3935 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

N/A Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers 2016

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

County: Alameda County **Provider:** East Bay Regional Park District **Response Zone:** N/A

Address: 17930 Lake Chabot Road
Castro Valley, CA 94546

Number of Ambulance Vehicles in Fleet: 2 Air Rescue Units

Phone Number: Mobile: 510-708-7181
Office: 510-690-6607

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

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

Transporting Agencies

1252 Total number of responses
599 Number of emergency responses
653 Number of non-emergency responses

N/A Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

4 Total number of responses
1 Number of emergency responses
3 Number of non-emergency responses

4 Total number of transports
1 Number of emergency transports
3 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

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
---	---	--	--

<p>Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
--	--	---

<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
---	--

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

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

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency</p> <p><input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
---	---	--	--

<p>Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
--	--	---

<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
---	--

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

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 Telephone Number: (510) 655-4000
Campus
Address: 350 Hawthorne
Oakland, Ca 94609

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
---	---	--	--

<p>Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
--	--	---

<p><u>STEMI Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
---	--

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	---

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹ Yes No
EDAP² Yes No
PICU³ Yes No

<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	--

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	--

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

<u>Pediatric Critical Care Center¹</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
<u>EDAP²</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<u>PICU³</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
Address: 27200 Calaroga Ave
Hayward, Ca 94545

Telephone Number: (510) 264-4000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	--

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level IV
--	---	---

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u>	
EDAP²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Level I	<input type="checkbox"/> Level II
PICU³	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: Stanford Valley Care Medical Center Telephone Number: (925) 847-3000
Address: 5555 West Las Positas Blvd
Pleasanton, Ca 94588

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	--

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	--

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 EMS

Reporting Year: 2017

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>American Health Education</u>		Telephone Number:	<u>800-483-3615</u>
Address:	<u>6761 Sierra Ct. Ste G</u> <u>Dublin, Ca 94568</u>			
Student Eligibility:	<u>Open to the Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:	Number of students completing training per year:		
	Basic: <u>\$1995-2875</u>	Initial training:	<u>103</u>	
	Refresher: <u>\$375</u>	Refresher:	<u>140</u>	
		Continuing Education:	<u>1025</u>	
		Expiration Date:	<u>10-31-19</u>	
		Number of courses:		
		Initial training:	<u>6</u>	
		Refresher:	<u>10</u>	
		Continuing Education:	<u>198</u>	

Training Institution:	<u>Chabot College</u>		Telephone Number:	<u>510-723-7090</u>
Address:	<u>25555 Hesperian Blvd</u> <u>Hayward, CA 94545</u>			
Student Eligibility:	<u>Open to the Public</u>	**Program Level	<u>EMT-B</u>	
	Cost of Program:	Number of students completing training per year:		
	Basic: <u>7 units x \$46/unit = \$322</u>	Initial training:	<u>52</u>	
	Refresher: <u>1.5 units x \$46/unit = \$69</u>	Refresher:	<u>20</u>	
		Continuing Education:	<u>N/A</u>	
		Expiration Date:	<u>4/30/20</u>	
		Number of courses:		
		Initial training:	<u>2</u>	
		Refresher:	<u>2</u>	
		Continuing Education:	<u>N/A</u>	

** 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

Cost of Program:

Basic: \$600

Refresher: \$68

Number of students completing training per year:

Initial training:

Refresher:

Continuing Education:

Expiration Date:

Number of courses:

Initial training:

Refresher:

Continuing Education:

60

6

N/A

3-31-20

3

1

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 Paramedic

Cost of Program:

Basic: \$3000

Refresher: N/A

Number of students completing training per year:

Initial training:

Refresher:

Continuing Education:

Expiration Date:

Number of courses:

Initial training:

Refresher:

Continuing Education:

12

0

N/A

5-31-20

1

0

TABLE 10: APPROVED TRAINING PROGRAMS

County: Alameda County

Reporting Year: 2017

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Unitek Education</u>	Telephone Number:	<u>510-743-2710</u>
Address:	<u>4670 Auto Mall Parkway</u> <u>Fremont, CA 94538</u>		
Student Eligibility*:	<u>Open to the Public</u>	**Program Level	<u>EMT-B</u>
	Cost of Program:		
	Basic: <u>\$4305</u>	Number of students completing training per year:	
	Refresher: <u>\$350</u>	Initial training:	<u>307</u>
		Refresher:	<u>96</u>
		Continuing Education:	<u>1300</u>
		Expiration Date:	<u>8-31-20</u>
		Number of courses:	
		Initial training:	<u>16</u>
		Refresher:	<u>7</u>
		Continuing Education:	<u>92</u>

*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:	<u>Alameda County Fire Dept.</u>	Telephone Number:	<u>510-618-3485</u>
Address:	<u>1426 164th Avenue</u> <u>San Leandro, CA 94578</u>		
Student Eligibility*:	<u>Employees only</u>	**Program Level	<u>EMT</u>
	Cost of Program:		
	Basic: <u>N/A</u>	Number of students completing training per year:	
	Refresher: <u>N/A</u>	Initial training:	<u>N/A</u>
		Refresher:	<u>N/A</u>
		Continuing Education:	<u>800+</u>
		Expiration Date:	<u>6-30-20</u>
		Number of courses:	
		Initial training:	<u>N/A</u>
		Refresher:	<u>N/A</u>
		Continuing Education:	<u>60+</u>

*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: 2017

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Alameda Fire Department</u>	Telephone Number:	<u>510-755-4302</u>
Address:	<u>1300 Park Street</u> <u>Alameda, CA 94501</u>		
Student Eligibility*:	<u>Employees only</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>N/A</u>	Initial training:	<u>N/A</u>
Refresher:	<u>N/A</u>	Refresher:	<u>N/A</u>
		Continuing Education:	<u>615</u>
		Expiration Date:	<u>5/31/22</u>
		Number of courses:	
		Initial training:	<u>N/A</u>
		Refresher:	<u>N/A</u>
		Continuing Education:	<u>9</u>

*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:	<u>Berkeley Fire Department</u>	Telephone Number:	<u>925-875-4902</u>
Address:	<u>2100 MLK Jr. Way, 2nd floor</u> <u>Berkeley, Ca 94704</u>		
Student Eligibility*:	<u>Employee only</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>N/A</u>	Initial training:	<u>N/A</u>
Refresher:	<u>N/A</u>	Refresher:	<u>N/A</u>
		Continuing Education:	<u>117</u>
		Expiration Date:	<u>10-31-20</u>
		Number of courses:	
		Initial training:	<u>N/A</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>32</u>

TABLE 10: APPROVED TRAINING PROGRAMS

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: <u>Alameda County EMT Training Program</u>		Telephone Number: <u>510-708-9707</u>	
Address: <u>1000 San Leandro Blvd</u>			
<u>San Leandro, CA 94577</u>			
Student Eligibility*:	<u>Restricted</u>	**Program Level	<u>EMT</u>
	Cost of Program:		
	Basic: <u>N/A</u>	Number of students completing training per year:	
	Refresher: <u>N/A</u>	Initial training:	<u>31</u>
		Refresher:	<u>N/A</u>
		Continuing Education:	<u>N/A</u>
		Expiration Date:	<u>3-31-20</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>N/A</u>
		Continuing Education:	<u>N/A</u>

*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: <u>Fremont Fire Department</u>		Telephone Number: <u>510-494-4233</u>	
Address: <u>3300 Capital AVE, Building B</u>			
<u>Fremont, CA 94537</u>			
Student Eligibility*:	<u>Employees only</u>	**Program Level	<u>EMT-1</u>
	Cost of Program:		
	Basic: <u>N/A</u>	Number of students completing training per year:	
	Refresher: <u>N/A</u>	Initial training:	<u>N/A</u>
		Refresher:	<u>N/A</u>
		Continuing Education:	<u>~130</u>
		Expiration Date:	<u>5-31-19</u>
		Number of courses:	
		Initial training:	<u>N/A</u>
		Refresher:	<u>N/A</u>
		Continuing Education:	<u>12</u>

*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: 2017

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Albany Fire Department</u>	Telephone Number:	<u>510- 528-5770</u>
Address:	<u>1000 San Pablo Ave</u>		
	<u>Albany, CA 94706</u>		
Student Eligibility*:	<u>Employees only</u>	**Program Level	<u>EMT</u>
	Cost of Program:		
	Basic: <u>N/A</u>	Number of students completing training per year:	
	Refresher: <u>N/A</u>	Initial training:	<u>N/A</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u>90</u>
		Expiration Date:	<u>7-31-19</u>
		Number of courses:	
		Initial training:	<u>N/A</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u>6</u>

** 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: 2017

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: NCTI- Livermore Telephone Number: 925-454-6184
 Address: 7575 Southfront Rd.
Livermore, CA 94551

Student Eligibility*: General Public **Program Level EMT
 Cost of Program:
 Basic: \$1875 Number of students completing training per year:
 Refresher: \$325 Initial training: 48
 Refresher: 20
 Continuing Education: N/A
 Expiration Date: 05/31/19
 Number of courses:
 Initial training: 3
 Refresher: 2
 Continuing Education: 30

Training Institution: NCTI- Livermore Telephone Number: 925-454-6184
 Address: 7575 Southfront Rd.
Livermore, CA 94551

Student Eligibility*: General Public **Program Level EMT-P
 Cost of Program:
 Basic: \$9,750 Number of students completing training per year:
 Refresher: N/A Initial training: 28
 Refresher: 0
 Continuing Education: N/A
 Expiration Date: 12-31-21
 Number of courses:
 Initial training: 4
 Refresher: 0
 Continuing Education: Multiple

Training Institution: Bear EMT Training Program Telephone Number: 831-426-9111
Address: 2407 Telegraph Ave
Berkeley, Ca 94720

Student Eligibility*: MRC Students **Program Level EMT
Cost of Program:
Basic: \$2,250 Number of students completing training per year:
Refresher: \$50 Initial training: 81
Refreshers: 10
Continuing Education: N/A
Expiration Date: 1-31-22
Number of courses:
Initial training: 3
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 10: APPROVED TRAINING PROGRAMS

County: Alameda County

Reporting Year: 2017

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Bay Area Training Academy</u>		Telephone Number:	<u>915-528-9180</u>
Address:	<u>14275 Wicks Blvd</u>			
	<u>San Leandro, CA 94577</u>			
Student Eligibility*:	<u>Open to Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:	Number of students completing training per year:		
	Basic: <u>\$2235</u>	Initial training:	<u>80</u>	
	Refresher: <u>\$334</u>	Refresher:	<u>N/A</u>	
		Continuing Education:	<u>N/A</u>	
		Expiration Date:	<u>7-31-19</u>	
		Number of courses:		
		Initial training:	<u>6</u>	
		Refresher:	<u>N/A</u>	
		Continuing Education:	<u>N/A</u>	

*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:	<u>Merritt College</u>		Telephone Number:	<u>510-436-2409</u>
Address:	<u>12500 Campus Drive</u>			
	<u>Oakland, Ca 94619</u>			
Student Eligibility*:	<u>Open to Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:	Number of students completing training per year:		
	Basic: <u>\$26</u>	Initial training:	<u>75</u>	
	<u>p/unit</u>	Refresher:	<u>0</u>	
	Refresher: <u>\$26</u>	Continuing Education:	<u>N/A</u>	
	<u>p/unit</u>	Expiration Date:	<u>6-30-21</u>	
		Number of courses:		
		Initial training:	<u>3</u>	
		Refresher:	<u>0</u>	
		Continuing Education:	<u>N/A</u>	

*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: 2017

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Oakland Fire Department</u>		Telephone Number:	<u>510-238-6957</u>
Address:	<u>47 Clay Street</u>			
	<u>Oakland, Ca 94607</u>			
Student Eligibility*:	<u>Employees only</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>N/A</u>	Number of students completing training per year:	
	Refresher:	<u>N/A</u>	Initial training:	<u>0</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>1,728</u>
			Expiration Date:	<u>3-31-20</u>
		Number of courses:		
		Initial training:		<u>0</u>
		Refresher:		<u>0</u>
		Continuing Education:		<u>108</u>

*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

Training Institution:	<u>Livermore Pleasanton Fire Department</u>		Telephone Number:	<u>925-998-1087</u>
Address:	<u>3560 Nevada St</u>			
	<u>Pleasanton, CA 94566</u>			
Student Eligibility*:	<u>Employees only</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>N/A</u>	Number of students completing training per year:	
	Refresher:	<u>N/A</u>	Initial training:	<u>N/A</u>
			Refresher:	<u>N/A</u>
			Continuing Education:	<u>108</u>
			Expiration Date:	<u>12-31-19</u>
		Number of courses:		
		Initial training:		<u>N/A</u>
		Refresher:		<u>6</u>
		Continuing Education:		<u>N/A</u>

** 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: 2017

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Berkeley STEP</u>		Telephone Number:	<u>510-644-6130</u>
Address:	<u>1701 San Pablo ave</u>			
	<u>Berkeley, CA 94702</u>			
Student Eligibility*	<u>Student</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>\$250</u>	Number of students completing training per year:	
	Refresher:	<u> </u>	Initial training:	<u>25</u>
			Refresher:	<u>N/A</u>
			Continuing Education:	<u>N/A</u>
			Expiration Date:	<u>9-30-18</u>
		Number of courses:		
		Initial training:		<u>1</u>
		Refresher:		<u>N/A</u>
		Continuing Education:		<u>N/A</u>

*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:	<u>East Bay Regional Parks (Program expired-no pending renewal)</u>		Telephone Number:	<u>510-690-6607</u>
Address:	<u>17930 Lake Chabot Rd</u>			
	<u>Castro Valley, CA 94546</u>			
Student Eligibility*:	<u>Employees Only</u>	**Program Level	<u> </u>	
	Cost of Program:			
	Basic:	<u>N/A</u>	Number of students completing training per year:	
	Refresher:	<u>N/A</u>	Initial training:	<u>60</u>
			Refresher:	<u>40</u>
			Continuing Education:	<u>15</u>
			Expiration Date:	<u>11-30-17</u>
		Number of courses:		
		Initial training:		<u>4</u>
		Refresher:		<u>10</u>
		Continuing Education:		<u>1</u>

*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: 2017-2018

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

Name:	<u>Alameda County Regional Emergency Communications Center</u>		Primary Contact:	<u>Rosa Ramos</u>	
Address:	<u>7000 East Ave., L-338</u>			<u>(925) 918-1803</u>	
	<u>Livermore, CA 94551</u>			<u>rosa.ramos@acgov.org</u>	
Telephone Number:	<u>(925) 423-1803</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>34</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:	If Public:		If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire				
	<input type="checkbox"/> Law				
	<input checked="" type="checkbox"/> Other				
	Explain: <u>EOA Ambulance Contractor - Paramedics Plus</u>				

NOTE - Current ACRECC staffing is:

- 34 EMD Positions
- 33 Filled
- 27 Dispatchers (4 are completing training)
- 1 Vacant Dispatcher position
- 4 Supervisors
- 1 EMDQ Manager
- 1 CAD System Administrator

TABLE 11: DISPATCH AGENCY

County: Alameda County EMS

Reporting Year: 2017-2018

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

Name:	<u>Oakland Fire Department</u>	Primary Contact:	<u>Stewart McGehee</u>
Address:	<u>250 Fallon St</u>		
	<u>Oakland, Ca 94607</u>		
Telephone Number:	<u>(510) 238-6725</u>		
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services: (23 positions)
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	
			<u>23</u> EMD Training <u> </u> EMT-D <u> </u> ALS
			<u> </u> BLS <u> </u> LALS <u> </u> Other
Ownership:	If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire	If Public:	<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
	<input type="checkbox"/> Law		
	<input type="checkbox"/> Other		
	Explain: _____		

NOTE - Current OFD Dispatch staffing is:

23 EMD Positions

23 Filled

Of 23 EMD-trained Staff, 1 is a Fire Communications Manager, 4 are Supervisors, and 18 are Dispatchers

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Alameda County EMS Agency</p>
<p>Area or subarea (Zone) Name or Title:</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">Paramedics Plus (since November 1, 2011)</p>
<p>Area or subarea (Zone) Geographic Description: The EOA includes all geographic areas of Alameda County, except for the incorporated cities of Alameda, Albany, Berkeley, and Piedmont, for which 911 ambulance services are provided through those cities' fire departments, and Lawrence Livermore National Laboratory, which contracts with the Alameda County Fire Department for ambulance services.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">Exclusive See attached ambulance provider agreement 'RECITALS OF AUTHORITY'</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Emergency Ambulance, 9-1-1 Emergency Response</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Method of competition: Competitive bid Intervals: Five years, with extension to 6/30/2019 Selection process. Request for Proposal (RFP).</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Alameda County Emergency Medical Services</p>
<p>Area or subarea (Zone) Name or Title: Lawrence Livermore National Lab</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Alameda County Fire Department</p>
<p>Area or subarea (Zone) Geographic Description: Federal property known as Lawrence Livermore National Lab located south/east of the city of Livermore.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Not applicable, Federal property</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): <small>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.).</small> Not applicable, Federal property</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> Not applicable, Federal property</p> <p><small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> Not applicable, Federal property</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Alameda County Emergency Medical Services</p>
<p>Area or subarea (Zone) Name or Title: City of Piedmont</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Piedmont Fire Department</p>
<p>Area or subarea (Zone) Geographic Description: City of Piedmont</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): <small>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.).</small> Emergency Ambulance, 9-1-1 Emergency Response</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> Uninterrupted service, in the same manner and scope, prior to 1/1/81 <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> Not applicable</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Alameda County Emergency Medical Services</p>
<p>Area or subarea (Zone) Name or Title: City of Alameda</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Alameda Fire Department</p>
<p>Area or subarea (Zone) Geographic Description: City of Alameda including the property known as Coast Guard Island</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): <small>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.).</small> Emergency Ambulance, 9-1-1 Emergency Response</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> Uninterrupted service, in the same manner and scope, prior to 1/1/81 <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> Not applicable</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Alameda County Emergency Medical Services</p>
<p>Area or subarea (Zone) Name or Title: City of Albany</p>
<p>Name of Current Provider(s): City of Albany <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Prior to 1/1/81</p>
<p>Area or subarea (Zone) Geographic Description: City of Albany</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): <small>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.).</small> Emergency Ambulance, 9-1-1 Emergency Response</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> Uninterrupted service, in the same manner and scope, prior to 1/1/81 <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> Not applicable</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name: Alameda County Emergency Medical Services</p>
<p>Area or subarea (Zone) Name or Title: City of Berkeley</p>
<p>Name of Current Provider(s): Berkeley Fire Department <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Prior to 1/1/81</p>
<p>Area or subarea (Zone) Geographic Description: City of Berkeley, including State property at UC Berkeley and Federal property at Lawrence Berkeley Lab</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>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.).</small> Emergency Ambulance, 9-1-1 Emergency Response</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> Uninterrupted service, in the same manner and scope, prior to 1/1/81 <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> Not applicable</p>