

EMERGENCY MEDICAL SERVICES AUTHORITY

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



January 2, 2020

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

Dear Mr. McFadden:

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

I. Introduction and Summary:

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

II. History and Background:

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

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

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

Health and Safety Code (HSC) § 1797.254 states:

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

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute, regulations, and case law, consistent with HSC § 1797.105(b).

III. Analysis of EMS System Components:

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

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

Ambulance Zones

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

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

IV. Conclusion:

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

Pursuant to HSC § 1797.105(b):

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

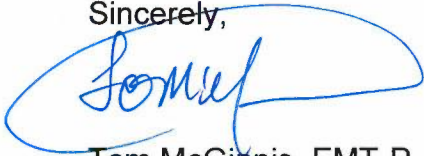
Ms. Lauri McFadden, EMS Administrator
January 2, 2020
Page 3 of 3

consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."

V. Next Steps:

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

Sincerely,



Tom McGinnis, EMT-P
Chief, EMS Systems Division

Enclosure

Transportation Component
Approved[illegible]



ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

Colleen Chawla, HCSA Director

Emergency Medical Services District

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

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

September 27, 2019

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

Dear Dr. Duncan,

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

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

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

Respectfully,

A handwritten signature in black ink that reads "Lauri McFadden". The signature is fluid and cursive, with the first name "Lauri" and last name "McFadden" clearly distinguishable.

Lauri McFadden
Director, Emergency Medical Services

Attachment

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

Galindo, Lisa@EMSA

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

Hi Lisa,

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

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

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

Happy Holidays!



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

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



ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

Colleen Chawla, HCSA Director

Emergency Medical Services District

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

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

December 12, 2019

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

Re: Patient Care Policies and Procedures

Dear Dr. Duncan,

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

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

Respectfully,

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

Karl Sporer, MD
Medical Director, Emergency Medical Services



ALAMEDA COUNTY EMERGENCY MEDICAL SERVICES

EMS SYSTEM PLAN 2018-19

EXECUTIVE SUMMARY

SEPTEMBER 13, 2019

Executive Summary - Provide a brief overview of the plan. It should identify the major needs which have been found and a summary of the proposed program solutions. Include any changes which have occurred in your system, such as a change in providers, the designation of new centers, a change in key personnel, etc.

EXECUTIVE SUMMARY SECTIONS

SECTION 1 – EMS SYSTEM / PLAN OVERVIEW *

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

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

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

SECTION 3 - CLINICAL SYSTEMS OF CARE

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

SECTION 4 – 2018-19 WORKPLAN *

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

SECTION 1 – EMS SYSTEM / PLAN OVERVIEW

EMS SYSTEM PLAN

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

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

CA EMSA APPROVAL - SYSTEM PLANS AND REGULATORY COMPLIANCE

EMS SYSTEM PLAN

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

EMS TRAUMA PLAN

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

EMS QUALITY IMPROVEMENT (QI) AND COMMUNICATIONS PLAN

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

EMS SYSTEM VISION

ALAMEDA COUNTY EMS VISION

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

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

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

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

ORGANIZATION

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

CHANGES, UPDATES, & MODIFICATIONS

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

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

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

EMERGENCY PREPAREDNESS AND RESPONSE DEPLOYMENTS

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

EMS ORGANIZATIONS / STAFFING CHANGES – SYSTEM IMPACT AND BENEFITS

EMS ROLES

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

EMS ORGANIZATION

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

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

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

EXECUTIVE SUMMARY – SECTION 1: EMS SYSTEM / PLAN OVERVIEW

RDMHS

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

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

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

INJURY PREVENTION

- No Changes in Staff

GENERAL ADMINISTRATION AND STAFFING

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

EMS ORGANIZATION CHANGES

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

EXECUTIVE SUMMARY – SECTION 2: SYSTEM OPERATIONS AND REGULATORY COMPLIANCE

NEW CHANGES, UPDATES, & MODIFICATIONS

AMBULANCE TRANSPORT SERVICES – EXCLUSIVE OPERATING AREAS

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

NEXT PAGE

NEW CHANGES, UPDATES, & MODIFICATIONS**EMERGENCY AMBULANCE SERVICES - CONTRACTS**

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

EMS SYSTEM EVALUATION AND REQUEST FOR PROPOSALS (RFP)**ENSURES SYSTEM SUSTAINABILITY AND CONTINUITY**

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

OVERARCHING GOALS

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

SIX FUNDAMENTAL TENANTS

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

911 REQUEST FOR PROPOSAL

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

NEXT PAGE

NEW CHANGES, UPDATES, & MODIFICATIONS

EMS SYSTEM EVALUATION AND REQUEST FOR PROPOSALS (RFP)

RFP # EMS 901017 – SCHEDULE OF ACTIVITIES AND TIMELINE

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

911 EMERGENCY AMBULANCE TRANSPORT PROVIDER TRANSITION

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

EMS TRANSITION PLANNING

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

2019 FALCK TRANSITION PLAN

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

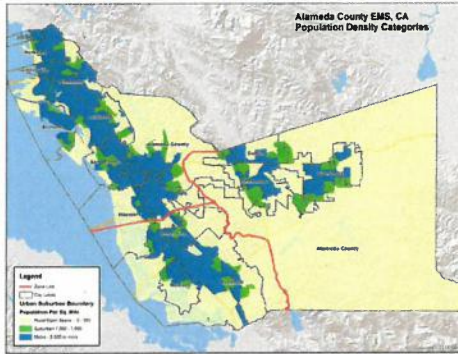
DEPLOYMENT ZONES – NEW CHANGE JULY 1, 2019

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

NEXT PAGE

911 EMERGENCY AMBULANCE TRANSPORT PROVIDER TRANSITION

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



North Zone Emeryville, Oakland, San Leandro, San Lorenzo, Hayward and Castro Valley	Metro Areas with 2,000 or more residents per square mile
South Zone Union City, Fremont, Newark, and Sunol	Suburban Areas with 1,000 to 1,999 residents per square mile
East Zone Dublin, Pleasanton, and Livermore	Rural/Open Space Areas with 0 to 999 residents per square mile

FALCK AMBULANCE DEPLOYMENT – CHANGE



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

NORTH ZONE

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

SOUTH ZONE

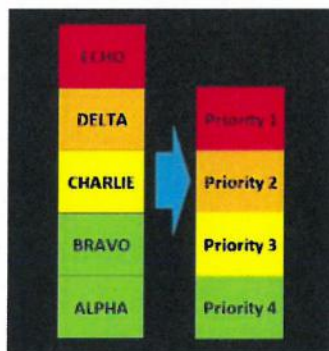
- Due to the central location of their main hub in Hayward, Falck is utilizing the location as their main deployment hub. Maximizing the utilization of this location enables the rotation of ambulances through maintenance and out to the North Oakland and East Zone hubs. This serves as the central distribution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

EAST ZONE

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

DISPATCH PRIORITIZATION – CHANGE

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



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

INCREASED UTILIZATION OF BLS

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

DISPATCH SERVICES

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

AMBULANCE ACQUISITION

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

EQUIPMENT PROCUREMENT

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

TRANSITION TO ESO Electronic Health Record (HER) PLATFORM

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

EXECUTIVE SUMMARY SECTION 2 – SYSTEM OPERATIONS AND REGULATORY COMPLIANCE

NEW CHANGES, UPDATES, & MODIFICATIONS

EXPANDED PERFORMANCE ANALYSIS

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

EMS COMMITTEES – CURRENT AND NEW:

LOCAL	• EOA PROVIDER AND TRANSITION MEETINGS
• 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	• RECEIVING HOSPITAL COMMITTEE
• TRAUMA AUDIT COMMITTEE	• KAISER OAKLAND APOT WORKGROUP
• EMS COORDINATOR MEETINGS	• ALAMEDA COUNTY COMMUNICATIONS SECTION GROUP
• PEDIATRIC READINESS, EMSC, AND SURGE COMMITTEE (EMSC ADVISORY COMMITTEE)	• STROKE COLLABORATIVE STEERING COMMITTEE AND RECEIVING CENTER MEETINGS
• STEMI/ CARDIAC ARREST RECEIVING CENTER MEETINGS	REGIONAL / STATE
• DISASTER MEDICAL CO-LOCATION OF CARE PROVIDERS MEETINGS	• UASI MEDICAL SHELTER COMMITTEE
• HPP COORDINATORS MEETING	• NICU TASK FORCE–JOINT ALAMEDA/CONTRA COSTA Co.
• EMERGENCY MANAGERS ASSOCIATION (EMA)	• MHOAC
• UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND –	• CDPH/EMSA PEDIATRIC SURGE COMMITTEE
• EMERGENCY PREPAREDNESS MEETINGS	• CDPH/EMSA PEDIATRIC SURGE EMS SUB-COMMITTEE
• SENIOR INJURY PREVENTION CONFERENCE COMMITTEE	• HPP CORRINATORS MEETING – REGIONAL
• EMS WEEK PLANNING MEETINGS	• ABAHO SUB-COMMITTEE AND WORKGROUPS (REGIONAL MAC & MEDICAL SHELTER PROJECTS)
• HCSA EMERGENCY OPERATIONS LEADERSHIP & PLANNING WORKGROUPS	• EMSA - EMSC TECHNICAL ADVISORY COMMITTEE
• HOSPITAL COMMAND CENTER 700/800 COMMUNICATIONS TESTING	• REGIONAL TRAUMA COORDINATING COMMITTEE (RTCC)
• DISASTER PREPAREDNESS HEALTH COALITION (DPHC) / STEERING COMMITTEE	

EMS GENERAL ADMINISTRATION – SYSTEM INFORMATION TECHNOLOGY UPGRADE

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

OPERATIONAL AREA EOC MEDICAL/ HEALTH BRANCH AND EMS BRANCH DOC

- TECHNOLOGY UPGRADES – OPTIMIZE FUNCTIONALITY

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

MOBILE OFF-SITE OPERATIONAL CAPABILITY

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

FIRE DEPARTMENT TRANSITIONS - ORGANIZATIONAL LEADERSHIP

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

SYSTEM OPERATIONS AND CONTRACT COMPLIANCE**COMPLIANCE MANAGEMENT FOR CONTRACTS**

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

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

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

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

EXECUTIVE SUMMARY SECTION 2 – SYSTEM OPERATIONS AND REGULATORY COMPLIANCE

CHANGES, UPDATES, & MODIFICATIONS

PROCUREMENT / CONTRACT SUMMARY

FY 2018-2019 – EMS PROCUREMENTS AND CONTRACTS - SUMMARY

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

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

CHANGES, UPDATES, & MODIFICATIONS**NON-EMERGENCY PERMITTED PROVIDERS – CONTRACTS**

ENSURE SYSTEM OVERSIGHT, COORDINATION AND SURGE CAPACITY

ALCO EMS NON-EMERGENCY PERMITTED AMBULANCE PROVIDERS

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

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

PERMITTED NON EMERGENCY AMBULANCE PROVIDER (BLS Providers) - CHANGES

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

NON-EMERGENCY PERMITTED AMBULANCE PROVIDERS – DISASTER READINESS

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

NEXT PAGE

CHANGES, UPDATES, & MODIFICATIONS**CRITICAL CARE PARAMEDIC (CCP)**

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

COMMUNICATION SYSTEM OPERATIONS

COMMUNICATIONS**ePCR/EHR – DEFINITIVE NETWORKS INCORPORATED HOSTING / Training Services**

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

REDDINET – UPGRADES AND TRAINING

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

CERTIFICATIONS AND INVESTIGATION**EMT CERTIFICATIONS**

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

NEXT PAGE

CHANGES, UPDATES, & MODIFICATIONS

EMS ADMINISTRATION POLICIES and FIELD PROTOCOLS

2020 FIELD MANUAL PROTOCOL PENDING UPDATES

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

(Planning started April 2019; Pending approvals)

ADMINISTRATIVE

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

GENERAL SECTION

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

ADULT / PEDIATRIC SECTIONS

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

NEXT PAGE

EXECUTIVE SUMMARY SECTION 2 – SYSTEM OPERATIONS AND REGULATORY COMPLIANCE

CHANGES, UPDATES, & MODIFICATIONS

EMS ADMINISTRATION POLICIES and FIELD PROTOCOLS

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

OPERATIONS SECTION

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

PROCEDURES SECTION

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

MCI SECTION

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

NEXT PAGE

CHANGES, UPDATES, & MODIFICATIONS

2019 FIELD MANUAL PROTOCOL UPDATES

ADMINISTRATIVE

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

GENERAL SECTION

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

ADULT / PEDIATRIC SECTIONS

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

OPERATIONS SECTION

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

CHANGES, UPDATES, & MODIFICATIONS**2019 FIELD MANUAL PROTOCOL UPDATES**

- **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."

EXECUTIVE SUMMARY SECTION 2 – SYSTEM OPERATIONS AND REGULATORY COMPLIANCE

CHANGES, UPDATES, & MODIFICATIONS

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
- **INTRAOSSEOUS INFUSION** – Added Humeral IO route

MCI

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

CHANGES, UPDATES, & MODIFICATIONS**2018-2019 ADMINISTRATION POLICIES**

- **TRAUMA RE-TRIAGE PROCEDURE (ADULT)** – MODIFIED JANUARY 2018
- **TRAUMA RE-TRIAGE PEDIATRIC (PEDIATRIC)** – MODIFIED JANUARY 2018
- **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
• BART POLICE DEPARTMENT	INQUIRIES ONLY	NO APPROVED PROGRAM
• BERKELEY POLICE DEPARTMENT	APPROVED	8/20/2018
• 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 HOUSING AUTHORITY	APPROVED	10/10/2018
• OAKLAND POLICE DEPARTMENT	APPROVED	7/2/2018
• PLEASANTON POLICE DEPARTMENT	APPROVED	11/2018
• SAN LEANDRO POLICE DEPARTMENT	APPROVED	7/23/2018
• UC BERKELEY POLICE DEPARTMENT	APPROVED	10/10/2018
• UNION CITY POLICE DEPARTMENT	APPROVED	6/6/2018

NEXT PAGE

CHANGES, UPDATES, & MODIFICATIONS**CLINICAL SYSTEMS OF CARE AND SPECIALTY CENTERS – RESULTS BASED ACCOUNTABILITY**

- Consistent with the state regulations and Alameda County Health Care Services Agency mission, ALCO EMS prioritizes promoting health equity and results based accountability in ALCO EMS programs. Refer to examples:

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) 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.

CLINICAL SYSTEMS OF CARE - HOSPITALS – NEW CONTRACTS

ALAMEDA COUNTY BASE HOSPITAL

- Gene Hern, MD is the new Base Hospital Medical Director as of August 2019.

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
 - 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.

CARDIAC ARREST, STROKE, AND STEMI

STEMI/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:

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

STROKE RECEIVING CENTER – NEW DESIGNATION:

- New Stroke Receiving Center designation for Stanford ValleyCare. MOU in development with service initiated on September 4, 2019 after JCAHO certification.

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 on-going review processes for participating hospitals were scheduled from January 2017 through January 2018. Negotiated and submitted new Agreement to County Board of Supervisors for UCSF Benioff Children's Hospital provided Pediatric Readiness Project services in August 2018. New contract January 1, 2019 to December 31, 2019. Alameda County EMS has scheduled all pediatric site visits for 2019 and 2020. Implementing EMSA EMSC regulations.

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 transitions that occurred in 2015, continue to have personnel organization changes in 2019:
 - Stanford Health Care – ValleyCare Hospital. - Emergency Management Position Changes
 - UCSF Benioff Children's Hospital in Oakland – Integrations occurring with UCSF Benioff Mission Bay, SF
 - Regional Kaiser Permanente Oakland - Emergency Management Position Changes
 - Kaiser Permanente San Leandro - ED and Emergency Management Position Changes
 - Kaiser Oakland Hospital - expanded with consolidated pediatric services in Oakland including the addition of pediatric beds in the pediatric intensive care unit.
 - Alameda Health System - expanded ED leadership for Alameda and San Leandro Hospitals.

PROGRAM ACCOMPLISHMENTS – SPECIALTY PROGRAM 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.

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. Cohort 14 ended on January 3, 2019 with a 100% final passage rate. 14 students passed the NREMT. One alumna is employed at Royal Ambulance. Cohort 15 classes started on February 8, 2019.

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 is continuing the HeartSAFE project without interruption with eighty 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. 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 has transitioned towards supporting CPR 9 in a multi-year process.
- In 2017-19, Alameda County EMS implemented a pilot project providing reusable manikins instead of individual/disposable CPR training kits. EMS continues to support the new 9th grade CPR training effort using the reusable manikins.

IDENTIFIED MAJOR NEEDS:

1. Falck Transition Plan for new contracted 911 emergency ambulance services to County Exclusive Operating Area (EOA) has been identified as the priority need; implement and monitor new contract for services to County's EOA.
2. Implement dispatch Priority based system. Optimally deploy prehospital personnel. Ensure BLS and ALS resource types to their full potential – "Ensure right resources are getting to the right patients in the right amount time."
3. Continue to facilitate reductions system-wide in Ambulance Patient Offload Time (APOT), Ambulance Patient Offload Delays (APOD) and the number of avoidable ambulance transports
4. Continue to monitor and ensure contract compliance - Falck, 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 data 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. Ensure compliance with the new EMS for Children Regulations. Continue to conduct pediatric readiness site visits and designate pediatric receiving centers.
8. Strengthen Medical Surge Plans for hospital bed expansion with focus on pediatrics, patient tracking, patient movement, and mass casualty events.
 - Facilitate CDPH/EMSA Pediatric Surge recommendations. Promote utilization of TRAIN Model for all Alameda County hospitals.
 - Continue to test ReddiNet customized polling to assess medical surge bed expansion capability
 - 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.
 - 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)
 - Further prepare for Ambulance Strike Team deployments, develop program and conduct continued training
 - 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.
 - Ensure adequate supplies and ability to deploy them, including MCI Deployment Modules.
 - Continue to test Co-Location mass patient care concept with goal of broader program implementation.
9. Strengthen redundant and interoperable communication systems and provide customized training for ReddiNet, AC Alert, EBRCSA, and CAHAN.

10. Continue use of ReddiNet for Multi-Casualty Incident (MCI), disaster and receiving facility management while expanding the platform to provide behavioral health facility monitoring for the Community Assessment and Transport Team (CATT).
11. Ensure operational personnel deployable readiness for mutual support needs to operational areas outside of Alameda County
12. Facilitate ongoing Quality Improvement in conjunction with Specialty Receiving Centers - Continued data collection and process improvement for cardiac, stroke, trauma centers, and pediatric receiving centers.
 - Continue collection of system data to monitor system operational and clinical performance.
 - Monitor the migration of the patient care record from Zoll to the ESO platform.
13. 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.
14. Conduct Pediatric Readiness “day-to-day” and Medical Surge Hospital Emergency Department Site Visits. Implement new agreement with UCSF Benioff Children's Hospital Oakland to strengthen pediatric readiness project for hospital and prehospital partners.
15. Promote retention and further development of existing specialty care centers including trauma centers: UCSF Benioff Children's, Highland (Alameda Health System), and Eden Hospitals.
 - Maintain ACS Verification as a requirement of the contracts with trauma centers and completion of a System-Wide Trauma Evaluation by the ACS.
16. Develop and implement alternative resources for care and transportation of behavioral health clients on 5150 Welfare and Institutions Code holds.
17. Continue work on Stop the Bleed campaign, Phase II.

NEXT PAGE

GOALS:

1. Support and monitor the Falck transition. Implement new contract for services to County's EOA.
2. Initiate planning for future RFP for 911 emergency ambulance services to County Exclusive Operating Area (EOA).
3. Ensure an EMS System that is clinically and operationally excellent as well as financially viable. Implement contracts for fire department based ambulance services. Implement successor contracts for First Responder Advanced Life Support (FRALS) services.
4. 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)
5. Monitor and evaluate 911, FRALS, ACRECC and hospital contract compliance.
6. Strengthen system-wide MCI/disaster/surge capability and capacity; ensure robust planning, training and risk mitigation with focus on vulnerable populations.
7. 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.
8. Continued enhancement of quality improvement programs including those associated with pediatric, cardiac, stroke and trauma specialty care systems
 - 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.
9. 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.
10. Continue to participate in and host the Regional Trauma Care Committee and EMSC, Pediatric Readiness, and Surge Advisory Committee with UCSF Benioff Children's Hospital
 - Conduct pediatric readiness hospital site visits and designated pediatric receiving centers consistent with CA EMSC Regulations. Strengthen the program consistent with regulations approved.
 - Develop a prehospital pediatric training plan with UCSF Benioff Children's Hospital.
 - Continue to promote the TRAIN Model with focus on NICU.
11. Continue to lead (host) and/or participate in the State, Regional and local Disaster Committees to include:
 - 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
 - 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
12. Continue field use of TXA.

13. Enhance preparedness to respond to multiple casualty incidents given reality of Hybrid Targeted Violence, Active Shooters, terrorism, and multi-site coordinated attacks.
 - Strengthen triage, patient tracking, and patient movement functions while simplifying workflow for responders.
 - 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.
 - Enhance ReddiNet capabilities and facilitate training for all EMS system partners
 - Strengthen Medical Surge Hospital Bed Expansion Capability and process for a surge of patients
14. Provide opportunities for EMS training to high risk communities
 - EMS Corps - Short term plan: improve follow-up with and support of alumni
 - 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.
15. Provide Domestic Violence (DV) Awareness, Policy, and Training
 - 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;
 - 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
16. Strengthen EMS Paramedic Preceptor program: Short term plan: Implement policy details, acknowledging expected confusion and delays associated with new standards; 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
17. Continue HeartSAFE project with community AED maintenance and provide AEDs for law enforcement vehicles as financially feasible.
18. CATT Team – Plan development of appropriate care of our community's 5150 patients.

NEXT PAGE

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.
- 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 consistent with CA EMS for Children Regulations.

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.

POLICY

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

EMERGENCY PREPAREDNESS AND RESPONSE

DISASTER SURGE / MCI - RESOURCES

- 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

MCI POLICIES

- Updated and to be implemented with 2020 Protocol/Policy updates.

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.

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 in those efforts.
- 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.
- 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.
- 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, e.g, 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

- Continue development and implementation of Pilot Community Assessment, Treatment and Transport program in conjunction with Alameda County Behavioral Health Care Services to enhance services to individuals experiencing mental health crisis in the community and reduce prevalence of 5150 holds.
- Recruit Students for EMS Corps Cohort 17 (first co-ed cohort). Partner with San Mateo County to accept four students into the EMS Corps and potentially provide two new employment partners.
- Obtain additional funding and support for Health Coach Program.

A. SYSTEM ORGANIZATION AND MANAGEMENT (2018-19)

	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		✓	✓	✓	

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		✓			✓

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		✓		✓	✓

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		✓	✓		

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		✓			✓

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		✓			

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		✓	✓		✓

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
8.01	Disaster Medical Planning*		✓			✓
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		✓			

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
A. System Organization and Management - Agency Administration:						
1.01	LEMSA Structure	✓			<p><u>PROGRESS TO DATE:</u></p> <p>EMS ORGANIZATION</p> <ul style="list-style-type: none"> Alameda County (ALCO) EMS is a division of the Alameda County Health Care Services Agency (HCSA). Transitions continue to occur within HCSA leadership. <p>EMS STAFFING AND PROGRAM CHANGES</p> <ul style="list-style-type: none"> Refer to the EMS Director, General Administration and Staffing changes below. <p>EMS DIRECTOR AND DEPUTY DIRECTOR</p> <ul style="list-style-type: none"> LAURI MCFADDEN, <u>EMS Director</u>, (hired 2019) reports directly to Colleen Chawla, Agency Director of the Alameda County Health Care Services Agency. ANNE KRONENBERG was hired as Interim EMS Director in October 2018 and served in that capacity until Lauri McFadden was hired in April 2019. Anne is remaining with the Agency as a consultant to oversee special projects to include the next EMS system RFP process. WILLIAM MCCLURG, an EMS Coordinator for the Agency, was promoted to EMS Deputy Director in 2019. <p>RDMHS</p> <ul style="list-style-type: none"> ARAM BRONSTON was hired November 2019 to serve as the Region II RDMHS. <p>EMS COORDINATORS</p> <ul style="list-style-type: none"> YOLANDA TAKAHASHI, EMS Coordinator, Liaison for Primary EOA Provider and Project Lead with Behavioral Health and the current 9-1-1 provider to develop the Community Assessment and Transport Team.(hired April 2019) LESLIE SIMMONS, EMS Coordinator (hired July 2019) Liaison with Receiving Hospitals and BLS/IFT Providers <p>GENERAL ADMINISTRATION</p> <ul style="list-style-type: none"> ERICA CAMPOS was promoted to support the EMS Director WILLIAM TUTOL was hired as Administrative Specialist II <p>EMS FUNCTIONAL ORGANIZATION</p> <ul style="list-style-type: none"> As the Director, Lauri McFadden 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 Coordinators (previously PHCC)</u> team provide essential support to the Director. Finance, Budget, and Administrative leadership staff support at the HCSA level as EMS continues to evolve. ALCO EMS continues the 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 	<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 – 2018 UPDATED 9/18/19	Objective – 2018-19
					pediatrics), disaster preparedness, and hospital -EMS integration). NEXT PAGE	
1.02	LEMSA Mission	✓			<p>Refer to the QI Plan 2019 and the EMS System Plan Update 2017.</p> <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 "Triple Aim" 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>Refer to EMS Website: http://ems.acgov.org/AboutEMSAgency/AboutEMSAgency.page?</p>	<p><u>OBJECTIVE:</u></p> <ul style="list-style-type: none"> To ensure EMS Plan, implementation, and evaluation of the EMS system <p>ALAMEDA COUNTY (ALCO) EMS VISION</p> <ul style="list-style-type: none"> <u>VISION</u> Helping people live healthy and fulfilling lives through training, preparedness, prevention, and medical response. <u>MISSION</u> Alameda County EMS ensures the provision of quality emergency medical response 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>Refer to the "EMS Agenda for the Future." vision below:</p> <ul style="list-style-type: none"> "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. "

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
1.02	LEMSA Mission	✓			<p><u>Refer to 2017 EMS System Plan Update</u></p> <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 <p><u>EMERGENCY AMBULANCE SERVICES - CONTRACTS</u></p> <ul style="list-style-type: none"> • ALCO EMS conducted a competitively bid RFP process, to select and implement a contract for services to the Exclusive Operating Area (EOA) served by Paramedics Plus prior to June 30, 2019. Of the three proposals received, Falck was selected as the new EOA provider. • 9-1-1 emergency ambulance transport transition occurred over a 6 month process after the Agreement was finalized on December 14, 2018. Falck assumed EOA transport responsibility from Paramedics Plus on July 1, 2019 <p><u>FRALS, FIRE AMBULANCE TRANSPORT & MEDICAL DISPATCH SERVICE</u></p> <ul style="list-style-type: none"> • New ALS ambulance transport agreements with the cities of Alameda, Albany, Berkeley, and Piedmont were approved by the County Board of Supervisors and executed providing for service through June 30, 2024, each with an option to extend for an additional five (5) year period. • First Responder Advanced Life Support (FRALS) agreements County-wide provide for service through June 30, 2024, each with an option to extend for an additional five (5) year period. • The Emergency Medical Dispatch agreement with the Alameda County Regional Emergency Communications center provides for service through June 30, 2024 and contains options to extend thereafter. 	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.
1.03	Public Input	✓			<p><u>Refer to 2017 EMS System Plan Update</u></p> <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; LEMSAC Coordinators Meeting; EMSC, QI, & Pediatric Surge Advisory Committee Meeting, and other ad-hoc committees (ie. EMS Transition Meetings; ReddiNet and Western Regional Alliance for Pediatrics Emergency Management (WRAP-EM) Workgroup Committee) • Hosting of public comment forum for proposed annual protocol and policy updates 	<p>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>.</p> <p><u>OBJECTIVE:</u></p> <ul style="list-style-type: none"> • Continue obtaining input from consumer and healthcare partners.
1.04	Medical Director	✓			<p><u>Refer to 2017 EMS System Plan Update</u></p> <p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> • Dr. Karl Sporer continues to serve as the EMS Medical Director • Dr. Jocelyn Garrick continues to serve as the Deputy EMS Medical Director. <p><u>EMS FELLOWS</u></p> <ul style="list-style-type: none"> • Alameda County EMS has a contract with the University of California, San Francisco (UCSF) Department of Emergency Medicine to provide the opportunity for their 	<p>Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.</p> <p><u>OBJECTIVE:</u></p> <ul style="list-style-type: none"> • Continue with the current staffing for EMS Medical Director, Deputy EMS Medical Director, and EMS Fellows

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<p>physicians to participate in an EMS Fellowship. The purpose of the EMS Fellowship program is to provide the physicians exposure to EMS, providing them insight and knowledge of prehospital medical care and the functions/coordination of an EMS system. Reports to Medical Director – The Fellows are listed below:</p> <ul style="list-style-type: none"> o <u>LAUREN HART</u>, Current EMS UCSF Fellow o <u>JEREMY LACOCQUE</u>, Current EMS UCSF Fellow o <u>SAMMY HODROGE</u> EMS UCSF Fellow (Q3 & Q4 2018) Completed Airway QI project; worked on Respiratory Distress manuscript; Lectured at Bay Area Paramedic Journal Club <p>MEDICAL DIRECTOR RESEARCH</p> <ul style="list-style-type: none"> • Karl Sporer, MD, Medical Director with Agency Staff continues submission of both peer reviewed and non-peer reviewed research which is published in highly respected professional journals and periodicals • Tseng ZH, Olgin JE, Vittinghoff E, Ursell PC, Kim AS, Sporer K, Yeh C, Colburn B, Clark NM, Khan R, Hart AP, Moffatt E. Prospective Countywide Surveillance and Autopsy Characterization of Sudden Cardiac Death: POST SCD Study. Circulation. 2018 Jun 19;137(25):2689-2700 • Trivedi TK, Glenn M, Hern G, Schriger DL, Sporer KA. Emergency Medical Services Use Among Patients Receiving Involuntary Psychiatric Holds and the Safety of an Out-of-Hospital Screening Protocol to "Medically Clear" Psychiatric Emergencies in the Field, 2011 to 2016. Ann Emerg Med. 2018 (18)31158-2. • Backer HD, D'Arcy NT, Davis AJ, Barton B, Sporer KA Statewide Method of Measuring Ambulance Patient Offload Times. Prehosp Emerg Care. 2018 Sep 26:1-18. • Neeki MM, Dong F, Toy J, Vaezazizi R, Powell J, Wong D, Mousselli M, Rabiei M, Jabourian A, Niknafs N, Burgett-Moreno M, Vara R, Kissel S, Luo-Owen X, O'Bosky KR, Ludi D, Sporer K, Pennington T, Lee T, Borger R, Kwong E. Tranexamic Acid in Civilian Trauma Care in the California Prehospital Antifibrinolytic Therapy Study. West J Emerg Med. 2018 Nov;19(6):977-986. doi: 10.5811/westjem.2018.8.39336. Epub 2018 Sep 10 	
Planning Activities:						
1.05	System Plan	✓			<p><u>Refer to 2017 EMS System Plan Update</u> PROGRESS TO DATE: CA EMSA APPROVAL - SYSTEM PLANS AND REGULATORY COMPLIANCE</p> <p>EMS SYSTEM PLAN</p> <ul style="list-style-type: none"> • Alameda County 2017 EMS System Plan Update (with 2017-2018 Executive Summary) completed and approved by the California EMS Authority; • 2018 Update submitted to EMSA September 2019 <p>EMS TRAUMA PLAN</p> <ul style="list-style-type: none"> • Alameda County 2017 EMS Trauma Plan Update and approved by CA EMSA; 2018 • Update submitted to EMSA September 2019 <p>EMS QUALITY IMPROVEMENT (QI) PLAN</p> <ul style="list-style-type: none"> • 2018 Update submitted to EMSA September 2018 • 2019 Update submitted to EMSA September 2019 <p>EMS FOR CHILDREN (EMSC) PLAN</p>	<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>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"> 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 (ie. Current Exclusive Operating Area (EOA) allowing for

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<ul style="list-style-type: none"> Plan to submit EMSC Plan to EMSA by January 2020 consistent with new CA EMSC regulations. Finalizing hospital agreements to ensure hospitals implement PedRC requirements. <p>Refer to 1.02 Progress Update Form</p> <p>EMS SYSTEM Evaluation and Request for Proposals (RFP)</p> <ul style="list-style-type: none"> ALCO EMS conducted a RFP process, to select and implement a contract for services to the Exclusive Operating Area (EOA) <ul style="list-style-type: none"> Paramedics Plus contract ended June 30, 2019. Falck is the newly selected ALCO EMS 911 Provider as of July 1, 2019. <ul style="list-style-type: none"> Emergency Ground Ambulance Service will be provided through June 30, 2024 EMS executed the Falck contract, ensuring contract compliance and oversight <p>CONTRACT Extensions & New Contracts–FRALS and FIRE TRANSPORT</p> <ul style="list-style-type: none"> Alameda County Regional Emergency Communications Center (ACRECC) emergency medical dispatch – executed new contract effective until June 30, 2024 First Responder Advanced Life Support (FRALS) and Fire Transport – negotiated and executed new contracts effective until June 30, 2024 	<p>consistency of service Throughout all areas and jurisdictions of the County</p> <ol style="list-style-type: none"> 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)
1.06	Annual Plan Update	✓	✓		<p>Refer to 2017 EMS System Plan Update</p> <p>PROGRESS TO DATE:</p> <ul style="list-style-type: none"> EMS System Plan Update for 2017-18 completed and submitted in August 2018 and approved September 2018. 	<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>OBJECTIVE: Update the EMS System Plan yearly or as prescribed and submit to EMSA (short range)</p>
1.07	Trauma Planning*	✓	✓	✓	<p>Refer to 2017 EMS System Plan Update</p> <p>PROGRESS TO DATE:</p> <ul style="list-style-type: none"> ACS Certification is now a requirement of current Trauma Center contracts New contracts implemented in 2018. <i>EMS planned for verification and reverification visits by the American College of Surgeons for the County's 3 trauma centers.</i> Alameda Health System - Highland Hospital successfully achieved Level 1 status in April 2017 following ACS consultation in May 2016 in which Alameda County EMS leadership participated. All trauma centers successfully completed scheduled ACS re-verification April 2017: <ul style="list-style-type: none"> UCSF Benioff Children's Hospital Oakland, Level 1-Pediatric Alameda Health System – Highland Hospital, Level 1-Adult ** Sutter Eden Medical Center, Level 2-Adult ALCO EMS continues to participate in and host the Regional Trauma Coordinating Committee (RTCC). <p>TRANEXAMIC ACID (TXA) Pilot Study and Adoption in Optional Scope</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. Following the conclusion of this Pilot study of IV administration of TXA to control life-threatening hemorrhage, TXA is now part of our local optional scope of practice in Alameda County. 	<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>OBJECTIVE: The purpose of the trauma plan is to monitor the delivery of services, improve trauma care through use of best practice in reducing death and disability, and identify areas where improvement can be made.</p> <p>Short-Range Plan:</p> <ul style="list-style-type: none"> Maintain ACS Verification as a requirement of the contracts with our trauma centers. <p>Long Range Plan</p> <ul style="list-style-type: none"> Completion of a System-Wide Trauma Evaluation by the ACS <p>Short Range Plan:</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>Short Range Plan:</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).
1.08	ALS Planning*	✓	✓	✓	<p>Refer to 2017 EMS System Plan Update</p> <p>PROGRESS TO DATE:</p>	<p><i>Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.</i></p>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<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. Until June 30, 2019, the contract allowed the use of BLS for all Omega, Alpha and Bravo calls. Paramedics Plus utilized BLS for Omega, Alpha and 4 specific Bravo calls only in the north part of the county. From July 1, 2019 moving forward, call determinants have been further categorized into priorities. The new priority system has 5 response priorities: <ul style="list-style-type: none"> Priority 1 – High Acuity Calls - Code 3 response by FRALS, ALS transport and EMS Supervisor Priority 2 – Moderate Acuity Calls - Code 3 response by FRALS and ALS transport Priority 3 – Emergent Interfacility – Code 3 ALS transport (Code 3 FRALS as needed) Priority 4 – Low Acuity Calls – Code 2 ALS or BLS transport. (FRALS at discretion of each agency) Priority 5 – Non-medical 5150 – Code 2 ALS or BLS transport OR Approved alternative 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. 	OVERALL OBJECTIVES: <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. SHORT-RANGE PLAN: <ul style="list-style-type: none"> Development of the work group. LONG-RANGE PLAN: <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>Refer to 2017 EMS System Plan Update</u></p> <p>PROGRESS TO DATE:</p> <p>RESOURCE DIRECTORIES:</p> <p>COMMUNICATION SYSTEMS</p> <ul style="list-style-type: none"> EMAIL Distribution Lists updated for: Health Care Services Agency (HCSA) leadership emergency notification; Falck 911 and non-emergency permitted Ambulance providers. Pediatric Emergency Care Coordinators (PECCs) identified for all pediatric receiving centers (PedRC) hospitals; contact list updated.. REDDINET - Updated Master ReddiNet Contact List. Added new users. Created ab EMS System Notification Distribution List (Receiving Hospitals, Fire Departments, 911 Providers, and Non-Emergency Permitted Providers AC Alert - HCC Coalition member distribution list updated CAHAN distribution lists updated including transport providers <p>VEOCI – RESOURCE MANAGEMENT SYSTEM</p> <ul style="list-style-type: none"> Public Health and OES utilize VEOCI for disaster resource management. EMS will evaluate utilization and consistency with Alameda County GSA resource management. <p>FACILITIES:</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. (focus Veoci Resource Management System) <p>TRANSPORT PROVIDERS & EMS</p>	<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>OBJECTIVES:</p> <p>SHORT RANGE</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 Coalition Master Distribution List. Ensure CAHAN, AC Alert, and ReddiNet 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)	<p>Progress – 2018 UPDATED 9/18/19</p>	<p>Objective – 2018-19</p>
					<ul style="list-style-type: none"> • After transition to Falck, updated all contact directories • <u>Ensure communications</u> device for EMS Command Vehicles <p>EQUIPMENT AND SUPPLIES - Updated</p> <p>MCI/MASS CASUALTY DEPLOYMENT MODULES/TRAILERS</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 distributed throughout Alameda County including Falck and clinic locations. • Several clinics have received training and Point of Wounding kits. • Alameda County EMS Resource Directory distribution lists - updated with new MCI modules. <p>GENERAL SERVICES AGENCY</p> <ul style="list-style-type: none"> • Updated Logistics Equipment and Supply Resource Inventories with Public Health • Private Sector Logistics Inventory Updated with General Services Agency • Alameda County Public Health Department/EMS Resource Inventories – ACS Cache – MOUs Updated using Veoci <p>EMS EMERGENCY/DISASTER SUPPLY INVENTORY</p> <ul style="list-style-type: none"> • Updated inventory list using Falck for resource locations • 700/800 Megahertz UHF/VHF Portable Radios updated inventory and distribution list • Portable laptops – New equipment inventoried and updated • 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>OPERATIONAL AREA EOC MEDICAL / HEALTH BRANCH AND EMS DOC</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 enhancing physical space functionality and technology assets. Planning to relocate EOC Med/Health Branch to a larger room. • EMS Branch DOC upgrades planned. Developed plans to update EMS DOC technology and logistics requirements in San Leandro. • Tested EMS Branch DOC in the Falck Transition June 30, 2019 and Coalition Surge Test May 30, 2019; June 27, 2018 <p>MOBILE / OFF-SITE OPERATIONAL CAPABILITY</p> <ul style="list-style-type: none"> • Inventoried and assigned <u>new radios</u> to EMS Coordinators • Ensure all EMS Personnel have APX-7000 radios, mics, batteries and chargers. Updated communications cache. Designated ALCO EMS Duty Officers have new programmed individually issued 700/800Mhz & VHF portable radios • EMS Director, EMS Deputy Director and EMS Coordinators have mobile laptops with extended life batteries and enhanced connectivity to ensure operational self-sufficiency, reliable communications and information management capability. • EMS Director, EMS Deputy Director, MHOAC and RDMHS Region II have new satellite communications voice and data devices • All ALCO EMS Duty Officer response vehicles have 700/800Mhz & VHF portable radios and have been equipped with AED's and basic first aid / trauma supplies • Assisted ITD and HCSA with communications and radio inventory for all branches of HCSA (EMS, Behavioral Health, Mental Health, Public Health, and leadership) 	

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
1.10	Special Populations	✓	✓	✓	<p><u>Refer to 2017 EMS System Plan Update</u> <u>Refer to previous sections and plans:</u></p> <ul style="list-style-type: none"> 1.27 (Pediatric System Plan) Progress Update Form 2018-19 5.04 (Specialty Care Facilities) Progress Update Form 2017-18 <p>PROGRESS TO DATE: <i>Children - identified as special population group</i></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. The EMSC Coordinator Cynthia Frankel at the Alameda County EMS Agency provides technical assistance and coordination to ensure integration of EMSC in each Alameda County EMS program and clinical operations. The focus is pediatric quality of care, operational field pediatric policies, continuity of care, family-centered care, children with functional needs, injury prevention, and disaster / surge preparedness and training. <p>QUALITY IMPROVEMENT - EMSC</p> <p>The EMS for Children quality benchmarks and activities reflecting progress include:</p> <ul style="list-style-type: none"> 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 effective January 2019 is now implemented. An addendum to contract is planned for prehospital pediatric training through 2020. <u>Partnership with UCSF Benioff Children's Hospital, Oakland</u> including the <u>Pediatric Readiness</u> ED site visits to ensure "day to day" and surge preparedness. Pediatric <u>quality assurance</u> and improvement process by including outside experts for performance review of both the trauma centers and receiving hospitals. All pediatric trauma cases including all MCIs are reviewed and monitored. Refer to the 2018-19 EMS Trauma Plan update. Alameda County EMS has the quarterly EMS for Children, Pediatric Readiness, QI, and Medical Surge Advisory Committee with UCSF Benioff Children's Hospital. The next meeting is scheduled October 25, 2019. <ul style="list-style-type: none"> The scope of this workgroup supports implementation of the new CA EMS regulations. Planning activities include: leveraging system-wide HCC pediatric coalition response planning partners Pediatric Emergency Care Coordinators (PECCs); monitoring hospital pediatric readiness with Emergency Department Pediatric Site Visit Assessments using National Tools; planning pediatric exercises and training (ie. SWMHE and CST with pediatric considerations; and prehospital pediatric training. <p>PEDIATRIC RECEIVING CENTERS (PedRC)</p> <ul style="list-style-type: none"> All hospitals are expected to comply with the new CA EMSC regulations. <ul style="list-style-type: none"> The receiving hospitals are required to have pediatric emergency care coordinator (PECCs) with competency; pediatric quality improvement, policies, 	<p><i>Each local EMS agency shall <u>identify population groups</u> 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>OVERALL GOAL – LONG-RANGE</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. <p>SHORT RANGE PLAN / LONG RANGE</p> <ul style="list-style-type: none"> EMS for Children Program update consistent with CA EMSC regulations and implement PedRC agreements <p><u>Refer to 2017 EMS System Plan Update</u></p> <p>PEDIATRIC SURGE GOALS</p> <p><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 data collection and quality improvement systems, data analysis, and research in EMSC Integrate pediatric issues in all aspects of EMS development - disaster Expand the availability of illness and injury prevention, first aid and CPR programs Optimize pediatric emergency department and critical care facility capabilities throughout the state Optimize trauma care for all pediatric patients Optimize prehospital and inter-facility pediatric transport Develop broad-based support for improving EMSC <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

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	<p>Progress – 2018 UPDATED 9/18/19</p>	<p>Objective – 2018-19</p>
					<p>and equipment; and injury prevention, and surge preparedness plans. . Assessing PedRC designations and facilitating hospital PedRC agreements.</p> <p>EMSC PARTNERS AND COMMITTEES</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 2018-19 Joined the 5 state - Western Regional Alliance for Pediatric Emergency Management (WRAP-EM) to strengthen pediatric emergency preparedness. Supporting UCSF Benioff Children's Hospital grant submission; pending award and project role. Representation / participation in the <u>Alameda County Disaster Preparedness Health Coalition</u> for integration of pediatric medical surge and the Receiving Hospital Committee for EMSC initiatives. Partnering with Contra Costa County NICU Planning group with focus on promoting the Triage, Resource Allocation for In-patient (Neonates) - "TRAIN" Model <p>CONFERENCES AND TRAINING – PEDIATRIC FOCUS</p> <ul style="list-style-type: none"> Promoting integration of pediatric content in State and National Conferences on Provide pediatric surge presentation for the HCC – ALCO Disaster Preparedness Health Coalition (DPHC) EMSC Coordinator attended CA EMSA/CDPH EPO Conference in Sacramento June 2019 and CHA Conference in Pasadena September 2019; presented poster: "Local Pediatric Readiness and Surge CONOPs in Action" Pediatric Surge planning presentation for: ALCO DPHC Medical Surge Week Webinars July 2019; and SWMHE Tabletop Exercise 2018 and 2019. Partnering with Contra Costa NICU Planning group - Attended joint Kaiser Santa Rosa presentation AAR post 2017 Firestorms in 2018 <p>PEDIATRICS - PLANS AND POLICIES (DISASTER / SURGE)</p> <ul style="list-style-type: none"> Developed Pediatric Receiving Center (PedRC) policies and agreements for all hospitals. Specific policies developed for Comprehensive, Advance, and General PedRCs. Children's Disaster CONOPs (Annex to operational Area EOP) submitted to OES Operations Council for submission to Alameda County Board. The proposed annex will be updated. The EMSC Coordinator contributed to original version and will be participating on the committee to finalize the plan. EMSC Coordinator supporting planning committee for State Pediatric Medical Surge Planning – to develop Patient Movement Plan – Pediatric Surge Annex Developed CA Children's Disaster CONOPs draft framework shared at state EPO and national health care coalition conferences. . Alameda County EMS website updated with pediatric medical surge planning information and links for system-wide partners Updated EMS Pediatric Medical Surge Plan 2018 and EMS Surge Plan 2019 <p>"AT RISK" BOYS AND MEN OF COLOR (BMOC) PROGRESS:</p> <ul style="list-style-type: none"> EMS Corps training and peer support mentoring provided in 2015-19 (on-going). <p>EMT TRAINING - PROVIDED BY EMS FOR EMS CORPS</p> <ul style="list-style-type: none"> EMS Prehospital Care Coordinators continued support EMT training component of the EMS Corps cohort Continue to offer training and life coach support to provide men of color a career path in EMS. <p>EMS Corps: Career and Workforce Development</p>	<p>goals is to organize a scalable structure for a surge response for children by creating an operational area Pediatric Medical Surge Plan and HCC Pediatric Response Plan (Short Range/Long Range).</p> <p>"AT RISK" BOYS AND MEN OF COLOR (BMOC) OBJECTIVES: full-time program aimed to change the trajectory of BMOC 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 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 Improve communication <p>EMS CORP</p> <ul style="list-style-type: none"> 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>OLDER POPULATIONS (65+) OBJECTIVES: 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"> 2018 and 2019 Annual SIPP Forum – Plan for 2020 forum Matter of Balance is an evidence-based fall prevention program designed to reduce elderly falls and the fear of

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<ul style="list-style-type: none"> • <u>Cohort 14</u> ended on January 3, 2019. Cohort 14 had a 100% final passage rate • 14 students have passed the NREMT. One alumna is employed at Royal Ambulance • Outreach eight events with partnering programs, approximately 400 students • Taught four CPR Classes to partnering programs • Applications for cohort 15 have ended and classes started on February 8, 2019. • Partnership with San Mateo County sponsoring three students for cohort 15. <hr/> <ul style="list-style-type: none"> • Cohort 15 classes started on February 8, 2019 with a current midterm passing rate of 100%. Continued success with post-program employment and working to establish a definitive employment pipeline providing conditional employment offers prior to program completion. • Engaging EMS Corps cohort to volunteer with community education / training events • On-going development of plan for first gender non-specific cohort. <p><u>EMS CORP AND HEALTH PATHWAY PARTNERSHIP</u></p> <ul style="list-style-type: none"> • Assignments – Refer to EMS Organization Chart Table 2b 2018 Plan Update <p><u>CAREER AND WORKFORCE DEVELOPMENT</u> 2018 4th Quarter</p> <p><u>Alameda County Health Pathway Partners (ACHPP):</u></p> <ul style="list-style-type: none"> • Planed Allied Health Expo for April 10th, 2019 at San Leandro Adult School • Presented at the Jobs for the Future Workforce Conference in November 2018 • Awarded 7 Mini Grants to Health Pathway Partners with BYA • Hosted ACHPP 6th Annual IAC Convening Meeting • Hosted end of the year partners' gathering • Collected aggregate data from partners • Enrolled in Salesforce Nonprofit <u>Starters Pack</u> <p><u>Health Coach:</u></p> <ul style="list-style-type: none"> • Finished conducting all calls for IRB Health Coach Study • Kaiser Community Benefits Grant Board letter approved • Updating all contents of Health Coach Materials • Hired Health Coach Program Manager/Trainer • Submitted Kaiser Mid-Year Report • Submitted grant application for Stroke Shields Foundation <p><u>Cherry Hill:</u></p> <ul style="list-style-type: none"> • Oriented new director of Cherry Hill to Medical Triage • Started Medi-CAL provider application • Triage provided for over 200 clients <hr/> <ul style="list-style-type: none"> • Obtained additional funding and support for Health Coach program and expansion of EMS Corps to non-gender specific in July 2018 <hr/> <p><u>INTELLECTUAL AND DEVELOPMENTAL DISABLED POPULATION</u> <u>PROGRESS</u> - Mission statement developed: IDDF is an inclusive and collaborative team assembled to improve services for individuals with intellectually & developmentally disabilities who require forensic support in the East Bay</p> <ul style="list-style-type: none"> • Worked with Intellectual and Developmental Disability Forensic Team (IDDF) to develop goals for 2018 using Sequential Intercept technique 	<p>falling by cognitive restructuring and exercise. STEADI is a fall risk assessment tool developed by the CDC to 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> <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. <u>SHORT RANGE:</u></p> <ul style="list-style-type: none"> • Develop mission statement, identify community partners, investigate training models for first responders and others who would interact with this population during crisis <p><u>LONG RANGE:</u></p> <ul style="list-style-type: none"> • Secure funding and promote policy for sustainability <p><u>PATIENTS WITH MENTAL HEALTH ISSUES</u> <u>OBJECTIVES:</u></p> <ul style="list-style-type: none"> • Collaborate with local <u>law enforcement (LE)</u> agencies and Behavioral Health Care Services (BHCS) to navigate those with mental health issues in crisis to appropriate care and services <p><u>SHORT-RANGE PLAN:</u></p> <ul style="list-style-type: none"> • Foster productive collaborative relationships with law enforcement and County Behavioral Health Care Services, promote and implement multidisciplinary training and transportation program. • Beta Test the CATT Project <p><u>LONG-RANGE PLAN:</u></p> <ul style="list-style-type: none"> • 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> <u>WHOLE PERSON CARE PROJECT</u> <u>Objectives:</u></p> <ul style="list-style-type: none"> • Broad- based collaboration in conjunction with the County 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><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

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<ul style="list-style-type: none"> 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 PATIENTS WITH MENTAL HEALTH ISSUES <u>PROGRESS:</u> <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 FREQUENT 911/EMERGENCY USERS <u>PROGRESS:</u> ALAMEDA COUNTY CARE CONNECT (WHOLE PERSON CARE) - BEHAVIORAL HEALTH PARTNERSHIP <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 (<u>AC3</u>) 2018 Quarter 4 Alameda County Care Connect (Whole Person Care) <ul style="list-style-type: none"> Karl Sporer, MD participated in AC3 Steering Committee and Clinical Working Group Data Sharing from EMS to AC3 - Completed a list of data elements Completed the technical aspects of data delivery Participated in the initial Universal Authorization Work Group meeting <u>Mental Health First Responder</u> Mental Health First Responder – Pilot Project Community Assessment and Transport Team (CATT) <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 One time funds from Measure A obtained. Innovation Grant for Behavioral Health submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC). Presentation made to local Mental Health Oversight Committee Presentation made to the Board of Supervisors, Health Committee Vehicle Purchases; Working on specifications; MOU in preparation 2019 continued developing a pilot program with Behavioral Health Care Services and the contracted private 9-1-1 ambulance transport provider that will provide a Mental Health Clinician and an EMT in an unmarked vehicle to assist in timely assessment and transport to alternate destinations. Procurement of program manager through hiring of EMS Coordinator with both EMS and Behavioral Health experience. 	<p>novel approaches to care for high utilizers of multiple systems as well as 5150 population – reduce dependence of these populations on EMS</p> <p><u>LONG-RANGE PLAN:</u></p> <ul style="list-style-type: none"> Investigate options for sustainability <hr/> <p><u>“AT RISK POPULATIONS” – Policies and Training OBJECTIVES:</u></p> <ul style="list-style-type: none"> 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><u>SHORT-RANGE PLAN:</u></p> <ul style="list-style-type: none"> Maintain established partnerships/collaborations and program/activities <p>DOMESTIC VIOLENCE (DV) POLICY</p> <ul style="list-style-type: none"> Refer to EMS Website: http://ems.acgov.org/ems-assets/docs/Documents-Forms/ALCO_FM_2019%20FINAL.pdf – p.3 <p><u>SHORT RANGE:</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 RANGE:</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) 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 – 2018 UPDATED 9/18/19	Objective – 2018-19
					<ul style="list-style-type: none"> Testing ReddiNet – HAVBed module to identify available receiving site beds for 5150 destinations. <p>ASSESS AND REFER</p> <ul style="list-style-type: none"> Provides alternative for selected 911 patients who have been evaluated by a paramedic. Training completed. QI monitoring of its use. Initiating discussion to include HCC clinic partners. <p>LAW ENFORCEMENT - NARCAN</p> <ul style="list-style-type: none"> <u>Law enforcement</u> approved programs to provide naloxone (<u>narcan</u>) for suspected opiate overdoses: Alameda County Sherriff's Office; Alameda City PD; Berkeley PD; UC Berkeley PD; Emeryville PD; Livermore PD; Oakland Housing Authority; San Leandro PD; East Bay Parks Police Department; Fremont Police Department; Hayward Police Department; Newark Police Department; Oakland Police Department; Pleasanton Police Department; and Union City Police Department Worked with <u>Intellectual and Developmental Disability Forensic Team (IDDFt)</u> to develop goals for 2018 using Sequential Intercept technique <hr/> <p>HEART SCREENING</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 event. The Heart Screening experience includes: Medical history, patient and family; Height, weight and blood pressure; CPR and AED training; 12-lead ECG and ECHO; Face-to-Face Physician consult <hr/> <p>911 CLINICAL FIELD PROTOCOL REVISION 2019</p> <ul style="list-style-type: none"> Updated Field Manuals. The App was updated. Training was completed throughout the system <p>2019 SUMMARY OF FIELD MANUAL POLICY UPDATE – Refer to 2019 QI Plan</p> <ul style="list-style-type: none"> Refer to EMS Website: http://ems.acgov.org/Documents/Documents.page? <p>ADMINISTRATIVE</p> <ul style="list-style-type: none"> AMBULANCE REROUTING CRITERIA – BYPASS REMOVED <p>GENERAL SECTION</p> <ul style="list-style-type: none"> ASSAULT/ABUSE/DV – p. 4-5 - Pending California Legislation HYPERKALEMIA – p. 14 – Clarifies Hyperkalemia treatments and cautions SCOPE OF PRACTICE – p. 20 <ul style="list-style-type: none"> Pediatric Intubation removed per EMSA Olanzapine is an efficacious and well tolerated anti-psychotic IFT BLS Vetting in progress TRAUMA ARREST PROTOCOL TRAUMA PATIENT CRITERIA – p. 27 TXA – p. 28 - California Prehospital Antifibrinolytic Therapy (Cal-PAT) Study – <ul style="list-style-type: none"> "Improved mortality;" "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"> ANAPHYLAXIS ADULT - p. 36 – <ul style="list-style-type: none"> Clarifies BLS administration of Epinephrine in Anaphylaxis ANAPHYLAXIS PEDIATRIC p. 63 	

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	<p>Progress – 2018 UPDATED 9/18/19</p>	Objective – 2018-19
					<ul style="list-style-type: none"> • ASYSTOLE/PEA ADULT 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. “ • VF/VT ADULT p. 59 • VF/VT PEDIATRIC p. 73 • AIRWAY OBSTRUCTION p. 62 <ul style="list-style-type: none"> ▪ Pediatric Intubation (< 40 kg) removed per California EMSA • NEONATE RESUS p. 67 • POISONING p. 71 • RESPIRATORY DISTRESS p. 75-76 • ROUTINE MEDICAL CARE p. 77 • MEDICATIONS p. 41 • OPERATIONS SECTION • BLS/ALS FIRST RESPONDER p. 87 <ul style="list-style-type: none"> ▪ Clarifies First Responder Personnel • DEATH IN THE FIELD p. 88 - Trauma Arrest Policy Pending • EQUIPMENT p. 98-104 - Clarifies equipment specifications associated with 2019 field policy updates • IFT p. 106 • ADD OLANZAPINE (NEW) – 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 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. • EXCITED DELIRIUM <ul style="list-style-type: none"> ▪ Excited Delirium algorithm pathway converges links to applicable existing field manual treatment policies. • PSYCHIATRIC AND BEHAVIORAL EMERGENCIES P. 112 • RESPONDING UNITS – Canceling/Reducing Code p. 114 • UNUSUAL OCCURRENCE - Identifies improvement opportunities in clinical outcomes and/or system structures / processes. • PROCEDURES • ADVANCED AIRWAY p. 116 • CHILD INJURY PREVENTION <ul style="list-style-type: none"> ▪ Alameda County EMS is expanding community outreach to reduce number of childhood injuries • SAFE KIDS COALITION <ul style="list-style-type: none"> ▪ Refer To EMS Website: http://ems.acgov.org/CommntyResources/CIP.page? ▪ 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 	

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	<p>Progress – 2018 UPDATED 9/18/19</p>	Objective – 2018-19
					<p>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> <p>CHILD PASSENGER SAFETY 2018- Conducted 19 Child Passenger Safety Check-Up Events/Inspection Stations</p> <ul style="list-style-type: none"> • Provided education to 923 individuals • Distributed 413 child safety seats to low-income families • Provided installation assistance for 512 seats • Provided MOU holding partners with an additional 273 car seats to distribute to clients <p>2019</p> <ul style="list-style-type: none"> • Provided education to 366 individuals • Distributed 70 child safety seats to low-income families • Provided installation assistance for 130 seats <p>SAFE KIDS DAY 2018 - Held 5th annual Safe Kids Day in partnership with AEG, Oracle Arena, and AAA</p> <ul style="list-style-type: none"> • Distributed and properly installed 254 booster seats • Distributed and properly fit 431 wheeled sports helmets • Hosted community safety fair with 53 agencies/activities participating • 710 attendees <p>2019</p> <ul style="list-style-type: none"> • Held 6th annual Safe Kids Day in partnership with University Village and AAA • Properly installed 58 car seats and distributed 31 seats • Distributed and properly fit 237 wheeled sports helmets • Hosted community safety fair with 41 agencies/activities participating • 650-750 attendees <p>CHILD PASSENGER SAFETY TRAININGS BASICS COURSE (CSPT) 2018</p> <ul style="list-style-type: none"> • With the support of certified instructors, IPP hosted and facilitated Child Passenger Safety Technician (CPST) classes in May, August and October 2018. Facilitated / hosted two Continuing Education Classes in August and October 2018. • Hosted 1 Basic CPS Training for RNs in June 2018 <p>2019</p> <ul style="list-style-type: none"> • With the support of certified instructors, IPP hosted and facilitated Child Passenger Safety Technician classes in March, April and August of 2019. • Hosted 1 Basic CPS Training for RNs in July of 2019 • Hosted 1 CPST Continuing Education Classes in August of 2019 <p>COMMUNITY EVENTS FOR CHILDREN 2018</p> <ul style="list-style-type: none"> • Distributed an additional 456 helmets at community events • Distributed a total of 6,665 pieces of safety equipment and education at various community events <p>2019</p> <ul style="list-style-type: none"> • Distributed an additional 303 helmets at community events • Distributed a total of 6,941 pieces of safety equipment and education at various community events <p>EMS WEEK</p> <ul style="list-style-type: none"> • Hosted EMS Week Kids Day, <u>May 24, 2018 and May 23, 2019.</u> 	

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	<p>Progress – 2018 UPDATED 9/18/19</p>	Objective – 2018-19
					<ul style="list-style-type: none"> 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>SWIM SAFETY 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"> 2018 - Hosted International Walk to School Day event- 325 participants in 2018 2019- Provided 7 presentations to professional and parent groups, educating 129 individuals in 2019 <p><u>OLDER POPULATIONS (65+) - PROGRESS:</u></p> <p><u>SENIOR INJURY PREVENTION PROGRAM (SIPP)</u></p> <ul style="list-style-type: none"> Refer to EMS Website: http://ems.acgov.org/CommtyResources/SIPP.page? <p><u>SENIORS</u></p> <ul style="list-style-type: none"> 2017-SIPP was awarded a 3 year grant from the Partners in Care Foundation to implement several fall prevention programs. The grant is now in its third year cycle. SIPP will provide incentives to some of its members to help celebrate Fall Prevention Awareness Week, September 15-21 2019. SIPP is helping plan and will participate in the Healthy Living Festival at the Oakland Zoo on September 19. <p><u>2018-19</u></p> <ul style="list-style-type: none"> In its 19th year, the 2019 forum was held 4-18-19. The theme of the Forum was "The Art of Aging". 141 people attended the day-long event. The 2018 event took place in Oakland in May 2018 with 140 participants. Completed year 2 initiated year 3 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 training 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 with 21 workshops county-wide resulting in 235 participants and 198 completers. <ul style="list-style-type: none"> Beginning Year 3 currently 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. <ul style="list-style-type: none"> 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 2018- Attended 4 health fairs reaching 516 individuals 2019- Attended 3 health fairs reaching 239 individuals 2018- Distributed 2,551 pieces of safety education & equipment to older adults 2019- Distributed 1,269 pieces of safety education and equipment to older adults <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 – 2018 UPDATED 9/18/19	Objective – 2018-19																				
					<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">Afghan Health Promoter Project - City of Fremont – ServiceDay Break Adult Centers – improved medication complianceSenior Support Tri Valley–improved medication complianceSt. Mary's Center – Medication Safety Pilot July 15 – June 2016United Seniors of Oakland /Alameda - 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><tr><td>NATIONAL CPS CERTIFICATION COURSE</td><td>Location:<ul style="list-style-type: none">Alameda County EMS, San Leandro, CA x2San Joaquin County Public Health Department, Stockton, CA x2O. Club, Alameda, CAAlameda City Hall West, Alameda, CA#s Trained/Dates:<ul style="list-style-type: none">3—6/3/9/18;5—8/5-11/1810—9/10-12/183—11/3-14, 20194—8/4-12, 20198—3/8-17, 2019</td></tr><tr><td>RN CPS AWARENESS CLASS</td><td>Location: Alameda County EMS, San Leandro, CA AND Alameda County EMS, San Leandro CA Date: 6-28-18 and 7-18-19 # of Participants: 13 and 12</td></tr><tr><td>USOAC ANNUAL CONVENTION</td><td>Locations: Eden United Church of Christ, Hayward, Oakland Date: 5/25/18 2018, # of Participants: 115</td></tr><tr><td>MATTER OF BALANCE</td><td><ul style="list-style-type: none">2018- 21 workshops resulting in 235 participants and 298 completers2019- 11 workshops resulting in 121 participants and 96 completers (to date)</td></tr><tr><td>A MATTER OF BALANCE FALL PREVENTION COACH UPDATE CLASS</td><td>Location: Alameda County EMS, San Leandro, CA Date: 1/19/18 -- # of Participants: 17</td></tr><tr><td>A MATTER OF BALANCE COACH TRAINING</td><td>Location: Alameda County EMS, San Leandro, CA Date: 5/17-18/18 and 2-21/2-22, 2019 # of Participants: 10 & 6</td></tr><tr><td>MATTER OF BALANCE MASTER TRAINER TRAINING</td><td>Location: Alameda County EMS, San Leandro, CA Date: 1/22-23/18 # of Participants: 15</td></tr><tr><td>CALIFORNIA SENIOR INJURY PREVENTION EDUCATIONAL FORUM</td><td>Location: Waterfront Hotel and Greek Orthodox Cathedral, Oakland Date: 3/16/18 and 4-18-19 # of Participants: 140 and 129</td></tr><tr><td>SAFE KIDS WORLDWIDE CONFERENCE</td><td>Location: Washington, D.C. Date: 7-26/28-19</td></tr><tr><td>PRESENTATIONS</td><td>Presentations to older adults on falls prevention, emergency preparedness, and Drive Smart</td></tr></table>	NATIONAL CPS CERTIFICATION COURSE	Location: <ul style="list-style-type: none">Alameda County EMS, San Leandro, CA x2San Joaquin County Public Health Department, Stockton, CA x2O. Club, Alameda, CAAlameda City Hall West, Alameda, CA #s Trained/Dates: <ul style="list-style-type: none">3—6/3/9/18;5—8/5-11/1810—9/10-12/183—11/3-14, 20194—8/4-12, 20198—3/8-17, 2019	RN CPS AWARENESS CLASS	Location: Alameda County EMS, San Leandro, CA AND Alameda County EMS, San Leandro CA Date: 6-28-18 and 7-18-19 # of Participants: 13 and 12	USOAC ANNUAL CONVENTION	Locations: Eden United Church of Christ, Hayward, Oakland Date: 5/25/18 2018, # of Participants: 115	MATTER OF BALANCE	<ul style="list-style-type: none">2018- 21 workshops resulting in 235 participants and 298 completers2019- 11 workshops resulting in 121 participants and 96 completers (to date)	A MATTER OF BALANCE FALL PREVENTION COACH UPDATE CLASS	Location: Alameda County EMS, San Leandro, CA Date: 1/19/18 -- # of Participants: 17	A MATTER OF BALANCE COACH TRAINING	Location: Alameda County EMS, San Leandro, CA Date: 5/17-18/18 and 2-21/2-22, 2019 # of Participants: 10 & 6	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: Waterfront Hotel and Greek Orthodox Cathedral, Oakland Date: 3/16/18 and 4-18-19 # of Participants: 140 and 129	SAFE KIDS WORLDWIDE CONFERENCE	Location: Washington, D.C. Date: 7-26/28-19	PRESENTATIONS	Presentations to older adults on falls prevention, emergency preparedness, and Drive Smart	
NATIONAL CPS CERTIFICATION COURSE	Location: <ul style="list-style-type: none">Alameda County EMS, San Leandro, CA x2San Joaquin County Public Health Department, Stockton, CA x2O. Club, Alameda, CAAlameda City Hall West, Alameda, CA #s Trained/Dates: <ul style="list-style-type: none">3—6/3/9/18;5—8/5-11/1810—9/10-12/183—11/3-14, 20194—8/4-12, 20198—3/8-17, 2019																									
RN CPS AWARENESS CLASS	Location: Alameda County EMS, San Leandro, CA AND Alameda County EMS, San Leandro CA Date: 6-28-18 and 7-18-19 # of Participants: 13 and 12																									
USOAC ANNUAL CONVENTION	Locations: Eden United Church of Christ, Hayward, Oakland Date: 5/25/18 2018, # of Participants: 115																									
MATTER OF BALANCE	<ul style="list-style-type: none">2018- 21 workshops resulting in 235 participants and 298 completers2019- 11 workshops resulting in 121 participants and 96 completers (to date)																									
A MATTER OF BALANCE FALL PREVENTION COACH UPDATE CLASS	Location: Alameda County EMS, San Leandro, CA Date: 1/19/18 -- # of Participants: 17																									
A MATTER OF BALANCE COACH TRAINING	Location: Alameda County EMS, San Leandro, CA Date: 5/17-18/18 and 2-21/2-22, 2019 # of Participants: 10 & 6																									
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: Waterfront Hotel and Greek Orthodox Cathedral, Oakland Date: 3/16/18 and 4-18-19 # of Participants: 140 and 129																									
SAFE KIDS WORLDWIDE CONFERENCE	Location: Washington, D.C. Date: 7-26/28-19																									
PRESENTATIONS	Presentations to older adults on falls prevention, emergency preparedness, and Drive Smart																									

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<ul style="list-style-type: none"> • 2018- 19 presentations • 2018- 433 people reached • 2019- 12 presentations • 2019- 272 people reached 	
1.11	System Participants	✓	✓	✓	<p>PROGRESS TO DATE:</p> <p>HOSPITAL POLICY ISSUES:</p> <ul style="list-style-type: none"> • EMS Agency staff continue to meet with Hospital leadership to address policy, contract and MOU issues as needed. Staff have also 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 CARES reports. • 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>HOSPITAL MERGERS: Continued Organization Changes</p> <ul style="list-style-type: none"> • UCSF Benioff Children's Hospital Oakland and Mission Bay • Stanford Health Care – ValleyCare Hospital. • Alameda Health System (Highland, Alameda, and San Leandro Hospitals). <p>CONTRACTS / MOUs:</p> <ul style="list-style-type: none"> • STEMI/CARDIAC ARREST RECEIVING CENTERS: Expires 12/2019 (renewal 1/2020-12/2023) • STROKE RECEIVING CENTERS: Expire 12/2019 (renewal 1/2020-12/2023) • TRAUMA CENTERS: Expire 6/2021 (renewal 7/2021-6/2024) <p>FALCK – New 911 Contract started July 1, 2019</p> <p>PARAMEDICS PLUS – Provided 911 services through June 30, 2019. Contract ended.</p> <p>CONTRACT EXTENSIONS – FRALS AND FIRE TRANSPORT</p> <ul style="list-style-type: none"> • New ALS ambulance and first responder agreements with the cities of Alameda, Albany, Berkeley, and Piedmont were approved by the County Board of Supervisors and contracts executed providing for service through June 30, 2024, each with an option to extend for an additional five (5) year period. <p>FIRST RESPONDER ADVANCED LIFE SUPPORT (FRALS)</p> <ul style="list-style-type: none"> • First Responder Advanced Life Support (FRALS) agreements executed through June 30, 2024 with an option to extend for an additional five (5) year period. (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>ALAMEDA COUNTY REGIONAL EMERGENCY COMMUNICATIONS CENTER (ACRECC)</p> <ul style="list-style-type: none"> • The Emergency Medical Dispatch agreement with the Alameda County Regional Emergency Communications center provides for service through June 30, 2024 and contains options to extend thereafter. <p>REDDINET</p>	<p><i>Each local EMS agency shall identify the optimal roles and responsibilities of system participants.</i></p> <p>OBJECTIVES: LONG TERM</p> <p>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 bidirectional health information exchange as well as ECMO referral requirement to MOUs. <p>CONTRACTS:</p> <p>LONG/SHORT-RANGE PLAN:</p> <ul style="list-style-type: none"> • Stroke and STEMI/Cardiac Arrest Receiving Centers MOU Renewals January 2020. • Incorporate NEW CA State STEMI and Stroke Critical Care System Regulations into 2020 MOU. • Develop STEMI and Stroke Critical Care System Plans that reflect and comply with NEW CA State STEMI and Stroke Regulations. <p>Renew Contracts to ensure sustainability</p>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<ul style="list-style-type: none"> ReddiNet Communications Contract extended for 5 years through June 30, 2024 Additional HCC partner users activated on ReddiNet. ELECTRONIC HEALTH RECORD (EHR) <ul style="list-style-type: none"> EHR - Definitive Networks Incorporated Data Support / Training /Analytics Services July 2019-2021 Implementing ESO EHR system wide Expanded Frist Watch data analytics 	
Regulatory Activities:						
1.12	Review & Monitoring	✓	✓	✓	<p>(Refer to Quality Improvement Plan 2019)</p> <p>PROGRESS TO DATE:</p> <ul style="list-style-type: none"> Expanding Alameda County EMS data analysis Currently, Alameda County EMS is in developing a bi-directional data exchange with Alameda County specialty centers and all Receiving Hospital EDs. The data is required per the CA EMSC, STROKE, and STEMI regulations. All specialty receiving facility MOUs beginning May 2016 includes language requiring participation in a bi-directional data exchange. 	<p><i>Each local EMS agency shall provide for review and monitoring of EMS system operations.</i></p> <p>OBJECTIVES: 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>SHORT-RANGE:</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>LONG-RANGE PLAN:</p> <ul style="list-style-type: none"> EMS link to Receiving Hospital data. NEW: Updated QI Plan in 2019
1.13	Coordination	✓			<p>(No Change)</p> <p>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)</p>	<p><i>Each local EMS agency shall coordinate EMS system operations.</i></p> <p>OBJECTIVE: Alameda County EMS coordinating EMS system operations</p>
1.14	Policy & Procedures Manual	✓	✓		<p>PROGRESS TO DATE:</p> <ul style="list-style-type: none"> Free online <u>EMS Policy and Protocol app</u> is available on Google and Apple app In an effort to modernize the delivery of <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 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 2020 field manual developed. Refer to 2019 QI Plan. 2019 911 Field Manual updates implemented 2020 911 Field Manual updates complete, Train the Trainer scheduled Sep.2019 2019 Critical Care Paramedic (CCP) Field Manual updates implemented Equipment/Supplies QI Policy implemented 2018 <p>Policy 2000 Policy/Skills Competencies update completed 2018</p>	<p>OBJECTIVES: Develop policies and best practices based on the latest best available evidence from studies, best practices, and local data analysis. Yearly review of policy and procedure manuals</p> <p>SHORT RANGE PLAN: Continue to develop and update field policy manual as needed. Ensure accessible formats.</p> <p>NEW:</p> <ul style="list-style-type: none"> Implement online field manual application Improve administration review and update process Ensure annual field manual update

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
1.15	Compliance w/Policies	✓		✓	<p>PROGRESS TO DATE:</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 <u>Monitoring Mechanism</u>: QI Committee and Plan; Policy Review; Unusual Occurrences; Trauma Audit; Training Program and CE Provider; and System Audits – Cardiac Arrest; intubation <p>INVESTIGATIONS</p> <ul style="list-style-type: none"> Investigation of all incidents reported via the Alameda County <u>Unusual Occurrence</u> 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 Investigation of all alleged misconduct relative to the standards of professional licensure and attendance of administrative law hearings when appropriate <p>ON-GOING EVALUATION & IMPROVEMENT PLANS - "REAL EVENTS"</p> <ul style="list-style-type: none"> Evaluated North Bay Butte County Firestorm 2018 Response – RDMHS providing recommendations for improvement at MHOAC Meetings and HCC Coalition meetings. Attended Butte County AAR. Evaluated utilization of ReddiNet policy 	<p><i>Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.</i></p> <p>OBJECTIVE: 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>LONG RANGE PLAN:</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
System Finances:						
1.16	Funding Mechanism	✓			<p>No Change</p> <p>PROGRESS TO DATE:</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>OBJECTIVE: Continue to work with appropriate entities to ensure long term EMS system financial sustainability</p>
Medical Direction:						
1.17	Medical Direction*	✓	✓	✓	<p>PROGRESS TO DATE:</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 – 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 was the Base Hospital Medical Director from July 1, 2018 to July 2019. Gene Hern MD assumed the position of Base Hospital Medical Director upon Dr Glenn's departure. 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>OBJECTIVES:</p> <p>SHORT-RANGE PLAN:</p> <ul style="list-style-type: none"> Update / revise Base Hospital Course for second year residents in Alameda County Health Center as necessary <p>SHORT-RANGE PLAN:</p> <ul style="list-style-type: none"> Renew Base Contract - Renewed Base Hospital Contract for another three year term (2018-2021) <p>LONG-RANGE PLAN:</p> <ul style="list-style-type: none"> Review subsidy & MOU as needed
1.18	QA/QI	✓	✓	✓	<p>Refer to the Quality Improvement Plan 2019 (No change)</p>	<p><i>Each local EMS agency shall establish a quality assurance/quality improvement (QA/QI) program. This may include use of provider-based programs which are approved</i></p>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					Alameda County EMS ensures <u>QI System-Wide Procedures and Plan</u> <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(by the local EMS agency and which are coordinated with other system participants. <u>OBJECTIVES:</u> <u>SHORT RANGE PLAN:</u> <ul style="list-style-type: none"> • Continue pre-hospital data analysis and reporting from EMS and providers utilizing Tableau analytic tool <u>LONG-RANGE PLAN</u> <ul style="list-style-type: none"> • Integration of data with hospitals via HIE and/or other methods <u>NEW:</u> <ul style="list-style-type: none"> • 2018 QI Plan on Website, Updated QI plan 2019 • Improve QI communication to field from LEMSA
1.19	Policies, Procedures, Protocols	✓	✓		<u>PROGRESS TO DATE:</u> <ul style="list-style-type: none"> • Yearly <u>review conducted of Clinical Protocols</u> • EMS Medical Director participates on EMDAC Prehospital Protocol Evidence Based Reviews EMS Operations Policies – Reviewed, Updated, and Additional Policies added: <ul style="list-style-type: none"> • 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. EMS Field Manual Policy 2020 Updates <ul style="list-style-type: none"> • Refer to ALCO 2019 EMS QI PLAN Addendum-1 • EMS Surge Plan 2019 - New Plan 	<u>OBJECTIVE:</u> <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 <u>SHORT-RANGE</u> <ul style="list-style-type: none"> • Implement MPDS at Berkeley Fire Department Dispatch Update Policies & Add Policies as needed: <ul style="list-style-type: none"> • Further reduce APOT and Mitigate APOD at hospitals • Update Stroke & Other Policies • Review and update MCI policy including MCI levels, triage and patient tracking
1.20	DNR Policy	✓			(No change). <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
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	✓			(No Change) <u>PROGRESS TO DATE:</u> <ul style="list-style-type: none"> • "Reporting of Abuse" policy planning, development, and training in 2016, Alameda County EMS implemented 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	✓	✓		(No Change) <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. CRITICAL CARE PARAMEDIC FIELD MANUAL POLICY - UPDATES <ul style="list-style-type: none"> • <u>CCP Clinical Protocol Revisions</u> - All policies revised, written comments received. • Finalized in January 2019 meeting 	<u>OBJECTIVES: - SHORT-RANGE PLAN:</u> <ul style="list-style-type: none"> • Monitor Trauma Re-Triage

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					• Norepinephrine, TPA, Sodium Bicarbonate infusions added	
Enhanced Level: Advanced Life Support						
1.24	ALS Systems	✓		✓	<p>PROGRESS TO DATE: - ALS Contract Extensions</p> <p>RFP</p> <ul style="list-style-type: none"> ALCO EMS completed a RFP process, to select and implement a contract for services to the Exclusive Operating Area (EOA) previously served by Paramedics Plus (contract ended June 30, 2019). <p>ALS TRANSPORT PROVIDER</p> <ul style="list-style-type: none"> County's Exclusive Operating Area – New contract with Falck effective July 1, 2019 <p>FRALS, FIRE AMBULANCE TRANSPORT AND MEDICAL DISPATCH SERVICE</p> <ul style="list-style-type: none"> New ALS ambulance and first responder agreements with the cities of Alameda, Albany, Berkeley and Piedmont were approved by the County Board of Supervisors and executed providing for service through June 30, 2024, each with an option to extend for an additional five (5) year period. The Emergency Medical Dispatch agreement with the Alameda County Regional Emergency Communications center provides for service through June 30, 2024 and contains options to extend thereafter. <p>FIRST RESPONDER ADVANCED LIFE SUPPORT (FRALS)</p> <ul style="list-style-type: none"> New FRALS agreements County-wide provide for service through June 30, 2024 with an option to extend for an additional five (5) year period. (Alameda County Fire, City of Berkeley, 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><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></p> <p>OBJECTIVE: Maintain current arrangements</p> <p>LONG-RANGE PLAN:</p> <ul style="list-style-type: none"> Re-evaluation of EOA contract at 5 years <p>NEW:</p> <ul style="list-style-type: none"> Planning to re-issue the future RFP for County EOA emergency ground ambulance transport services before 2024 Initiate planning committee to assess needs for 911 provider agency agreements and continue development of RFP for 911 emergency ambulance services. <ul style="list-style-type: none"> EOA provider contract 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>PROGRESS TO DATE:</p> <ul style="list-style-type: none"> Alameda County EMS continues to have on-line medical direction provided by a base hospital – MOU contract with Alameda Health System (Highland Hospital) Continuous quality improvement process; quarterly audits of base hospital calls. Refer to Quality Improvement policies and 2018 and 2019 QI Plan on the Alameda County EMS Website. http://ems.acgov.org/ems-assets/docs/Documents-Forms/2017-2018%20Alameda%20County%20QI%20Plan%20Update.pdf Refer to 2019 QI Plan. 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>OBJECTIVE: Continuing monitoring QI and Base Hospital physician training</p> <p>SHORT-RANGE/ LONG RANGE PLAN</p> <ul style="list-style-type: none"> QI and physician training yearly
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan	✓			<p>Refer to sections and plans:</p> <ul style="list-style-type: none"> 1.07 (Trauma Planning) Progress Update Form 2018-19 1.19 (Policies, Procedures, Protocols) Progress Update 2018-19 1.27 (Pediatric System Plan) Progress Update Form 2018-19 2018-19 Trauma System Plan <p>PROGRESS TO DATE:</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>Trauma Centers:</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>OBJECTIVE: 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 – 2018 UPDATED 9/18/19	Objective – 2018-19
					<ul style="list-style-type: none"> Alameda Health System (Highland Hospital): Adult Level 1, Sutter – Eden Medical Center: Adult Level 2, UCSF Benioff Children's Hospital, Oakland: Pediatric Level 1 <p>Trauma Plan Status:</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 2021 <p>Total Trauma Patient Volume for 2018 – The total number of trauma patients at each of the trauma centers is provided below:</p> <ul style="list-style-type: none"> UCSF Benioff Children's Hospital799 Sutter Eden Medical Center.....2595 Alameda Health System – Highland Hospital.....2953 Total critical trauma patients transported to trauma centers in 2018...6347 <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>TRAUMA CENTERS – Master Contract Amendments July 2018-June 2021</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>Refer to previous sections and plans:</p> <ul style="list-style-type: none"> 1.07 (Trauma Planning) Progress Update Form 2018-19 1.10 (Special Populations) Progress Update Form 2018-19 1.19 (Policies, Procedures, Protocols) Progress Update 2018-19 1.26 (Trauma System Plan) Progress Update 2018-19 5.01 (Assessment of Capabilities) Progress Update Form 2017-18 <p>PROGRESS TO DATE: Alameda County EMS leverages pediatric experts and partners to develop a comprehensive EMSC program and work plan to include:</p> <p>PROGRAM MANAGEMENT AND COMMITTEES</p> <ul style="list-style-type: none"> LEMSA - EMSC personnel and program management <ul style="list-style-type: none"> EMSC Coordinator, Cynthia Frankel, is implementing the EMSC Regulations and is strengthening the EMSC system plan. LEMSA - Pediatric committees and integration into existing committees <ul style="list-style-type: none"> Integration QI and Disaster Preparedness Health Coalition Meetings Integration of Trauma System Plan. Refer to Trauma Plan 2018-19 EMSC, Pediatric Readiness, and Surge Advisory Meeting was held July 27, 2018, January 2019, April 2019, July 26, 2019 EMSC coordination and collaboration with Child Injury prevention program <ul style="list-style-type: none"> Refer to Alameda County EMS Website http://ems.acgov.org/CommtyResources/PreventionPrograms.page? EMSC integration in Trauma Program – Refer to Trauma System Plan 2018 EMSC Coordinator participates on the CA EMSC-TAC Committee and Disaster Committee; CDPH/EMSA Pediatric Surge project committee; and supports ASPR 	<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>OBJECTIVE: 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> <p>SHORT-RANGE/ LONG RANGE</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 pediatric medical surge Implement CA EMSC regulations - Strengthen the program consistent with CA EMSC regulations Continue to promote the TRAIN Model with focus on NICU.

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	<p>Progress – 2018 UPDATED 9/18/19</p>	Objective – 2018-19
					<p>Pediatric Centers of Excellence Project Grant 2019 with Western Regional Alliance Planning Emergency Management Team</p> <p>POLICIES</p> <ul style="list-style-type: none"> Ensuring pediatric administrative and field policies for care and services Refer to: http://ems.acgov.org/ClinicalProcedures/FieldTreatmentProtocols.page? http://ems.acgov.org/Documents/Documents.page? <ul style="list-style-type: none"> First response non-transport Transport Interfacility transfer Critical care Pediatric specific personnel training Pediatric ambulance equipment Data management requirements –quality improvement plan and evaluation * PedRCs Policy for Hospitals. * <u>Pediatric patient destination</u> policies - EMS agency <p>RESEARCH</p> <ul style="list-style-type: none"> Research Collaborations: PECARN Node and ASPR Pediatric Surge Grant – 5 State Western Alliance Grant – Lead UCSF Benioff Children's Hospital Oakland (Pending award) – Provide support and content development <p>CLINICAL OPERATIONS TRAINING</p> <ul style="list-style-type: none"> Continuing education and training <ul style="list-style-type: none"> Education on <u>EMSC Prehospital Policies and Procedures</u> – New Pediatric updates for 2018-19 <p>ASSESSMENT, TRAINING, AND QI</p> <ul style="list-style-type: none"> Conducting Hospital ED Pediatric Readiness Site Visits for “Day to Day” and Medical Surge Readiness in 2019-20. <ul style="list-style-type: none"> Refer to http://ems.acgov.org/ClinicalProcedures/EMS-C.page? All 13 receiving hospitals have been scheduled for site visits in 2019. Completion of the National pediatric readiness survey is required. A new contract with UCSF Benioff Children's Hospital to conduct ED Site visits started January-December 2019. Provides Pediatric Site Visit assessments, training, and improvement plans. (planning addendum to continue contract), Receiving hospitals with designated pediatric POCs and PECCs continually updated. <u>On-going Pediatric data collection</u> from the EMS providers & hospitals Mapped Pediatric critical care and trauma services facilities and assets Identified facilities providing pediatric physical <u>rehabilitation services</u> <p>CONTRACTS / AGREEMENTS</p> <ul style="list-style-type: none"> Facilitating all hospitals <u>agreements</u> for PedRC required policies (pending signatures) to participate in the EMSC system of care. Pediatric <u>contracts / agreements for</u> Trauma. Refer to trauma plan 2018-19. <p>COMMUNICATIONS</p> <ul style="list-style-type: none"> Ensuring field pediatric <u>communications</u> to receiving hospitals <p>PEDIATRIC EMERGENCY/SURGE PLANS / TRAINING</p> <ul style="list-style-type: none"> Pediatric Surge Plan and CONOPS 2018 updated. Developing HCC Pediatric Coalition Response Plan annex. Children's Disaster Annex to the Operational Area EOP – finalizing plan in 2019-20. Support California Department of Public Health and Emergency Medical Services Authority on pediatric medical surge planning project. 	

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<ul style="list-style-type: none"> Developed CA Children's Disaster CONOPs Framework and Local Pediatric Surge CONOPs as a recommendation to EMSA/CDPH. Presentation at CHA Conference September 2019. Promotes and disseminates CA Child Care Emergency Plan & "train the trainer" power point (advisor to project) <hr/> DISASTER SURGE / EVACUATION EXERCISES / TRAINING <ul style="list-style-type: none"> Integrated pediatrics in the State Medical/Health Exercises (SWMHEs) including the November 2018 Statewide Medical Health Exercise ("Novel Virus" SWMHE) upcoming functional exercise (Flood Scenario) planned for 2019. Integrated pediatric partners in the Coalition Surge Test held on June 27, 2018 and May 30, 2019 (simulated evacuation of UCSF Benioff Children's Hospital). Partner with Contra Costa County on the NICU Surge Planning Workgroup. Focus on Triage Resource Allocation Inpatients (TRAIN) Model implementation. Quarterly meetings planned 2019. Participated in NICU evacuation exercises Alta Bates Summit Medical Center Participated in Medical Surge Week 2019 – Provided pediatric surge training for the HCC Disaster Preparedness Health Coalition. WEBSITE <ul style="list-style-type: none"> Promote Pediatric Resource Information via Alameda County EMS Website, National Pediatric Googlelist Serve and ASPR Tracie Pediatric Resources.Website. 	
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan	✓		✓	Refer to previous sections and plans: <ul style="list-style-type: none"> 1.05 (System Plan) Progress Update Form 2018-19 1.12 (Review and Monitoring) Progress Update Form 2018-19 ** 1.18 (QA/QI) Progress Update Form 2018-19 ** 5.01 (Assessment of Capabilities) Progress Update Form 2018-19 2019 QI PLAN EOA Plan - Service Area and Service Provided by: <ul style="list-style-type: none"> Alameda County Exclusive Operating Area (EOA) – Falck 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 Initiating planning for next Alameda County Exclusive Operating Area (EOA) RFP.	OBJECTIVE: <ul style="list-style-type: none"> Continue ongoing system evaluation and RFP process (LONG-RANGE)
B. Staffing/Training - Local EMS Agency:						
2.01	Assessment of Needs	✓	✓	✓	Refer to previous sections and plans: <ul style="list-style-type: none"> 1.12 (Review and Monitoring) Progress Update Form 2018-19 ** 1.18 (QA/QI) Progress Update Form 2018-19 ** 1.27 Pediatric System Plan Progress Update Form 2018-19 ** 5.01 (Assessment of Capabilities) Progress Update Form 2018-19 2019 QI PLAN PROGRESS TO DATE: Alameda County EMS continues to assess personnel and training needs. The primary mechanisms contribute to the assessment of needs: <ul style="list-style-type: none"> Provider Agency QI Plan Alameda County EMS QI Plan 2019 Unusual Occurrence Process – Quality Improvement Administrative Policy 	OBJECTIVES: <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 consistent with CA EMSC regulations (No Change)

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<ul style="list-style-type: none"> • INVESTIGATIONS <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/EMS Coordinator • ED Pediatric Readiness Site Visits with assessment, training, and evaluation • Monitoring Emergency Pediatric Transport Call Volume • Mapped Med/Surge resources in hospitals (Pediatric Beds for NICU, PICU, and General Beds) • Utilizing CDPH Pediatric Surge Workgroup Mapping Data for Alameda County 	
2.02	Approval of Training	✓	✓		<p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> • Transition meeting held with training programs, out-going and in-coming transport providers to plan/manage seamless transition for current paramedic interns placed in the county. <p>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>Current Prehospital Training Programs:</p> <ul style="list-style-type: none"> • 2 – Paramedic Training Programs (confirmed 2019) • 17 - EMT Training Programs (confirmed 2019) • 25 – CE Provider Programs (confirmed 2019) • 4 – PSFA Training Programs - (confirmed 2019) 	<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>)
2.03	Personnel	✓	✓	✓	<p>(No Change)</p> <p><u>PROGRESS TO DATE:</u></p> <p>EMS CONTINUING EDUCATION</p> <ul style="list-style-type: none"> • Web-based delivery with 24/7 access to CE certificate option provided by LEMSA • Continuing to utilize Centrelearn for providing CE to all prehospital personnel in Alameda County. <p>PARAMEDIC PRECEPTOR PROGRAM</p> <ul style="list-style-type: none"> • Oversight, and regulation of paramedic preceptors <ul style="list-style-type: none"> ◦ 31 approved preceptors across 3 transport providers (confirmed 2019) ◦ 20 preceptor renewals pending ◦ 4th Annual Paramedic Preceptor Seminar ◦ 1 Paramedic Preceptor Training Workshop ◦ 5 Intern Candidate Orientations (July & November 2018 and March, June & September 2019) 	<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>EMS CONTINUING EDUCATION</p> <p><u>Objectives:</u> 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>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<p><u>BAY AREA PARAMEDIC JOURNAL CLUB – 2018 and 2019</u></p> <ul style="list-style-type: none"> Leadership attends Quarterly Meetings with field providers and guest speakers 	<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 <ul style="list-style-type: none"> Implement policy details, acknowledging expected confusion and delays due to policy being new standards Ensure alignment with related Title 22 regulations 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"> Improve paramedic preceptor performance, Improve paramedic preceptor professionalism Improve paramedic preceptor accountability <p><u>PARAMEDIC/EMT Certification - OBJECTIVE:</u></p> <p><u>SHORT-RANGE PLAN</u></p> <ul style="list-style-type: none"> Incorporate all actively accredited Paramedics into state EMSA database
Dispatchers:						
2.04	Dispatch Training	✓	✓	✓	<p><u>PROGRESS TO DATE:</u></p> <p><u>EMD</u> - Alameda County maintains two IAEMD ACE Accredited EMD Centers of Excellence.</p> <ul style="list-style-type: none"> <u>ACRECC</u> (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 Falck County-wide. <u>Oakland Fire Department</u> 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 	<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 – Continuously monitor compliance</u></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 Guidelines

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<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. 	<p>SHORT-RANGE PLAN</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>Refer to previous sections and plans:</p> <ul style="list-style-type: none"> 2.06 (Response) Progress Update 2018-19 2.09 (CPR Training) Progress Update 2018-19 2.12 (Early Defibrillation Progress Update 2018-19) <p>(No Change) PROGRESS TO DATE:</p> <p>TRAINING – POLICIES AND AGREEMENTS – Requirements</p> <ul style="list-style-type: none"> Refer to the Alameda County 2019 Field Manual – General Operational Policies (available on the Alameda County EMS website): Refer to the Alameda County EMS Administrative Manual. http://ems.acgov.org/Documents/Documents.page? Paramedic Accreditation policy updated 2018 - Policy and Skills Competency Requirements (# 2000) <p>PROVIDER CONTRACTS/AGREEMENTS</p> <ul style="list-style-type: none"> Refer to the EMS First Responder Advanced Life Support Services Agreements (FRALS) with Fire Departments <p>COUNTY-WIDE AUTOMATIC EXTERNAL DEFIBRILLATORS</p> <ul style="list-style-type: none"> 2691 - Total AEDs in Alameda County, as of August 28, 2019 Refer to the Alameda County EMS Website for AED/PAD program information http://ems.acgov.org/CommtyResources/AEDPAD.page? <p>QUALITY IMPROVEMENT PLAN</p> <ul style="list-style-type: none"> Refer to the 2019 Quality Improvement Plan with training Program Requirements - 	<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>Objective:</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.
2.06	Response	✓	✓	✓	<p>Refer to previous sections and plans:</p> <ul style="list-style-type: none"> 2.06 (Response) Progress Update 2018-19 2.12 (Early Defibrillation Progress Update 2018-19) <p>PROGRESS TO DATE: On-going</p> <p>EMS POLICY MANUAL 2018 AND 2019</p> <ul style="list-style-type: none"> Refer to the Alameda County Administration and Policy Manual 2019 (available on the Alameda County EMS Website) http://ems.acgov.org/ClinicalProcedures/FieldTreatmentProtocols.page? <p>TACTICAL MEDICINE AND URBAN SHIELD</p> <ul style="list-style-type: none"> Prehospital training in accordance with EMSA / POST approved tactical medicine curriculum. Currently offering 2 Tactical Medical Technician (TMT) 40 hour classes per year. TMT is POST, EMSA and LEMS approved. Urban Shield Exercise held September 8-10, 2018. Urban Shield defunded by BOS actions. <p>TACTICAL MEDICINE TRAINING</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>OBJECTIVES: (LONG-RANGE)</p> <p>PAD PROGRAM</p> <ul style="list-style-type: none"> Sustain the existing programs in Alameda County and expand if possible. (Refer to 2.09). Facilitate HeartSAFE Project (SHORT RANGE) <p>TACTICAL MEDICINE</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>CPR 7</p> <ul style="list-style-type: none"> Continue program (Refer to 2.09)

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<ul style="list-style-type: none"> ALCO EMS has become an approved National Association of EMTs training site to provide the Tactical Emergency Casualty Care (TECC) credential. <p>SWAT CHALLENGE 2019</p> <ul style="list-style-type: none"> Coordinated with the Alameda County Sheriff's Office to include tactical medical training for EMS personnel, medical personnel and first responders in a full-scale exercise to practice response to a mass casualty active shooter event. Training capacity: 96 medical/EMS/first responder personnel <p>AMBULANCE STRIKE TEAMS</p> <p>Started and maintained the quarterly Region II RDMHS Ambulance Strike team leader course: 04/18/2018</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 <p>TACTICAL EMERGENCY MEDICAL SUPPORT (TEMS) TEAM</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. <p>TACTICAL MEDICINE TECHNICIAN (TMT) COURSE</p> <ul style="list-style-type: none"> Medical training in accordance with EMSA/POST approved tactical medicine curriculum. Currently offering 1 Tactical Medical Technician (TMT) 40-hour class per year. TMT is POST EMSA and LEMSA approved TECC curriculum is delivered during this course. Course intentionally includes personnel from various agencies in the region from both private and fire-based EMS, law enforcement, and medical facilities. <p>EMS AND CLINIC FIELD TREATMENT SITE CO-LOCATION Project</p> <ul style="list-style-type: none"> Exercise Scope: 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 Full-scale exercise conducted <u>May 30 and 31, 2018</u> at three clinic locations. <p>AED/PAD PROGRAM</p> <ul style="list-style-type: none"> As of July 10, 2018, 2691 # of Public Access Defibrillators (PAD) AEDs in Alameda County (includes HeartSAFE Project 185 AEDs) <p>PROJECT HEARTSAFE</p> <ul style="list-style-type: none"> Alameda County EMS is continuing the HeartSAFE project at ninety three community Board of Supervisor sites for three years. The project includes maintenance of 93 AEDs at each community location. ICE Safety Solutions is continuing to complete its 3-year contract. ICE Safety Solutions is providing AED battery and pad replacements ALCO EMS has collaborated with Alameda County Risk Management which provides maintenance of the Project HeartSAFE AED's located in County owned and leased facilities. 	<p>CO-LOCATION PROJECT</p> <ul style="list-style-type: none"> Continue to strengthen model and test in full scale exercises with clinics
2.07	Medical Control	✓	✓	✓	<p>PROGRESS TO DATE:</p> <ul style="list-style-type: none"> Refer to 1.02 and 1.24 Progress Update Form Refer to 2019 QI Plan 	Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<ul style="list-style-type: none"> EMS Policy Manual 2018 and 2019 (available on the EMS website) http://ems.acgov.org/ClinicalProcedures/FieldTreatmentProtocols.page? Annual Protocols Update Training on the Alameda County EMS website Provider contracts and service agreements in place 	OBJECTIVES: SHORT-RANGE PLAN: <ul style="list-style-type: none"> Ongoing Performance improvement monitoring LONG-RANGE PLAN <ul style="list-style-type: none"> Renew MOUs when appropriate
Transporting Personnel:						
2.08	EMT-I Training	✓			(No change) PROGRESS TO DATE: All emergency medical transport vehicles have personnel certified at least at EMT-1 level. <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 	<i>All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.</i> OBJECTIVE <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	✓	✓		Refer to previous sections and plans: <ul style="list-style-type: none"> 2.06 (Response) Progress Update 2018-19 2.12 (Early Defibrillation Progress Update 2018-19 PROGRESS TO DATE <ul style="list-style-type: none"> Alameda County EMS policies require all prehospital care providers to be trained in CPR. CPR 9 <ul style="list-style-type: none"> 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. Became approved to provide AHA-equivalent (EMS Safety) CPR training, guidance and support for community CPR/AED training (In 2017-18, Alameda County EMS implemented a pilot project using reusable manikins instead of individual/disposable CPR kits. Future plans will continue to support the 9th grade CPR training effort using the reusable manikins. AED/PAD PROGRAM - HEARTSAFE <ul style="list-style-type: none"> ALCO EMS has collaborated with Alameda County Risk Management which funds maintenance of the Project HeartSAFE AED's located in County owned and leased facilities. Alameda County EMS continues 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. HEART SCREENING <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. 	<i>All allied health personnel who provide direct emergency patient care shall be trained in CPR.</i> OBJECTIVE - <ul style="list-style-type: none"> All EMS system personnel are trained in CPR CPR 9 - The goal is to increase the percentage of sudden cardiac arrest victims who receive effective bystander CPR HEARTSAFE PROJECT <ul style="list-style-type: none"> Facilitate CPR/AED maintenance of the 185 HeartSAFE AED locations in Alameda County SHORT-RANGE PLAN <ul style="list-style-type: none"> Facilitate MOU implementation with HeartSAFE project vendor to maintain 93 community BOS AEDs
2.10	Advanced Life Support	✓		✓	(No Change) PROGRESS TO DATE: No change <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. 	<i>All emergency department physicians and registered nurses that provide direct emergency patient care shall be trained in advanced life support</i> OBJECTIVES: LONG-RANGE PLAN <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.

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
Enhanced Level: Advanced Life Support						
2.11	Accreditation Process	✓	✓		<p>(No Change)</p> <p>PROGRESS TO DATE: 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"> • 2018 and 2019 EMS Field Manual and Administration Policies • Paramedic Accreditation information available on the Alameda County EMS website • EMS orientation held monthly • 2019 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> <p>OBJECTIVE: SHORT-RANGE PLAN:</p> <ul style="list-style-type: none"> • Incorporate all actively accredited Paramedics (EMT-Ps) into state EMSA data base
2.12	Early Defibrillation	✓	✓	✓	<p>Refer to previous sections and plans:</p> <ul style="list-style-type: none"> • 2.06 (Response) Progress Update 2018-19 • 2.09 (CPR Training) Progress Update 2018-19 • 2.12 (Early Defibrillation Progress Update 2018-19 <p>PROGRESS TO DATE: AED/PAD PROGRAM</p> <ul style="list-style-type: none"> • Alameda County EMS continues to support the placement of AEDs throughout Alameda County • As of August 26, 2019 there are 2691 Public Access Defibrillators (PAD AEDs) in Alameda County • The Alameda County AED locations are shared with the two 9-1-1 dispatch centers <p>AED/PAD PROGRAM – HEARTSAFE PROJECT</p> <ul style="list-style-type: none"> • Project HeartSAFE conducted recertifications at the 185 AED site locations until July 23, 2018. After this date, 93 BOS Community AEDs monitored and maintained. Continued contract with ICE Safety Solutions. • Alameda County EMS continues to have a designated AED Coordinator <p>PULSEPOINT</p> <ul style="list-style-type: none"> • Ongoing collaboration with Fire Departments and PulsePoint Vendor to update Alameda County AED locations • Expansion of PulsePoint into the city of Oakland in progress. <p>CERTIFICATION/RECERTIFICATION CHECKLIST</p> <ul style="list-style-type: none"> • EMS Administration Manual <p>-----</p> <p>PUBLIC SAFETY FIRST AID PROGRAMS</p> <ul style="list-style-type: none"> • Implemented credentialing program as required by state regulation for Public Safety First Aid programs in 2017. Continued identifying new programs 2018-19. 	<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>OBJECTIVE:</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>SHORT-LONG RANGE PLAN:</p> <ul style="list-style-type: none"> • Continue contract for HeartSAFE project to maintain 93 Community AEDs for three years. • Work with Fire Departments on the data analysis regarding frequency of activations and responder participation in CPR and use of AED prior to EMS arrival.
2.13	Base Hospital Personnel	✓	✓	✓	<p>Refer to previous sections and plans:</p> <ul style="list-style-type: none"> • 1.12 (Review and Monitoring) Progress Update Form 2018-19 ** • 1.18 (QA/QI) Progress Update Form 2018-19 ** • 3.01 (Communications Plan) Progress Update Form 2018-19 ** • 5.01 (Assessment of Capabilities) Progress Update Form 2018-19 • 2019 QI PLAN <p>PROGRESS TO DATE: ALAMEDA COUNTY BASE HOSPITAL – SUBSIDY MOU</p>	<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>SHORT/LONG-RANGE PLAN</p> <ul style="list-style-type: none"> • Performance Improvement and MOU Renewal

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<ul style="list-style-type: none"> Renewed with Base Hospital –Highland Hospital (Alameda Health System) in Oakland 	
					<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 	
C. Communications - Communications Equipment:						
31	Communication Plan*	✓		✓	<p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> Refer to 2019 Communications Plan 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 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 and May 2019. ReddiNet Policy tested in drills and “real events” – 2018 and 2019. ReddiNet utilized in North Bay Butte County Fires October 2019; Falck Transition July 1, 2019. SWMHE held November 2018, and Coalition Surge Test held June 2018 and May 2019. Continue development and implementation of Pilot Community Assessment, 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 developed and beta test will be conducted for ReddiNet HAVBED utilization to provide availability of various possible mental health receiving facilities. Updated ReddiNet for new primary stroke center Stanford ValleyCare hospital. <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 2018-19. <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 	<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 Behavior Health-ReddiNet training set for Sept. 15, 2019 and Roll-out for all BH Mobile teams on Oct 1-31st, 2019.

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<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 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 Butte County fires, and provided assistance to all participants in acquiring County and State reimbursement for services rendered 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 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 2018. <p>CALIFORNIA HEALTH ALERT NETWORK (CAHAN)</p> <ul style="list-style-type: none"> Alameda County EMS has updated the CAHAN contacts with 911 and Non-911 emergency permitted Providers in 2019 Alameda County EMS CAHAN Administrators participate in monthly CAHAN conference call meetings and exercises. <p>LOCAL ALAMEDA COUNTY MASS NOTIFICATION SYSTEM – EVERBRIDGE</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 2018 and 2019. <p>ALAMEDA COUNTY EMS WEBSITE</p> <ul style="list-style-type: none"> The new website was "rolled out" July 9, 2018. The EMS Website is continually updated with the latest information to keep our partners informed and educated. 	
3.02	Radios	✓			<p>Refer to previous sections and plans:</p> <ul style="list-style-type: none"> 1.12 (Review and Monitoring) Progress Update Form 2018-19 ** 1.18 (QA/QI) Progress Update Form 2018-19 ** 3.01 (Communications Plan) Progress Update Form 2018-19 ** 3.03 (Interfacility Transfer) Progress Update Form 2018-19 ** 5.01 (Assessment of Capabilities) Progress Update Form 2018-19 2019 QI PLAN 2019 Communications Plan <p>PROGRESS TO DATE:</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. Monthly radio test with hospitals are conducted. <p>EBRCS XAL COMMUNICATIONS</p> <ul style="list-style-type: none"> Redesign of EBRCS XAL Communications Code Plug to improve EMS provider radio communications. 	<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 EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.</i></p> <p>OBJECTIVE:</p> <ul style="list-style-type: none"> Distribute and test EBRICS 700/800 megahertz radios to hospitals

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
3.03	Interfacility Transfer*	✓			<p>COMMUNICATION RADIOS - NON-EMERGENCY PERMITTED AMBULANCE PROVIDERS</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 <p><u>Refer to previous sections and plans:</u></p> <ul style="list-style-type: none"> 1.12 (Review and Monitoring) Progress Update Form 2018-19 ** 1.18 (QA/QI) Progress Update Form 2018-19 ** 3.01 (Communications Plan) Progress Update Form 2018-19 ** 3.02 (Radios) Progress Update Form 2018-19 ** 5.01 (Assessment of Capabilities) Progress Update Form 2018-19 2019 QI PLAN <p><u>PROGRESS TO DATE:</u> (No change)</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>QUALITY IMPROVEMENT</u></p> <p>EBRCS XAL COMMUNICATIONS</p> <ul style="list-style-type: none"> Redesign of EBRCS XAL Communications Code Plug to improve EMS provider radio communications. <p>COMMUNICATION RADIOS - NON-EMERGENCY PERMITTED AMBULANCE PROVIDERS</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 Continue a weekly EBRICS radio test with the ALCO non-emergency permitted ambulance providers Each permitted non-emergency ambulance equipped with at least one EBRCSA radio Non-911 Emergency Permitted ambulance provider's provide access to ReddiNet with the messaging, status, and MCI modules in 2018 and 2019. 	<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>
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 Falck, 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 	<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.

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<p>Regional Emergency Communications Center) provides EMD services for the remainder of the county.</p> <ul style="list-style-type: none"> • ACRECC also dispatches first responders and ambulance apparatus for several municipalities as well as our 9-1-1 ambulance contract provider, Falck. • 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. 	
3.05	Hospitals	✓			<p>Refer to sections, plans, and policies:</p> <ul style="list-style-type: none"> • 3.01 (Communications Plan) Progress Update Form 2018-19 ** • 3.02 (Radios) Progress Update Form 2018-19 ** • ReddiNet Utilization Policy <ul style="list-style-type: none"> ◦ http://ems.acgov.org/ems-assets/docs/Disaster/ACEMS_Reddinnet%20Utilization%20Policy_September%202018.pdf • 2019 Communications Plan <p>(No change). PROGRESS TO DATE: REDDINET</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 messaging, MCI initiation, ED status, patient tracking, and assessment polling <p>PLANS, POLICIES, AND PROCEDURES – Hospital Communications:</p> <ul style="list-style-type: none"> • Hospitals have plans, policies, and procedures that provide communication and information management protocols aligned with the Alameda County Operational Area Communications Plans • EMS Surge Plan 2019 – describes communications • Multi-Casualty Incident Policy - describes radio utilization requirements • ReddiNet Utilization – EMS Administrative Operations Policy • Alameda County Emergency Operations Plan • Pediatric Surge Plan • Situation Status/Resource Request Forms • Alameda County Medical Health Operational Coordinator (MHOAC) Manual (pending) - identifies the notification and communication pathways. <p>RACES /ARES</p> <ul style="list-style-type: none"> • The operational area communications plan supports hospitals and includes Radio Amateur Civil Emergency Services (RACES) and Amateur Radio Emergency Services ARES Field Response Manual. On-going training opportunities offered for HCC hospital coalition partners in 2018 and 2019. 	<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 – 2018 UPDATED 9/18/19	Objective – 2018-19
3.06	MCI / Disasters	✓		✓	<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>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> Alameda County EMS has a MCI policy, EOP, and medical surge workplan which emphasizes communications and information flow within the operational area, (Consistent with the state Medical/Health EOM). <p><u>MEDICAL SURGE WEEK 2019</u></p> <ul style="list-style-type: none"> Participated in planning and facilitating Alameda County Medical Surge Week 2019 in coordination with Public Health Emergency Preparedness (PHEP) and Hospital Preparedness Program (HPP) partners. Collaborated with PHEP and HPP partners to facilitate county-wide webinar to familiarize medical partners about response and coordination related to a catastrophic event Collaborated with PHEP and HPP partners to facilitate one-day workshop that included table-top exercise discussions, hands-on skill training, and networking Delivered on-site hands-on training for clinic staff at four separate agency locations building on concepts and relationships developed from 2018's Co-Location Project Provided 2 Point-of-Wounding (POW) kits for each clinic location where training was delivered <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 2018 Statewide Medical / Health functional exercise (SWHME); 6/27/18 and 5/30/19 Coalition Surge Test. The next SWMHE is scheduled for 11/21/19 to test communications. <p><u>REDDINET TRAINING</u></p> <ul style="list-style-type: none"> ReddiNet training was conducted 2018-19 to practice and test MCI initiation and patient tracking. The Alameda County EMS ReddiNet Coordinator conducts customized training for partners and tests ReddiNet in quarterly exercises including the CDPH required HAvBED drills and "real" events. <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 2018-19; ensuring training and exercises for all Alameda County ReddiNet Users including FRALS, 911 transport and non-emergency Permitted Transport Providers <p><u>DISASTER PREPAREDNESS HEALTH COALITION (DPHC)</u></p> <ul style="list-style-type: none"> Monthly steering and quarterly HCC - 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. 	<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 – 2018 UPDATED 9/18/19	Objective – 2018-19
					<ul style="list-style-type: none"> A radio communications test between hospitals is conducted each month. CALIFORNIA HEALTH ALERT NETWORK (CAHAN) <ul style="list-style-type: none"> Alameda County EMS CAHAN Administrators participate in monthly CAHAN conference call meetings and exercises. LOCAL ALAMEDA COUNTY MASS NOTIFICATION SYSTEM – EVERBRIDGE <ul style="list-style-type: none"> Adele Pagan and Cynthia Frankel participating in Mass Notification planning meeting and exercises with Alameda County PH and OES in 2018 and 2019. HAM RADIO COMMUNICATIONS <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>Refer to previous sections and plans:</u></p> <ul style="list-style-type: none"> 1.12 (Review and Monitoring) Progress Update Form 2018-19 ** 1.18 (QA/QI) Progress Update Form 2018-19 ** 3.01 (Communications Plan) Progress Update Form 2018-19 ** 3.04 (Dispatch Center) Progress Update Form 2018-19 ** 3.07 (9-1-1 Planning Coordination) Progress Update Form 2018-19 ** 5.01 (Assessment of Capabilities) Progress Update Form 2018-19 2019 QI PLAN <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>. <u>OFD</u> provides EMD services for the City of Oakland. <u>ACRECC</u> (Alameda County Regional Emergency Communications Center) provides EMD services for the remainder of the county. The <u>EMD</u> 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 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><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> 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 – 2018 UPDATED 9/18/19	Objective – 2018-19								
3.08	9-1-1 Public Education	✓			<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 the means to more accurately assess the effectiveness of our MPDS implementation. EMS Director and/or designee attends quarterly county-wide dispatch meetings The planning includes EMS Dispatch QI, evaluating EBRCS Radio Communications and the review of Unusual Occurrence incidents <p>PROGRESS TO DATE:</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 children each year. Some activities are provided below: <ul style="list-style-type: none"> Hosted EMS Week Kids Day, 2018 (75 attendees); and 2019 (50 attendees) 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 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. Through educational conferences seniors are provided information on the 911 system. Select activities are listed below: <table border="1"> <tr> <th colspan="2">SENIOR INJURY PREVENTION EDUCATIONAL FORUMS</th> </tr> <tr> <td>2018: Location:</td> <td>Asian Cultural Center, Oakland, CA, Waterfront Hotel</td> </tr> <tr> <td>Date:</td> <td>3/16/18 -- # of Participants: 140</td> </tr> <tr> <td colspan="2">2019: In its 19th year, the 2019 forum was held 4/18/19. The theme of the Forum was "The Art of Aging". 141 people attended the day-long event.</td> </tr> </table> <p>911 educational information updated on the EMS website: http://ems.acgov.org/CommtyResources/EducationalResources.page?</p> <ul style="list-style-type: none"> Two enhanced EMD systems in the county utilize Medical Priority Dispatch™ system (including the Quality Improvement Process) 	SENIOR INJURY PREVENTION EDUCATIONAL FORUMS		2018: Location:	Asian Cultural Center, Oakland, CA, Waterfront Hotel	Date:	3/16/18 -- # of Participants: 140	2019: In its 19 th year, the 2019 forum was held 4/18/19. The theme of the Forum was "The Art of Aging". 141 people attended the day-long event.		<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>OBJECTIVE</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.
SENIOR INJURY PREVENTION EDUCATIONAL FORUMS														
2018: Location:	Asian Cultural Center, Oakland, CA, Waterfront Hotel													
Date:	3/16/18 -- # of Participants: 140													
2019: In its 19 th year, the 2019 forum was held 4/18/19. The theme of the Forum was "The Art of Aging". 141 people attended the day-long event.														
Resource Management:														
3.09	Dispatch Triage	✓	✓	✓	<p>Refer to previous sections and plans:</p> <ul style="list-style-type: none"> 1.12 (Review and Monitoring) Progress Update Form 2018-19 ** 1.18 (QA/QI) Progress Update Form 2018-19 ** 3.01 (Communications Plan) Progress Update Form 2018-19 ** 3.04 (Dispatch Center) Progress Update Form 2018-19 ** 5.01 (Assessment of Capabilities) Progress Update Form 2018-19 2019 QI PLAN <p>PROGRESS TO DATE:</p> <p>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. 	<p><i>The local EMS agency shall establish guidelines for proper dispatch triage that identifies appropriate medical response.</i></p> <p>OBJECTIVE:</p> <p>LONG-RANGE PLAN</p> <ul style="list-style-type: none"> Schedule meetings for MPDS Committee and sustain quality improvement plan. <p>SHORT-RANGE PLAN</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. 								

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<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 and improve the effectiveness of our MPDS implementation on an ongoing basis. ACCREC is working with Mike Jacobs, reviewing all of their cardiac arrest calls. ACRECC has changed its processes to decrease the time to CPR on these calls. <p>DISPATCH SYSTEM AND QUALITY IMPROVEMENT</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. 	
3.10	Integrated Dispatch	✓			<p><u>Refer to previous sections and plans:</u></p> <ul style="list-style-type: none"> 3.01 (Communications Plan) Progress Update Form 2018-19 ** 3.04 (Dispatch Center) Progress Update Form 2018-19 ** 2019 QI PLAN <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>
D. Response/Transportation - Universal Level:						
01	Service Area Boundaries*	✓		✓	<p>(no change)</p> <p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> Providing on-going monitoring for system compliance. ALS provider agreements with Falck, City of Albany, City of Berkeley, City of Piedmont, and City of Alameda for emergency medical transportation – Response zones established as part of agreements. 	<p><i>The local EMS agency shall determine the boundaries of emergency medical transportation service areas.</i></p> <p><u>OBJECTIVES:</u></p> <p><u>LONG- RANGE PLAN</u></p> <ul style="list-style-type: none"> Continuously monitor system compliance
4.02	Monitoring	✓			<p><u>Refer to previous sections and plans:</u></p> <ul style="list-style-type: none"> 1.12 (Review and Monitoring) Progress Update Form 2018-19 ** 1.18 (QA/QI) Progress Update Form 2018-19 ** 5.01 (Assessment of Capabilities) Progress Update Form 2018-19 2019 QI PLAN <p><u>PROGRESS TO DATE:</u></p> <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><i>The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.</i></p> <p><u>OBJECTIVES:</u></p> <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 – 2018 UPDATED 9/18/19	Objective – 2018-19
					QUALITY IMPROVEMENT (QI) AND MANAGEMENT OF DATA <ul style="list-style-type: none"> DATA GATHERING AND SUBMISSION <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 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</u> pilot program. AMBULANCE PATIENT OFFLOAD TIME (APOT)- QUALITY IMPROVEMENT <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. Refer to EMS Website: http://ems.acgov.org/AboutEMSSystem/AboutEMSSystem.page? 	

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19																																																																																																																							
					<p style="text-align: center;">June 2019</p> <p style="text-align: center;"><small>NOTE: The 90th percentile is the value for which 90% of the data points are smaller.</small></p> <table> <tr> <th>Destination Facility</th><th>Rank (Composite)</th><th>Avg. TOC</th><th>90th Percentile TOC</th><th>APOT >60 min</th><th>APOT % of N</th><th>N = Number of Transports</th></tr> <tr><td>Kaiser, Walnut Creek</td><td>2</td><td>12 min.</td><td>19.0 min.</td><td>0</td><td>0%</td><td>147</td></tr> <tr><td>ABMC - Berkeley Campus</td><td>9</td><td>15 min.</td><td>27.0 min.</td><td>3</td><td>2%</td><td>194</td></tr> <tr><td>John George Psychiatric Pavilion</td><td>14</td><td>38 min.</td><td>75.0 min.</td><td>61</td><td>20%</td><td>303</td></tr> <tr><td>Alameda Hospital</td><td>5</td><td>10 min.</td><td>18.9 min.</td><td>3</td><td>1%</td><td>202</td></tr> <tr><td>Children's Oakland</td><td>1</td><td>10 min.</td><td>18.3 min.</td><td>0</td><td>0%</td><td>98</td></tr> <tr><td>San Leandro Hospital</td><td>8</td><td>17 min.</td><td>32.0 min.</td><td>5</td><td>1%</td><td>481</td></tr> <tr><td>Washington Hospital</td><td>4</td><td>11 min.</td><td>20.0 min.</td><td>3</td><td>0%</td><td>778</td></tr> <tr><td>Kaiser, Fremont</td><td>9</td><td>13 min.</td><td>25.0 min.</td><td>8</td><td>2%</td><td>449</td></tr> <tr><td>ABMC - Summit Campus</td><td>7</td><td>14 min.</td><td>28.0 min.</td><td>14</td><td>1%</td><td>970</td></tr> <tr><td>Stanford Health Care - ValleyCare</td><td>11</td><td>16 min.</td><td>33.0 min.</td><td>14</td><td>3%</td><td>516</td></tr> <tr><td>Kaiser, Oakland</td><td>13</td><td>21 min.</td><td>46.0 min.</td><td>31</td><td>5%</td><td>572</td></tr> <tr><td>Kaiser, San Leandro</td><td>12</td><td>20 min.</td><td>42.0 min.</td><td>30</td><td>4%</td><td>680</td></tr> <tr><td>Eden</td><td>10</td><td>17 min.</td><td>33.0 min.</td><td>17</td><td>2%</td><td>918</td></tr> <tr><td>Highland Hospital</td><td>9</td><td>16 min.</td><td>31.0 min.</td><td>17</td><td>1%</td><td>1,151</td></tr> <tr><td>Saint Rose Hospital</td><td>6</td><td>16 min.</td><td>31.0 min.</td><td>3</td><td>1%</td><td>427</td></tr> <tr><td>Willow Rock Center</td><td>3</td><td>12 min.</td><td>19.3 min.</td><td>0</td><td>0%</td><td>18</td></tr> </table> <ul style="list-style-type: none"> CQI DATA COLLECTION: 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 = Stroke, STEMI, trauma reports and behavioral health services reports First Watch RESPONSE TIME MONITORING: <ul style="list-style-type: none"> Starting July 1, 2019, active monitoring in performance by Falck and corresponding planning/implementation of corrective procedures related to system operations. In 2018, Alameda County EMS aggressively working to continue to improve response time performance and address issues in the system. Clarifying 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), Will McClurg (EMS Deputy Director), and Lauri McFadden (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 arriving by 911 ambulance and release the crews within 30 minutes. 	Destination Facility	Rank (Composite)	Avg. TOC	90th Percentile TOC	APOT >60 min	APOT % of N	N = Number of Transports	Kaiser, Walnut Creek	2	12 min.	19.0 min.	0	0%	147	ABMC - Berkeley Campus	9	15 min.	27.0 min.	3	2%	194	John George Psychiatric Pavilion	14	38 min.	75.0 min.	61	20%	303	Alameda Hospital	5	10 min.	18.9 min.	3	1%	202	Children's Oakland	1	10 min.	18.3 min.	0	0%	98	San Leandro Hospital	8	17 min.	32.0 min.	5	1%	481	Washington Hospital	4	11 min.	20.0 min.	3	0%	778	Kaiser, Fremont	9	13 min.	25.0 min.	8	2%	449	ABMC - Summit Campus	7	14 min.	28.0 min.	14	1%	970	Stanford Health Care - ValleyCare	11	16 min.	33.0 min.	14	3%	516	Kaiser, Oakland	13	21 min.	46.0 min.	31	5%	572	Kaiser, San Leandro	12	20 min.	42.0 min.	30	4%	680	Eden	10	17 min.	33.0 min.	17	2%	918	Highland Hospital	9	16 min.	31.0 min.	17	1%	1,151	Saint Rose Hospital	6	16 min.	31.0 min.	3	1%	427	Willow Rock Center	3	12 min.	19.3 min.	0	0%	18	
Destination Facility	Rank (Composite)	Avg. TOC	90th Percentile TOC	APOT >60 min	APOT % of N	N = Number of Transports																																																																																																																							
Kaiser, Walnut Creek	2	12 min.	19.0 min.	0	0%	147																																																																																																																							
ABMC - Berkeley Campus	9	15 min.	27.0 min.	3	2%	194																																																																																																																							
John George Psychiatric Pavilion	14	38 min.	75.0 min.	61	20%	303																																																																																																																							
Alameda Hospital	5	10 min.	18.9 min.	3	1%	202																																																																																																																							
Children's Oakland	1	10 min.	18.3 min.	0	0%	98																																																																																																																							
San Leandro Hospital	8	17 min.	32.0 min.	5	1%	481																																																																																																																							
Washington Hospital	4	11 min.	20.0 min.	3	0%	778																																																																																																																							
Kaiser, Fremont	9	13 min.	25.0 min.	8	2%	449																																																																																																																							
ABMC - Summit Campus	7	14 min.	28.0 min.	14	1%	970																																																																																																																							
Stanford Health Care - ValleyCare	11	16 min.	33.0 min.	14	3%	516																																																																																																																							
Kaiser, Oakland	13	21 min.	46.0 min.	31	5%	572																																																																																																																							
Kaiser, San Leandro	12	20 min.	42.0 min.	30	4%	680																																																																																																																							
Eden	10	17 min.	33.0 min.	17	2%	918																																																																																																																							
Highland Hospital	9	16 min.	31.0 min.	17	1%	1,151																																																																																																																							
Saint Rose Hospital	6	16 min.	31.0 min.	3	1%	427																																																																																																																							
Willow Rock Center	3	12 min.	19.3 min.	0	0%	18																																																																																																																							
4.03	Classifying Medical Requests	✓		✓	Refer to previous sections and plans: <ul style="list-style-type: none"> 1.12 (Review and Monitoring) Progress Update Form 2018-19 ** 1.18 (QA/QI) Progress Update Form 2018-19 ** 	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.																																																																																																																							

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<ul style="list-style-type: none"> • 3.09 (Interfacility Transfer) Progress Update Form 2018-19 • 2019 QI PLAN <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 Medical Dispatch Review Committee – MDRC has been formed with representation from all levels. 	<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"> • Review Unusual Occurrence Reports filed as the result of a scheduled interfacility transfer <p>INVESTIGATIONS</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>CRITICAL CARE PARAMEDIC (CCP)</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. 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 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>SHORT-RANGE PLAN</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 Time*	✓		✓	<p><u>PROGRESS TO DATE:</u> (No Change)</p> <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>Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch time intervals and driving time</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></p> <p>Staffing requirements are in "Staffing – ALS and BLS Providers" Policy. The 2018 and 2019 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>EMS System Providers:</p> <p>ALS GROUND TRANSPORT PROVIDERS</p>	<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>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	<p>Progress – 2018 UPDATED 9/18/19</p>	<p>Objective – 2018-19</p>
					<ul style="list-style-type: none"> • City of Alameda • City of Albany • City of Berkeley • City of Piedmont • Paramedics Plus until June 30, 2019, Contract ended. • Falck started new contract July 1, 2019 <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 • 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> <ul style="list-style-type: none"> • Eagle Ambulance • Sutter – AMR • Royal Ambulance • NorCal Ambulance • United Ambulance • Falck Ambulance • Falcon CCT • Pro-Transport 1 • Arcadia Ambulance • Bayshore Ambulance (Business closed 4/29/2019) • BayMedic Ambulance 	<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"> • Integration of new EMS first responder agencies into the system • Implement and sustain credentialing program as required by state regulation for Public Safety First Aid programs.

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<ul style="list-style-type: none"> WestMed Ambulance Sacramento Valley Ambulance <p>OTHER EMS SYSTEM PARTNERS</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>PUBLIC SAFETY FIRST AID PROGRAMS – NEW PROGRAM</p> <ul style="list-style-type: none"> Implemented credentialing program as required by state regulation for Public Safety First Aid programs in 2017. <p>HEARTSAFE PROJECT: Refer to Executive Summary</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. Alameda County EMS continuing the HeartSAFE project for ninety three community Board of Supervisor sites for three years. The project will include maintenance of AEDs at each community location. 	
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 ems system, and 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	✓	✓	✓	<u>PROGRESS TO DATE:</u> Priority Projects	<i>The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response</i>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	<p>Progress – 2018 UPDATED 9/18/19</p>	<p>Objective – 2018-19</p>
					<p><u>ALAMEDA COUNTY EMS DISASTER RESPONSE PLANS</u></p> <ul style="list-style-type: none"> EMS Surge Plan 2019 (New) <u>completed and tested in 2019 Falck transition.</u> Alameda County Emergency Operations Plan (pending new update 2019-20) <p><u>PEDIATRIC MEDICAL SURGE - NEW PLANS</u> (Disaster / Surge)</p> <ul style="list-style-type: none"> Pediatric Medical Surge Plan approved and tested. Pediatric Medical Surge Plan - http://ems.acgov.org/ems-assets/docs/Documents-Forms/alco%20ped%20med%20surge%20plan.7.7.16.rev%20condensed.pdf HCC Pediatric Coalition Response Annex (plan to develop in 2019-20) 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 was temporarily on hold; continued work will occur in 2019-20 with Alameda County EMS. <p><u>ALAMEDA COUNTY MHOAC MANUAL</u></p> <ul style="list-style-type: none"> Alameda County EMS developing its first MHOAC Manual draft The MHOAC Manual Incident Response Guides will be developed in the MHOAC Manual. 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. The EMS DOC upgrades have occurred in San Leandro. EOC Medical/Health Branch will be moved to larger room for more space. <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. NEW Annexes to CA Medical/Health EOM shared with Alameda County HCC Disaster Preparedness Health Coalition (DPHC) Facilitating integration of PH, EMS, and EH in disaster response exercises to test EOM and new annexes. <p><u>CALIFORNIA PATIENT MOVEMENT PLAN</u></p> <ul style="list-style-type: none"> Plan completed and socialized to Region II by RDMHS. ALCO EMS participated in state tabletop 2017 and meetings in 2018; provided input to plan EMSC and HPP LEMSA Coordinator is on the planning committee for CDPH/EMSA Pediatric Medical Surge Planning project to develop a function specific chapter to CA Patient Movement Plan. Plan to adapt in Alameda County with focus on the pending Pediatric Surge Coalition Annex <p><u>REGIONAL DISASTER MEDICAL HEALTH SPECIALIST (RDMHS) PLANNING</u></p> <ul style="list-style-type: none"> Aram Bronstein is the new RDMHS for Region II. 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. Participated in discussion 	<p>and transport vehicles for disaster.</p> <p>NEW - Disaster Response: OBJECTIVES:</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 (PAHC) Project</u></p> <p>OBJECTIVES:</p> <ul style="list-style-type: none"> 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>SHORT RANGE PLAN:</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>LONG RANGE PLAN:</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>OBJECTIVES:</p> <ul style="list-style-type: none"> 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>SHORT-RANGE PLAN:</p> <ul style="list-style-type: none"> investigate and test different models of EMS and primary care integration to discover potential issues with licensing/liability, identify primary clinic partner(s) <p>LONG-RANGE PLAN:</p> <ul style="list-style-type: none"> Develop and sustain plan, exercise, and evaluate <p><u>ALAMEDA COUNTY MHOAC MANUAL & EMS Plans</u></p> <p>SHORT TERM</p> <ul style="list-style-type: none"> Continue to develop the MHOAC Manual Update EMS Surge Plan as needed

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<p>regarding revisions/updates of the Medical Health Operational Area Coordinator (MHOAC) Handbook in Alameda County</p> <ul style="list-style-type: none"> Hosted quarterly MHOAC Meeting in November 2018, January 2019, May, and July 2019 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. Socialized the EOM Chapters/Memos regarding <u>Patient Movement Plan, Medical Authority, and EMSA Fee Schedules</u>. Worked with the contractors assigned to develop the MAC Guide, for Region II. Continued planning for <u>State Wide Medical Health Exercise (SWMHE) Exercise</u> with regional stakeholders 2018-2019 Conducted first Medical Health Operations Center Support Activities Course (MHOCSA) May 7-8, 2018 Participated in Medical Health Operations Center Support Activities Course (MHOCSA) January, 2019. Facilitated MHOCSA Course in Del Norte County May, 2019 Developed and facilitated planning of MHOCSA Courses in FY 19/20 in Contra Costa and Marin Counties. Participated in State, Regional, and Local exercises, to develop networks, and situational awareness of Regional Capabilities. Participated in state discussion of Regional Coordination for AST/MH wraparound support during incident response. Participated in multiple Regional/State-wide FSE, TTX, Workgroups, to progress policies/processes for planning and response. Conducted MHOAC, RDMHS, SEMS, NIMS education courses, to familiarize stakeholders and partners with operational programs <p>RESPONSE</p> <ul style="list-style-type: none"> Coordinated response to Camp Fire, Butte County (Region III). Facilitated information (Flash & Situation Reports) in response to 2019 Incidents: January - Measles Outbreak in WA, February - Storms/Flooding, April – Enloe Hospital Flooding, May – Camp Ross Fire & Kern County Radioactive Exposure, June – PSPS/Red Flag Warnings & San Francisco Heat Emergency. Coordinated AST/L Response to SF Heat Emergency. <p><u>REGIONAL DISASTER MEDICAL HEALTH COORDINATOR (/RDMHC) – PLANNING</u></p> <ul style="list-style-type: none"> Travis Kusman retained role of Region II RDMHC during transition to new role as EMS Administrator for San Mateo County EMS. <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 HCC Coalition 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. <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 	

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	<p align="center">Progress – 2018 UPDATED 9/18/19</p>	<p align="center">Objective – 2018-19</p>
					<p>Hospital Oakland Site Visit Team (ED Medical Director; ED Nursing Director, and Emergency Planner).</p> <ul style="list-style-type: none"> A new contract was negotiated with UCSF Benioff Children's Hospital Oakland and planning for addendum focused on pediatric readiness prehospital training. The EMSC, Pediatric Readiness, and Surge Advisory Meeting held quarterly (June 27, 2018, January 2019; April 26, 2019, July 26, 2019, and upcoming Oct. 25, 2019) <p><u>DISASTER COMMUNICATIONS</u></p> <ul style="list-style-type: none"> In 2018-19, Alameda County conducted a campaign to ensure all disaster medical response organizations are competent users on ReddiNet. <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; Participated in Local and Regional Ebola Capabilities training and support. Supported and facilitated Regional Ebola training exercises. 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 RDMHS Participated in the Region II Ambulance Strike team leader course: December, 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. Worked with in-coming transport provider to support smooth transition of TEMS staffing and training <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 EVENT" DEPLOYMENTS AND SUPPORT</u></p> <p><u>LARGE SCALE INCIDENTS – COORDINATED PLANNING AND RESPONSE</u></p> <p><u>2018 NORTHERN CA FIRESTORM - BUTTE CAMP FIRE</u></p> <ul style="list-style-type: none"> RDMHS and MHOAC provided mutual aid and support including EMS Coordinators serving in the Butte County PH DOC during the incident. Alameda County EMS Branch activated to support the RDMHS needs. RDMHS Region II worked with Butte County on response and recovery activities relating to reimbursement and environmental health impacts. 	

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<ul style="list-style-type: none"> Worked with Alameda County EMS provider agencies and PH to coordinate response to Butte and other events (i.e. regional heat-waves). <p>WARRIORS PARADE - JUNE 2018</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. <p>EXERCISES AND DRILLS</p> <p>STATEWIDE MEDICAL HEALTH EXERCISES (SWMHE) 2018</p> <ul style="list-style-type: none"> The goals included testing EOC coordination, medical surge, and communications with cross sector healthcare partners. The <u>pediatric medical surge plan</u> was updated and tested in the 2018 SWMHE with consideration for expansion and decompression options. Twenty five emergency operations and command centers were activated. Over 150 participants tested their emergency plans including: County OES, EMS, BHCSA, EH, PH, and GSA; health care facilities (hospitals, clinics, and skilled nursing facilities); The Alameda County EMS Director, RDMHS Region II, MHOAC, and EMS Coordinators participated in the Statewide Medical Health Exercise planning and event at the Emergency Operations Center (EOC), and Regional EOC. The HPP LEMSA Coordinator was the co-project lead for the statewide exercise and HPP work plans. Prepared AAR/IP. <p>URBAN SHIELD TRAINING AND EXERCISES</p> <ul style="list-style-type: none"> Conducted in September 2018. Final year; BOS did not approve continued training. <p>URBAN SHIELD 2018 AND SWAT CHALLENGE 2019</p> <ul style="list-style-type: none"> Urban Shield 2018 held and Yellow Command 9/6/18 (Scenario 96 Hours post Event Earthquake). Alameda County EOC was fully activated. Opportunity to rotate through active shooter scenarios with medical personnel and law enforcement teams securing scenes. <p>ACTIVE SHOOTER AND MASS VIOLENT THREAT EXERCISES - 2018</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: 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>COALITION SURGE TEST – 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. 	

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	<p align="center">Progress – 2018 UPDATED 9/18/19</p>	<p align="center">Objective – 2018-19</p>
					<ul style="list-style-type: none"> The HPP LEMSA Coordinator Cynthia Frankel planned and conducted the CST Exercise June 2018 and May 2019. The EMS Branch DOC was activated. Communications was tested on ReddiNet Multiple partners participated Alameda County EMS MHOAC, RDMHS, EMS Coordinators, hospitals, skilled nursing facilities, and other observers and evaluators <p>PORT OF OAKLAND FULL-SCALE AIRPORT EXERCISE 2019</p> <ul style="list-style-type: none"> Participated in planning and facilitating Oakland Airport's triennial full-scale exercise Delivered hemorrhage control training to volunteer role players <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 LEMSA 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 <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 Coordinating with Oakland Airport to place bleeding control kits in all AED cabinets throughout the airport and on airport safety facility vehicles <p><u>STOP THE BLEED CAMPAIGN</u></p> <ul style="list-style-type: none"> Continued <u>Stop the Bleed public awareness</u> and information campaign Support county partners, including local trauma centers, in efforts to deliver Stop the Bleed training to community members Promoted Stop the Bleed radio add during Stop the Bleed month and developed new relationship with iHeart Radio to further efforts and expand exposure of awareness campaign to diverse audiences Promoted Stop the Bleed awareness and informal training to public at various community locations and events Worked with Chabot College to develop Stop the Bleed 60+ second informational video featuring EMS Corps alumni Working with Oakland's Violence Prevention Program to develop new awareness video featuring local survivors <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). 	

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<ul style="list-style-type: none"> 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>DISASTER RESOURCES – EQUIPMENT AND SUPPLIES</p> <p>MCI/MASS CASUALTY DEPLOYMENT MODULES/TRAILERS</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>EMERGENCY SUPPLIES</p> <ul style="list-style-type: none"> Procured approximately 6000 SWAT-T tourniquets 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 Response*	✓		✓	<p><u>PROGRESS TO DATE:</u></p> <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 Coordinator <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>PERMITTED NON-EMERGENCY PROVIDER</p> <ul style="list-style-type: none"> Addition of <u>Eagle Ambulance</u> and <u>Sacramento Valley Ambulance</u> as Alameda County-permitted IFT providers and continued management of all providers under the Alameda County Ambulance Ordinance. <p>PERMITTED NON-EMERGENCY TRANSPORT PROVIDERS – DISASTER READINESS</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 2018 Napa/Sonoma fires, and provided assistance to all participants in acquiring County and State reimbursement for services rendered <p><u>Refer to 4.07 Progress Update Form</u></p>	<p><i>The local EMS agency shall develop agreements permitting 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><u>LONG-RANGE</u></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

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
4.14	Incident Command System	✓	✓	✓	<p>PROGRESS TO DATE: (No change) Refer to EMS Field Policy 2019 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: 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 BUTTE OPERATIONAL AREA WILDFIRES - October 2019</p> <p><u>AST TEAMS</u></p> <p><u>COUNTY NON-EMERGENCY PERMITTED TRANSPORT PROVIDERS:</u></p> <p><u>URBAN SHIELD 2018</u></p> <ul style="list-style-type: none"> Novel training on K9 care and Large MCI exercise 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>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. <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. 	<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> <u>AMBULANCE STRIKE TEAM (AST)/Disaster Medical Support Unit (DMSU)</u></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
4.15	MCI Plans	✓	✓		<p>PROGRESS TO DATE:</p> <ul style="list-style-type: none"> Refer to the EMS Field Manual Guide 2019 for the MCI Policy on the Alameda County EMS Website. 2020 MCI Policy Update implementation in progress Plans and Policies are consistent with the Standardized Emergency Management (SEMS) System including ICS. 	<p><i>Multi-casualty response plans and procedures shall utilize state standards and guidelines.</i></p> <p><u>SHORT TERM</u></p> <ul style="list-style-type: none"> Finalize the Alameda County MHOAC Manual

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<ul style="list-style-type: none"> The Alameda County Medical/Health Operational Area MHOAC Manual will be finalized in 2018-19. 	
Enhanced Level: Advance Life Support:						
4.16	ALS Staffing	✓			<u>PROGRESS TO DATE:</u> (No change)	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.
4.17	ALS Equipment	✓			(No Change) <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. 	All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing. <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 2019</u> and <u>ALS Transport Agreements/Contracts</u> which focus on compliance with Alameda County EMS Policies.	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. <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> 911 TRANSPORT – FALCK <ul style="list-style-type: none"> The Ambulance Transport Provider Agreement with Falck contains details of our EMS transportation Plan. Falck began 911 Emergency Ground Ambulance Service on July 1, 2019 ALCO EMS is planning an RFP process to select and implement a contract for services to the Exclusive Operating Area (EOA) for the future. 	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.
20	"Grandfathering"	✓			<u>PROGRESS TO DATE:</u> (No change)	Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grandfathering") under Section 1797.224, H&SC.
4.21	Compliance	✓			<u>PROGRESS TO DATE:</u> (No change) – (Refer to Alameda County Quality Improvement Plan 2019) QUALITY IMPROVEMENT (OI) AND MANAGEMENT OF DATA <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> Successful conversion of EMS electronic health care record to NEMIS 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. Completion of the first two years data with the Cardiac Arrest Registry to Enhance Survival (CARES) Monthly Falck QI reports - Improvements for the end user 	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.

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19																																																																								
					<p>AMBULANCE PATIENT OFFLOAD TIME (APOT)</p> <p>– Refer to 4.01 Progress Update Form</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. <div><p>APOT All Hospitals 80th Percentile</p><table><thead><tr><th>Month</th><th>APOT (min)</th></tr></thead><tbody><tr><td>August 2016</td><td>37 min</td></tr><tr><td>September 2016</td><td>36 min</td></tr><tr><td>October 2016</td><td>35 min</td></tr><tr><td>November 2016</td><td>32 min</td></tr><tr><td>December 2016</td><td>31 min</td></tr><tr><td>January 2017</td><td>42 min</td></tr><tr><td>February 2017</td><td>30 min</td></tr><tr><td>March 2017</td><td>32 min</td></tr><tr><td>April 2017</td><td>37 min</td></tr><tr><td>May 2017</td><td>34 min</td></tr><tr><td>June 2017</td><td>37 min</td></tr><tr><td>July 2017</td><td>34 min</td></tr><tr><td>August 2017</td><td>34 min</td></tr><tr><td>September 2017</td><td>34 min</td></tr><tr><td>October 2017</td><td>34 min</td></tr><tr><td>November 2017</td><td>34 min</td></tr><tr><td>December 2017</td><td>40 min</td></tr><tr><td>January 2018</td><td>34 min</td></tr><tr><td>February 2018</td><td>36 min</td></tr><tr><td>March 2018</td><td>32 min</td></tr><tr><td>April 2018</td><td>32 min</td></tr><tr><td>May 2018</td><td>32 min</td></tr><tr><td>June 2018</td><td>29 min</td></tr><tr><td>July 2018</td><td>31 min</td></tr><tr><td>August 2018</td><td>32 min</td></tr><tr><td>September 2018</td><td>32 min</td></tr><tr><td>October 2018</td><td>36 min</td></tr><tr><td>November 2018</td><td>36 min</td></tr><tr><td>December 2018</td><td>36 min</td></tr><tr><td>January 2019</td><td>36 min</td></tr><tr><td>February 2019</td><td>41 min</td></tr><tr><td>March 2019</td><td>36 min</td></tr><tr><td>April 2019</td><td>36 min</td></tr><tr><td>May 2019</td><td>32 min</td></tr><tr><td>June 2019</td><td>21 min</td></tr></tbody></table></div> <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;Continue to monitor the turnaround improvements from earlier this year. System Operations and Regulatory ComplianceQuarterly reporting to California Emergency Medical Services Authority (EMSA)Working with all providers to continue to improve <u>response time performance</u> and address system issues.Active monitoring of performance by all providers and corresponding planning/implementation of corrective procedures related to system operations.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 Lauri McFadden, 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 arriving by 911 ambulance and release the crews within 30 minutes.	Month	APOT (min)	August 2016	37 min	September 2016	36 min	October 2016	35 min	November 2016	32 min	December 2016	31 min	January 2017	42 min	February 2017	30 min	March 2017	32 min	April 2017	37 min	May 2017	34 min	June 2017	37 min	July 2017	34 min	August 2017	34 min	September 2017	34 min	October 2017	34 min	November 2017	34 min	December 2017	40 min	January 2018	34 min	February 2018	36 min	March 2018	32 min	April 2018	32 min	May 2018	32 min	June 2018	29 min	July 2018	31 min	August 2018	32 min	September 2018	32 min	October 2018	36 min	November 2018	36 min	December 2018	36 min	January 2019	36 min	February 2019	41 min	March 2019	36 min	April 2019	36 min	May 2019	32 min	June 2019	21 min	
Month	APOT (min)																																																																													
August 2016	37 min																																																																													
September 2016	36 min																																																																													
October 2016	35 min																																																																													
November 2016	32 min																																																																													
December 2016	31 min																																																																													
January 2017	42 min																																																																													
February 2017	30 min																																																																													
March 2017	32 min																																																																													
April 2017	37 min																																																																													
May 2017	34 min																																																																													
June 2017	37 min																																																																													
July 2017	34 min																																																																													
August 2017	34 min																																																																													
September 2017	34 min																																																																													
October 2017	34 min																																																																													
November 2017	34 min																																																																													
December 2017	40 min																																																																													
January 2018	34 min																																																																													
February 2018	36 min																																																																													
March 2018	32 min																																																																													
April 2018	32 min																																																																													
May 2018	32 min																																																																													
June 2018	29 min																																																																													
July 2018	31 min																																																																													
August 2018	32 min																																																																													
September 2018	32 min																																																																													
October 2018	36 min																																																																													
November 2018	36 min																																																																													
December 2018	36 min																																																																													
January 2019	36 min																																																																													
February 2019	41 min																																																																													
March 2019	36 min																																																																													
April 2019	36 min																																																																													
May 2019	32 min																																																																													
June 2019	21 min																																																																													
4.22	Evaluation	✓		✓	<p>PROGRESS TO DATE:</p> <p>EMS SYSTEM EVALUATION</p>	The local EMS agency shall periodically evaluate the design of exclusive operating areas.																																																																								

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<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 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. Falck awarded contract. Alameda County EMS is now planning for the next RFP. 	<p>OBJECTIVE: Alameda County EMS evaluates the design of exclusive operating area. (LONG-RANGE)</p>
E. Facilities/Critical Care - Universal Level:						
5.01	Assessment of Capabilities	✓			<p>Refer to previous sections and plans:</p> <ul style="list-style-type: none"> 1.07 (Trauma Planning) Progress Update Form 2018-19 1.27 (Pediatric System Plan) Progress Update Form 2018-19 5.01 (Assessment of Capabilities) Progress Update Form 2017-18 <p>PROGRESS TO DATE: ACS VERIFICATION is now a requirement of current trauma MOUs. 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. Level 1 status was attained in 2017. ** Continue to participate in and host the RTCC. All <u>trauma centers</u> successfully completed their scheduled re-verification <u>American College of Surgeons</u> visits in 2017. <p>ED PEDIATRIC READINESS PROJECT</p> <ul style="list-style-type: none"> UCSF Benioff Children's Hospital and Alameda County EMS conduct ED site visits to strengthen pediatric capability to care for children for Alameda County hospitals. The 2019 and 2020 site visits emphasized the pediatric medical surge readiness and provide a pediatric mock code. Alameda County EMS implementing MOU with UCSF Benioff Children's Hospital Oakland to continue the Pediatric Readiness Project Site Visits for 2019-2020.. Alameda County quarterly EMSC, Pediatric Readiness, QI, and Surge Advisory Group. Next meeting scheduled October 25, 2019, Assessment of capabilities consistent with AC EMSC regulations. 	<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>OBJECTIVES:</p> <ul style="list-style-type: none"> Alameda County EMS conducts assessments and reassessments of acute care facilities. Focus in 2019 - and 2020 ED Pediatric Readiness.
5.02	Triage & Transfer Protocols*	✓			<p>Refer to previous sections and plans:</p> <ul style="list-style-type: none"> 1.07 (Trauma Planning) Progress Update Form 2018-19 1.19 (Policies, Procedures, Protocols) Progress Update 2018-19 1.23 (Inter-facility Transfer) Progress Update 2018-19 1.26 (Trauma System Plan) Progress Update 2018-19 1.27 (Pediatric System Plan) Progress Update Form 2018-19 5.01 (Assessment of Capabilities) Progress Update Form 2017-18 <p>PROGRESS TO DATE: Alameda County EMS continues to have prehospital protocols and policies for triage and transfer of patients: (Refer to the 2019 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 	<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>OBJECTIVE:</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 – 2018 UPDATED 9/18/19	Objective – 2018-19
					<ul style="list-style-type: none"> General Transport guidelines Crush Injury EMS FIELD MANUAL POLICY 2020 UPDATES <ul style="list-style-type: none"> Refer to ALCO EMS QI Plan 2019 Addendum-1 2018 NEW POLICIES: ADMINISTRATION – OPERATIONS <ul style="list-style-type: none"> TRAUMA RE-TRIAGE PROCEDURE (ADULT) - NEW JANUARY 2018 TRAUMA RE-TRIAGE PEDIATRIC (PEDIATRIC) – NEW JANUARY 2018 5150 RESPONSE <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. Alameda County EMS is working collaboratively with Alameda County Behavioral Health to develop and implement the Community Assessment and Transport Team (CATT). The CATT program will be a mobile unit working out of a SUV Chevy Tahoe and staffed with an EMT and a Licensed Behavioral Health Clinician. The CATT team will be able to provide assessment, management, transport, and referral as appropriate to individuals presenting with mental health-behavioral emergencies in the prehospital setting. The goal is to provide the care and services that will meet the best needs of the client, without utilizing ambulance transport, which is an expensive approach. Members on the CATT Committee are from Behavior Health Services and Alameda Care Connect, Bonita House, Falck the 911 provider, the EMS Agency, and other partners. In April 2019, an EMS Coordinator was hired to project manage the implementation of CATT. CATT MOUs, policies, and procedures are being developed, which includes team schedules, and the CATT training curriculum. The goal is to have the program up and running sometime in early 2020. 	
5.03	Transfer Guidelines*	✓			Refer to previous sections and plans: <ul style="list-style-type: none"> 1.07 (Trauma Planning) Progress Update Form 2018-19 1.19 (Policies, Procedures, Protocols) Progress Update 2018-19 1.23 (Inter-facility Transfer) Progress Update 2018-19 1.26 (Trauma System Plan) Progress Update 2018-19 1.27 (Pediatric System Plan) Progress Update Form 2018-19 PROGRESS TO DATE: Alameda County EMS Administrative Policies focused on transfer of care are listed below: <ul style="list-style-type: none"> Inter-facility Transfer Guidelines CCT-Program Standards – Updated 2019 Emergency Re-Triage to Trauma Centers <ul style="list-style-type: none"> Completed EMS Surge Plan 2019 Updated Pediatric Surge Plan 2018 Implementing CA EMSC Regulations and designating PedRCs 	<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>OBJECTIVE: Continue education on guidelines to ensure patients are identified for transfer to higher capability of acute care.</p>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
5.04	Specialty Care Facilities*	✓		✓	<p>Refer to previous sections and plans:</p> <ul style="list-style-type: none"> 1.07 (Trauma Planning) Progress Update Form 2018-19 1.19 (Policies, Procedures, Protocols) Progress Update 2018-19 1.23 (Inter-facility Transfer) Progress Update 2018-19 1.26 (Trauma System Plan) Progress Update 2018-19 1.27 (Pediatric System Plan) Progress Update Form 2018-19 5.04 (Specialty Care Facilities) Progress Update Form 2017-18 2019 QI Plan 2018-19 Trauma Plan <p>PROGRESS TO DATE:</p> <p>RECEIVING HOSPITALS AND DESIGNATED SPECIALTY CENTERS: 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 PedRC <p>* (PedRC - All Hospitals must have a pediatric readiness capability to receive pediatric patients consistent with CA EMSC Regulations).</p> <p>REGISTRY AND DATA COLLECTION</p> <p>CARDIAC ARREST REGISTRY -</p> <ul style="list-style-type: none"> to Enhance Survival (CARES Registry) – August 2015 <p>SEPSIS ALERT PROGRAM</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>SPECIALTY CENTERS</p> <p>CURRENT ALAMEDA COUNTY PRIMARY STROKE RECEIVING CENTERS – 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 Stanford ValleyCare – Pleasanton (JC site visit Q3 2019 for Primary Stroke Receiving Center Certification. Designated primary stroke center as of June 4, 2019) <p>CURRENT ALAMEDA COUNTY STEMI / CARDIAC ARREST RECEIVING CENTERS - 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 	<p><i>The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.</i></p> <p>OBJECTIVES:</p> <p>PEDIATRIC READINESS PARTNERSHIP PROJECT</p> <p>GOALS – LONG-RANGE PLAN:</p> <ul style="list-style-type: none"> Implement CA EMSC Regulations. Designate PedRCs To conduct on-going assessments for ED pediatric capabilities (“Day-to-Day” and Surge Events); To review the site-visit self-assessment tool from the California Pediatric Readiness Project To provide ED on-site training with expert feedback and a post site visit hospital specific customized report Facilitate on-going collaboration and future training with UCSF Benioff Children’s Hospital. <p>SPECIALTY CENTERS</p> <ul style="list-style-type: none"> GOAL: 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: PedRC, 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>PROGRESS TO DATE</p> <p>TRAUMA HOSPITALS - DESIGNATION/VERIFICATIONS</p> <ul style="list-style-type: none"> ACS Verification is a requirement of the Alameda County Trauma Center MOU (plan next contract renewal). 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 – <u>Level 2</u> Adult TC and <u>Alameda Health System</u> (Highland), FKA, Alameda County Medical Center (Highland) – <u>Level 1</u> Adult TC. <p>LONG-RANGE PLAN:</p> <ul style="list-style-type: none"> Stroke and STEMI/Cardiac Arrest Receiving Centers MOU Renewals January 2020. Incorporate NEW CA State STEMI and Stroke Critical Care System Regulations into 2020 MOU. Develop STEMI and Stroke Critical Care System Plans that reflect and comply with NEW CA State STEMI and Stroke Regulations.

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
5.05	Mass Casualty Management	✓	✓		<p><u>Refer to previous sections and plans:</u></p> <ul style="list-style-type: none"> 4.12 (Disaster Response) Progress Update Form 2018-19 4.15 (MCI Plans) Progress Update Form 2018-19 5.05 (Specialty Care Facilities) Progress Update Form 2017-18 <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> <ul style="list-style-type: none"> The <u>HPP program</u> provides benchmarks and goals for medical surge and mass casualty planning. The HCC - Disaster Preparedness Health Coalition (DPHC) meets every quarter with monthly webinars. <p>STATEWIDE MEDICAL/HEALTH FUNCTIONAL EXERCISE (SWMHE)</p> <ul style="list-style-type: none"> Hospitals participate in annual <u>medical/health exercises</u> to discuss and test medical surge and mass casualty management including the November 2018 and the upcoming November 21, 2019 exercise. <p>ALAMEDA COUNTY MHOAC MANUAL and EMS SURGE PLAN</p> <ul style="list-style-type: none"> 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. EMS is finalizing plan. Developed EMS Surge Plan 2019. <p>COALITION SURGE TEST (CST) EXERCISE- FOCUS HOSPITAL EVACUATION</p> <ul style="list-style-type: none"> Alameda County EMS held the CST June 14, 2018 and May 30, 2019. <p>URBAN SHIELD TRAINING – BOS did not approve further training</p> <ul style="list-style-type: none"> Held Urban Shield Mass Casualty Incident full scale exercise September 2018. <p>EMS AND CLINIC FIELD TREATMENT SITE CO-LOCATION Project</p> <ul style="list-style-type: none"> Full-scale exercise conducted <u>May 30 and 31, 2018</u> at three clinic locations. Hospitals supported this new model pilot project <p>TRIAGE RESOURCE ALLOCATION FOR INPATIENT (TRAIN) PLANNING</p> <ul style="list-style-type: none"> Promoting the Triage by Resource Allocation for In-patients (TRAIN) project in 2018-19. 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 and June 27, 2019, TRAIN and surge planning meeting held July 17, 2018 in Alameda County. <p><u>DISASTER / SURGE TRAINING</u></p> <p>MHOCSA TRAINING</p> <ul style="list-style-type: none"> RDMHS developed and conducted CSTI Medical Health Operations Center Support Activities (MHOCSA) Courses in 2018 and 2019 <p>EOM TRAINING</p> <ul style="list-style-type: none"> Conducted several Emergency Operations Manual (EOM) training classes. Hospitals participated in the training. <p>MCI DEPLOYMENT MODULES & RESOURCES</p> <ul style="list-style-type: none"> Six MCI Deployment Modules were purchased in June 2018 for use in a mass casualty event. Stored at Falck locations. 	<ul style="list-style-type: none"> Pediatric Receiving Center (PedRC) Hospital agreements consistent with CA EMSC Regulations. <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 Manual Guide to support the OA Emergency Operations Plan.

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
5.06	Hospital Evacuation*	✓		✓	<p><u>Refer to previous sections and plans:</u></p> <ul style="list-style-type: none"> 4.12 (Disaster Response) Progress Update Form 2018-19 4.14 (Incident Command System) 5.05 (Mass Casualty Management) Progress Update Form 2018-19 <p><u>PROGRESS TO DATE:</u></p> <p>COALITION SURGE TEST (CST) EXERCISE – FOCUS HOSPITAL EVACUATION</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 MHOAC and RDMHS. UCSF Benioff Children’s Hospital participated in “simulated Evacuation” with EMS Branch DOC May 30, 2019. <p>TRAIN – TRIAGE RESOURCE ALLOCATION FOR INPATIENT</p> <p>MHOAC PROGRAM</p> <ul style="list-style-type: none"> MHOAC program may be activated to support the needs of a hospital evacuation. The HPP EMSA Coordinator participates in the Hospital Evacuation Plan reviews and table top exercises at hospitals (Alameda Health System Highland 2018) <p>BUTTE COUNTY – NORTH BAY FIRES 2018 - EMERGENCY RESPONSE</p>	<p>The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.</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
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>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.</p> <p><u>OBJECTIVE:</u> Continue to monitor Base hospital and support strengthened capability.</p>
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design	✓			<p><u>Refer to previous sections and plans:</u></p> <ul style="list-style-type: none"> 1.07 (Trauma Planning) Progress Update Form 2018-19 1.19 (Policies, Procedures, Protocols) Progress Update 2018-19 1.23 (Inter-facility Transfer) Progress Update 2018-19 1.26 (Trauma System Plan) Progress Update 2018-19 1.27 (Pediatric System Plan) Progress Update Form 2018-19 5.05 (Specialty Care Facilities) Progress Update Form 2017-18 2018-19 Trauma Plan <p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> Alameda County EMS Trauma Plan is submitted annually. The last submission date was August 2018. The next submission is scheduled for September 2019. 	<p>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.</p> <p><u>OBJECTIVE:</u> Alameda County strengthens trauma care system</p>
5.09	Public Input	✓			<p>(No change)</p> <p><u>Refer to previous sections and plans:</u></p> <ul style="list-style-type: none"> 1.07 (Trauma Planning) Progress Update Form 2018-19 1.19 (Policies, Procedures, Protocols) Progress Update 2018-19 1.23 (Inter-facility Transfer) Progress Update 2018-19 	<p>In planning its trauma care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.</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 – 2018 UPDATED 9/18/19	Objective – 2018-19
					<ul style="list-style-type: none"> 1.26 (Trauma System Plan) Progress Update 2018-19 1.27 (Pediatric System Plan) Progress Update Form 2018-19 5.09 (Specialty Care Facilities) Progress Update Form 2017-18 2018-19 Trauma Plan <p>PROGRESS TO DATE:</p> <p>TRAUMA HOSPITALS – NEW DESIGNATIONS/VERIFICATIONS</p> <ul style="list-style-type: none"> ACS Verification is now a requirement of the Alameda County Trauma Center MOU (next contract renewal July 2021). 	
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
10	Pediatric System Design	✓			<p><u>Refer to previous sections and plans:</u></p> <ul style="list-style-type: none"> 1.07 (Trauma Planning) Progress Update Form 2018-19 1.19 (Policies, Procedures, Protocols) Progress Update 2018-19 1.23 (Inter-facility Transfer) Progress Update 2018-19 1.26 (Trauma System Plan) Progress Update 2018-19 1.27 (Pediatric System Plan) Progress Update Form 2018-19 5.01 (Assessment of Capabilities) Progress Update Form 2017-18 <p>PROGRESS TO DATE:</p> <p>CA EMSC REGULATIONS AND PENDING PEDIATRIC SURGE ANNEX</p> <ul style="list-style-type: none"> Monitoring status of CA EMSC Regulations EMSA implementation plan Monitoring status of CA EMSA/CDPH Pediatric Surge Annex to Patient Movement Plan. Prepared to implement Pediatric System Design changes to strengthen program once the state implementation plan and surge annex finalized / approved. <p>HOSPITAL PEDIATRIC CAPABILITY AND READINESS</p> <ul style="list-style-type: none"> Hospitals – Required to have pediatric receiving center readiness capability (PedRC) Pediatric Critical Care Trauma Center – Level 1 – UCSF Benioff Children's Hospital is the designated Trauma Center <p>PEDIATRIC QI - CQI DATA COLLECTION</p> <p>- CHILDREN INTEGRATED 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 = Pediatric Destinations/Transports (by Primary Impression); Trauma Reports and Psych patients ED Site Visit Reports First Watch <p>ALAMEDA COUNTY EMS POLICIES AND PROCEDURES</p> <p>– EMSC AUDIT PROCESS INTEGRATED IN EMS QI ACTIVITIES</p> <ul style="list-style-type: none"> Alameda County QI Plan 2019 (EMSC QI integrated in QI Plan) PedRC Policy consistent with EMSC Regulations Hospital Responsibilities Policy and Skills Competency Trauma Audit Process Policy Unusual Occurrence Policy Pediatric Readiness Reports – Provided post Hospital ED Site Visits <p>EMS STAFF QI</p> <p>ACTIVITIES WITH FOCUS ON CHILDREN AND PEDIATRIC TRANSPORTS INCLUDE:</p>	<p>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.</p> <p>ALAMEDA COUNTY EMS FOR CHILDREN BENCHMARKS:</p> <ul style="list-style-type: none"> Implementation EMSC Regulations with PedRC Policy and agreements 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 EOP) and HCC Pediatric Response Plan Annex 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 Sustain EMSC, Pediatric Readiness, QI, and Surge Advisory Committee

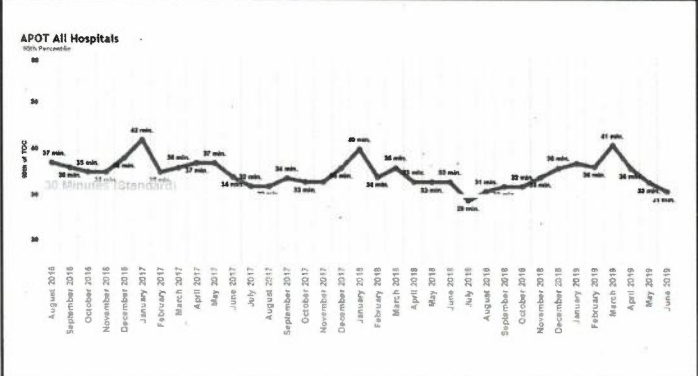
Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	<p>Progress – 2018 UPDATED 9/18/19</p>	<p>Objective – 2018-19</p>
					<ul style="list-style-type: none"> Contract compliance monitoring – UCSF Benioff Children's Hospital Pediatric Readiness Project. Development of new agreements – Pediatric Readiness Project with UCSF Benioff Children's Hospital Review – Unusual occurrence impacting children process <p>INVESTIGATIONS</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>PEDIATRIC SURGE PLAN</p> <ul style="list-style-type: none"> Completed, disseminated and tested pediatric medical surge plan in SWMHE November 2018. <p>PEDIATRIC COMMUNICATIONS - REDDINET</p> <ul style="list-style-type: none"> Developed customized assessment polls with pediatrics Conducted training at multiple hospital sites during the ReddiNet training. Practice with pediatric scenarios and customized polling. <p>PEDIATRIC INTEGRATION IN EXERCISES STATEWIDE MEDICAL/HEALTH EXERCISE (SWMHE) – NOVEMBER 2018</p> <ul style="list-style-type: none"> The goals included testing EOC coordination, pediatric medical surge, and communications with cross sector healthcare partners. <p>PEDIATRIC READINESS PROJECT – ED SITE VISITS</p> <ul style="list-style-type: none"> Emergency Department Pediatric Readiness Project – conducted ED Site Visits with UCSF Benioff Children's Hospital. All hospitals scheduled 2019. MOU with UCSF Benioff Children's Hospital to continue Pediatric Readiness Site Visits 2019. Pediatric Site Visits provided data on trauma re-triage. Educating all receiving hospitals on Trauma Re-triage policy. <p>ALAMEDA COUNTY CHILDREN'S DISASTER CONOPS</p> <ul style="list-style-type: none"> Supporting planning to finalize Children's Disaster CONOPs - Annex to OA EOP <p>CDPH / EMSA PEDIATRIC SURGE PROJECT</p> <ul style="list-style-type: none"> Supporting EMSA / CDPH Pediatric Medical Surge Project Developing HCC Pediatric Surge Response Annex for coalition partners Developed CA Children's Disaster CONOPs – Draft Framework & Local Pediatric Readiness and Surge CONPs at September 2019 CHA Conference <p>ALAMEDA COUNTY EMS POLICIES</p> <ul style="list-style-type: none"> 2019 EMS Field Manual – Reviewed and updated pediatric policies as needed <p>NEW POLICIES - ADMINISTRATION – OPERATIONS</p> <ul style="list-style-type: none"> TRAUMA RE-TRIAGE PEDIATRIC (PEDIATRIC) – NEW JANUARY 2018 <p>2019-2020 SUMMARY OF FIELD MANUAL POLICY UPDATE - PROPOSALS</p> <p>EMS FIELD MANUAL - PEDIATRIC SECTIONS</p> <ul style="list-style-type: none"> Refer to .ALCO EMS QI Plan Addendum-1 - 2019 <p>TRAIN – TRIAGE RESOURCE ALLOCATION FOR INPATIENT</p>	

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<ul style="list-style-type: none"> Promoting the Triage by Resource Allocation for In-patients (TRAIN) project in 2019. 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 and June 26, 2019 <p>SCHOOL CAMPAIGN FOR EMERGENCY PLANNING</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 2018 <p>PEDIATRIC INTEGRATION - COMMITTEES</p> <ul style="list-style-type: none"> EMSC, Pediatric Readiness, QI, and Surge Advisory Committee – quarterly meetings (June 27, 2018; Oct. 26, 2018; Jan. 25, 2019; April 26, 2019; July 26, 2019; October 25, 2019). Updated Pediatric Resources and ensure access with system partners via ED Receiving Hospital Committee, HCC - Disaster Preparedness Coalition (DPHC), QI Meetings, and Hospital Disaster Preparedness Committees) Ensure pediatric issues are addressed in all EMS programs: Quality Improvement, Trauma, Disaster, Injury Prevention, and Region II ABAHO Medical Shelter Project <p>PEDIATRIC RESOURCES AND SUPPLIES</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>Refer to previous sections and plans:</u></p> <ul style="list-style-type: none"> 1.07 (Trauma Planning) Progress Update Form 2018-19 1.19 (Policies, Procedures, Protocols) Progress Update 2018-19 1.23 (Inter-facility Transfer) Progress Update 2018-19 1.26 (Trauma System Plan) Progress Update 2018-19 1.27 (Pediatric System Plan) Progress Update Form 2018-19 ** 5.01 (Assessment of Capabilities) Progress Update Form 2018-19 5.10 (Pediatric System Design) Progress Update Form 2018-19 ** <p><u>PROGRESS TO DATE:</u></p> <p>ED PEDIATRIC READINESS PROJECT – CA EMSC REGULATIONS</p> <p>– IMPACT ON HOSPITAL EDS</p> <ul style="list-style-type: none"> Implementing CA EMSC Regulations with ALL hospital PedRC policy and agreements. Conducting pediatric readiness site visits. All hospitals scheduled in 2019. With UCSF Benioff Children's hospital Oakland, assessed Highland (AHS); Stanford ValleyCare; Kaiser Fremont; San Leandro (AHS); and Washington Hospitals in 2019. Starting September 2019, additional site visits planned with Kaiser San Leandro; Kaiser Oakland; St. Rose; and Alameda (AHS) Hospitals Hospital Pediatric Emergency Care Coordinators (PECCs) invited to EMSC, Pediatric Readiness, QI, and Surge Advisory Committee quarterly meetings. 	<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 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 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.
5.12	Public Input	✓			<p>(No Change)</p> <p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> 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 	<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>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					for Children TAC Meeting; LEMSA EMSC, Pediatric Readiness, QI, and Surge Advisory Meeting; Western Regional Pediatric Alliance for Emergency Management, and other ad-hoc committees (ie. ReddiNet and ABAHO Medical Shelter Workgroup Committee)	
Enhanced Level: Other Specialty Care Systems: Survival to discharge over the next few years.						
5.13	Specialty System Design	✓	✓	✓	<p><u>Refer to previous sections and plans:</u></p> <ul style="list-style-type: none"> 1.07 (Trauma Planning) Progress Update Form 2018-19 1.19 (Policies, Procedures, Protocols) Progress Update 2018-19 1.23 (Inter-facility Transfer) Progress Update 2018-19 1.26 (Trauma System Plan) Progress Update 2018-19 1.27 (Pediatric System Plan) Progress Update Form 2018-19 ** 5.01 (Assessment of Capabilities) Progress Update Form 2018-19 5.04 (Specialty Care Facilities) Progress Update Form 2018-19 ** 5.10 (Pediatric System Design) Progress Update Form 2018-19 ** 5.13 (Specialty System Design Progress Update Form 2017-18 ** <p><u>PROGRESS TO DATE:</u></p> <p>STEMI/CARDIAC ARREST RECEIVING CENTERS</p> <ul style="list-style-type: none"> Changed STEMI to STEMI/Cardiac Arrest Receiving Centers. 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 2018-19 2020 MOU renewal for specialty receiving hospitals (Stroke, STEMI, Cardiac Arrest) <p><u>- REGISTRY AND DATA COLLECTION -</u></p> <p>CARDIAC ARREST REGISTRY</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 three years of official participation in CARES data collection and was included in National 2016-2918 CARES reports <p>SEPSIS ALERT PROGRAM</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>Current ALAMEDA COUNTY PRIMARY STROKE RECEIVING CENTERS –</p> <p>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 Stanford ValleyCare-Pleasanton had an initial JC site visit Q3 2019 for Primary Stroke Receiving Center Certification. As of September 4, 2019, designated as primary stroke center. 	<p>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:</p> <p>STROKE RECEIVING CENTERS</p> <ul style="list-style-type: none"> Primary Stroke Receiving Centers, Thrombectomy Capable Stroke Centers Comprehensive Stroke Centers <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>SHORT/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>SHORT/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 or at minimum have written agreements with local ECMO receiving hospitals by 2020 <p><u>SHORT/LONG-RANGE PLAN:</u></p> <p>Incorporate new CA State STEMI and Stroke Critical Care System Regulations into up-coming 2020 specialty center agreements (MOUs) to comply with requirements.</p> <p>CA EMS FOR CHILDREN REGULATIONS AND PENDING EOM PEDIATRIC SURGE ANNEX</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)	<p>Progress – 2018 UPDATED 9/18/19</p>	Objective – 2018-19
					<p>Current ALAMEDA COUNTY STEMI / CARDIAC ARREST RECEIVING CENTERS</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 (Cincinnati Stroke Scale), 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 thrombectomy capable center for IR services. <p><u>STEMI / CARDIAC ARREST RECEIVING CENTERS (CARC) –</u></p> <ul style="list-style-type: none"> Alameda County EMS ensures that patients who are experiencing a possible ST-elevation myocardial infarction (STEMI) receive expedited specialty care. An out-of-hospital STEMI is detected by clinical exam and 12-lead electrocardiogram that is transmitted to the closest appropriate STEMI Receiving Center (SRC). The patient is then transported to that EMS designated SRC (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 experience out-of-hospital cardiac arrest on scene or during transport and received attempted resuscitation with any return of spontaneous circulation (ROSC) or presented with an initial or recurrent shockable rhythm (VF/VT) are transported to the same EMS designated SRC/CARCs (MOU in place). Both STEMI and Cardiac Arrest patients are transported to a SRC/CARC since these patients frequently need common interventions. <p><u>CA EMS FOR CHILDREN PROPOSED REGULATIONS AND PENDING EOM PEDIATRIC SURGE ANNEX</u></p> <ul style="list-style-type: none"> Implementing PedRC requirements consistent with 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 PedRC agreements Pediatric Critical Care Trauma Center – Level 1 – UCSF Benioff Children's Hospital is the designated Trauma Center <p><u>RAPID RESPONSE CASE MANAGEMENT (RRCM) FOR OLDER ADULTS</u></p>	

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<ul style="list-style-type: none"> Collaborating with Day Break (senior support agency) and St. Rose Hospital to develop a program that facilitates a transitional case manager to assist older adults who frequently utilize emergency resources in an effort to help these patients gain access to more appropriate care, and avoid crisis and non-urgent use of emergency resources Collaboration includes exploring and adopting viable screening tool for EMS to identify older adults at risk for this specialized care to support an expeditious response by the case manager 	
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>
F. Data Collection/System Evaluation - Universal Level:						
6.01	QA/QI Program	✓	✓	✓	<p><u>Refer to previous sections and plans:</u></p> <ul style="list-style-type: none"> 1.12 (Review and Monitoring) Progress Update Form 2018-19 ** 1.18 (QA/QI) Progress Update Form 2018-19 ** 5.01 (Assessment of Capabilities) Progress Update Form 2018-19 2019 QI PLAN <p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> Complete Implementing ESO EHR systemwide Improved EMSA Core Measures accuracy Expanded Tableau ad hoc reporting capability Expanded First Watch Analytics <p>ePCR – DEFINITIVE NETWORKS INCORPORATED</p> <ul style="list-style-type: none"> Hosting / Training Services - Contract through <u>June 2021</u>. <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 with <u>Alameda County Care Connect</u>, a Whole Person Care pilot program. <p>AMBULANCE PATIENT OFFLOAD TIME (APOT) - July 2018-June 2019</p> <ul style="list-style-type: none"> Implemented 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>NEXT PAGE</p>	<p>The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all pre-hospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols, and identification of preventable morbidity and mortality, and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.</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 ESO EHR systemwide Establish reports that assess the effect of prehospital Expand Tableau ad hoc reporting capability for EMS Expand First Watch Analytics <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

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					 <p>APOT PLAN</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) Attained notable reduction system-wide in Ambulance Patient Offload Time with process and reporting recognized as best practice by California EMS Authority <p>CQI 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 	
02	Prehospital Records	✓	✓	✓	<p>Refer to previous sections and plans:</p> <ul style="list-style-type: none"> 1.12 (Review and Monitoring) Progress Update Form 2018-19 ** 1.18 (QA/QI) Progress Update Form 2018-19 ** 5.01 (Assessment of Capabilities) Progress Update Form 2018-19 6.01 (QA/QI Program) Progress Update Form 2018-19 6.02 (Prehospital Records) Progress Update Form 2017-18 2019 QI PLAN <p>PROGRESS TO DATE:</p> <p>ePCR – DEFINITIVE NETWORKS INCORPORATED HOSTING / Training</p> <ul style="list-style-type: none"> Contract extension to <u>June 2021</u>. 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 Alameda County provider QI plans updated annually. 	<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"> Complete ESO EHR implementation systemwide Improve Core Measures accuracy in Tableau Establish reports that assess the effect of prehospital interventions by analyzing patient VS changes Expand Tableau ad hoc reporting capability for EMS <p>LONG RANGE PLAN:</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 – 2018 UPDATED 9/18/19	Objective – 2018-19
6.03	Prehospital Care Audits	✓		✓	<p>Refer to previous sections, plans, and website:</p> <ul style="list-style-type: none"> 1.12 (Review and Monitoring) Progress Update Form 2018-19 ** 1.18 (QA/QI) Progress Update Form 2018-19 ** 5.01 (Assessment of Capabilities) Progress Update Form 2018-19 6.01 (QA/QI Program) Progress Update Form 2018-19 6.03 (Prehospital Records) Progress Update Form 2017-18 2019 QI PLAN ** APOT Reports – Alameda County EMS Website: http://ems.acgov.org/AboutEMSSystem/AboutEMSSystem.page? <p>PROGRESS TO DATE: ALAMEDA COUNTY EMS POLICIES AND PROCEDURES describe the <u>audit process</u>.</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>EMS STAFF QI 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>EMS FOR CHILDREN</p> <ul style="list-style-type: none"> Reviewing pediatric call volume, destination, chief complaints, and system impact. Contact EMS office for EMSC Data Reports 2018-19 if needed. 	<p><i>Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.</i></p> <p>OBJECTIVES: 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. Continue 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.
6.04	Medical Dispatch	✓	✓		<p>Refer to previous sections, plans, and website:</p> <ul style="list-style-type: none"> 1.12 (Review and Monitoring) Progress Update Form 2018-19 ** 1.18 (QA/QI) Progress Update Form 2018-19 ** 3.04 (Dispatch Center) Progress Update Form 2018-19 ** 5.01 (Assessment of Capabilities) Progress Update Form 2018-19 6.01 (QA/QI Program) Progress Update Form 2018-19 6.04 (Prehospital Records) Progress Update Form 2017-18 2019 QI PLAN ** <p>PROGRESS TO DATE: QUALITY IMPROVEMENT PLAN</p>	<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 <u>data to review dispatch</u> 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 – 2018 UPDATED 9/18/19	Objective – 2018-19
					<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. (No change)	
6.05	Data Management System*	✓	✓		<p>Refer to previous sections, plans, and website:</p> <ul style="list-style-type: none"> • 1.12 (Review and Monitoring) Progress Update Form 2018-19 ** • 1.18 (QA/QI) Progress Update Form 2018-19 ** • 5.01 (Assessment of Capabilities) Progress Update Form 2018-19 • 6.01 (QA/QI Program) Progress Update Form 2018-19 • 6.05 (Prehospital Records) Progress Update Form 2017-18 • 2019 QI PLAN ** <p>PROGRESS TO DATE:</p> <ul style="list-style-type: none"> • Alameda County EMS has implemented a NEMSIS v3.4 single data collection (ESO EHR) 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 2021 • <u>QUALITY IMPROVEMENT - DATA MANAGEMENT SYSTEM – “SINGLE ENTRY POINT” –</u> <ul style="list-style-type: none"> ◦ <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. • Initiated active participation in quality improvement meetings at ALL Trauma Centers (UCSF Benioff Children’s Hospital, Highland (Alameda Health System), and Eden Hospital). Promote Pediatric Receiving Centers (PedRCs) participation in LEMSA EMSC, QI, and Surge Advisory Meetings and required pediatric site visits 	<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>
6.06	System Design Evaluation	✓			<p>Refer to previous sections, plans, and website:</p> <ul style="list-style-type: none"> • 1.12 (Review and Monitoring) Progress Update Form 2018-19 ** • 1.18 (QA/QI) Progress Update Form 2018-19 ** • 5.01 (Assessment of Capabilities) Progress Update Form 2018-19 • 6.01 (QA/QI Program) Progress Update Form 2018-19 • 2019 QI PLAN ** <p>PROGRESS TO DATE: NEW</p> <p>EMS SYSTEM EVALUATION - RFP</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 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. Contract awarded to Falck. Planning for future RFP. 	<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>OBJECTIVE:</p> <ul style="list-style-type: none"> • Plan for new RFP Process
6.07	Provider Participation	✓			<p>Refer to EMS plans:</p> <ul style="list-style-type: none"> • 2019 QI PLAN ** 	<p><i>The local EMS agency shall have the resources and authority to require provider participation in the system-wide evaluation</i></p>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<p>-----</p> <p><u>PROGRESS TO DATE:</u> (Refer to 6.06 above.)</p> <p>EMS SYSTEM EVALUATION</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. Falck was awarded contract. ALCO EMS planning for future RFP. <p>-----</p> <ul style="list-style-type: none"> The 2019 QI plan requires provider participation in system-wide QI activities. 	<p>program.</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 Falck contract. Ensure provider participation in system evaluation.
6.08	Reporting	✓			<p><u>Refer to EMS plans:</u></p> <ul style="list-style-type: none"> 2019 QI PLAN ** <p>-----</p> <p><u>PROGRESS TO DATE:</u> (Refer to 6.06 and 6.07 above)</p> <p>EMS SYSTEM Evaluation</p> <p>EMERGENCY AMBULANCE AND FIRST RESPONDER SERVICES - CONTRACTS</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 Falck and the cities 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><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><u>OBJECTIVE:</u></p> <ul style="list-style-type: none"> Alameda County will continue to report to EMSA and BOS on the contract evaluations for 9-1-1 and first responder; and RFP planning progress.
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit	✓		✓	<p><u>Refer to 2019 QI PLAN **</u></p> <p>-----</p> <p><u>PROGRESS TO DATE:</u></p> <ul style="list-style-type: none"> EMS QI Plan 2018-19 defines the audit process 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 (ESO and Tableau) in 2019. Alameda County EMS has implemented a NEMSIS v3.4 single data collection (ESO Data Systems RescueNet ePCR) countywide and has finished training for the FRALS agencies. ePCR – DEFINITIVE NETWORKS INCORPORATED HOSTING / Training Services Definitive Networks Incorporated Data Hosting / Training Services contract extension to June 2021 Facilitate PedRC policy and signed hospital agreements. (Consistent with CA EMSC regulations). 	<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><u>OBJECTIVE:</u> 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 CA EMS for Children regulations – QI requirements.
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation	✓		✓	<p>(No Change) –</p> <p><u>Refer to previous sections and plans:</u></p> <ul style="list-style-type: none"> 1.07 (Trauma Planning) Progress Update Form 2018-19 1.26 (Trauma System Plan) Progress Update 2018-19 5.01 (Assessment of Capabilities) Progress Update Form 2018-19 	<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 to the system design and operation.</i></p>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<ul style="list-style-type: none"> 5.04 (Specialty Care Facilities) Progress Update Form 2018-19 ** 6.10 (Specialty System Design) Progress Update Form 2017-18 ** 6.11 (Trauma Center Data) Progress Update Form 2018-19 ** 2018-19 Trauma System Plan ** <ul style="list-style-type: none"> Alameda County EMS participates in the scheduled internal Trauma Center (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>OBJECTIVE: LONG-RANGE PLAN:</p> <ul style="list-style-type: none"> Evaluate the need for an ACS EMS System Consultation
6.11	Trauma Center Data	✓		✓	<p>Refer to previous sections and plans:</p> <ul style="list-style-type: none"> 1.07 (Trauma Planning) Progress Update Form 2018-19 1.26 (Trauma System Plan) Progress Update 2018-19 5.01 (Assessment of Capabilities) Progress Update Form 2018-19 5.04 (Specialty Care Facilities) Progress Update Form 2018-19 ** 6.10 (Specialty System Design) Progress Update Form 2017-18 ** 6.11 (Trauma Center Data) Progress Update Form 2018-19 ** 2018-19 Trauma System Plan ** <p>PROGRESS TO DATE:</p> <p>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 approval by the County Board of Supervisors provide for services through June 30, 2021. 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>ACS CERTIFICATION 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>CLINICAL SYSTEMS OF CARE – SPECIALTY CENTERS</p> <p>TRAUMA CENTERS:</p>	<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> <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 – 2018 UPDATED 9/18/19	Objective – 2018-19
					<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><u>PEDIATRIC TRAUMA CASE STUDY REVIEWS</u></p> <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. 	
G. Public Information And Education - Universal Level:						
7.01	Public Information Materials	✓	✓	✓	<p>PROGRESS TO DATE:</p> <p><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"> Information about our Agency and our Agency's roles. Information about the Alameda County EMS System and its components. Resources for providers to establish/maintain certification or licensure. Information for the public and current providers to obtain training Information on our various clinical care systems Stop the Bleed Campaign Page (www.youstopthebleed.org) Emergency Preparedness and Response Resources EMS for Children (Emergency School Guidelines and ED Pediatric Readiness Site Visit Resources) 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> (Refer to 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>PROGRESS TO DATE:</p> <p><u>COMMUNITY AEDS – PAD PROGRAMS</u></p> <p><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. 	<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> <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

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<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.</p> <p>CPR 9</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>HEART SCREENING</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>STOP THE BLEED CAMPAIGN</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>ALAMEDA COUNTY CARE CONNECT</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 <u>Intellectual and Developmental Disability Forensic Team (IDDFT)</u> to develop goals for 2018 using Sequential Intercept technique <p>ASSESS AND REFER</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. 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. Clinics have been invited to participate in the project. <p>CHILDHOOD INJURY PREVENTION PROGRAM</p> <p>ALAMEDA COUNTY SAFE KIDS COALITION:</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, 	<ul style="list-style-type: none"> 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>SHORT RANGE</p> <ul style="list-style-type: none"> <u>Injury Prevention training classes and annual conferences</u> <p>LONG RANGE</p> <p>Community Paramedicine Project</p> <ul style="list-style-type: none"> Develop and consider supplemental funding for <u>Community Paramedicine Program</u> <p>LONG-RANGE PLAN:</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)	<p align="center">Progress – 2018 UPDATED 9/18/19</p>	<p align="center">Objective – 2018-19</p>
					<p>Asian Health Services, Alameda County Lead Program, Safe Routes to School, and numerous non-profit and community based organizations</p> <ul style="list-style-type: none"> 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> 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> 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>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 	

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<p><u>YOUTH ALIVE TRAUMA VIOLENCE INTERVENTION PROGRAM:</u></p> <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 – 2018 UPDATED 9/18/19	Objective – 2018-19
					<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>SAFE KIDS DAY 2017 & 2018 Source: Safe Kids Worldwide Purpose/goal: Materials grant to support Safe Kids Alameda County's annual Safe Kids Day</p> <p>'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</p> <p>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.</p> <p>NEXT PAGE</p> <p><u>SENIOR INJURY PREVENTION PROGRAM (SIPP)</u></p> <ul 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. • 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 CONFERENCE</u> 2018</p> <ul style="list-style-type: none"> • Hosted the 2018 SIPP Forum on March 16 at the Waterfront Hotel in Oakland. 	

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19										
					<ul style="list-style-type: none">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>STOP THE BLEED TRAINING - SENIORS</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>SENIORS - GRANT</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.Matter of Balance Fall Prevention Team supported a Contra Costa County Coach Training in August. The support will be reciprocated in the future.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><tr><th>Helmet Education Presentation CHILDREN</th><th>Fall Prevention Presentations SENIORS</th><th>Emergency Preparedness Prezi's SENIORS</th><th>Age Well Drive Smart Prezi's SENIORS</th><th>Senior Health Fair</th></tr><tr><td>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>Total Presentations: 17 Participants; 308</td><td>Total Presentations: 9 Participants; 225</td><td>Total 2 Participants; 63</td><td>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></table> <p>EDUCATIONAL PRESENTATIONS: IPP staff conducts the following sessions:</p> <p>FALLS PREVENTION DISCUSSION GROUPS:</p> <ul style="list-style-type: none">22 presentations with residents and 5 sessions with nursing students/health/social service professionals. <p>EMERGENCY PREPAREDNESS:</p> <ul style="list-style-type: none">Conducted quarterly in response to outreach to programs serving seniors. <p>HEALTH FAIRS:</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 seven (7) community based fairs primarily between April and October for a total of 7 fairs. <p>ADVOCACY: IPP Staff serves on Alameda County Medication Coalition</p> <p>EMS WEEK:</p>	Helmet Education Presentation CHILDREN	Fall Prevention Presentations SENIORS	Emergency Preparedness Prezi's SENIORS	Age Well Drive Smart Prezi'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 Prezi's SENIORS	Age Well Drive Smart Prezi'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)	<p align="center">Progress – 2018 UPDATED 9/18/19</p>	<p align="center">Objective – 2018-19</p>
					<ul style="list-style-type: none"> Annually, host the May meeting of the Alameda County Round Table. Member organizations serve seniors. <hr/> <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. <hr/> <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 2018 and 2019 <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 coverage for registered Safe Kids Car Seat Check-Up events. This change resulted in partner organizations assuming responsibility for the provision of insurance. <p>FALL PREVENTION</p> <ul style="list-style-type: none"> Education Forum May 2016 and Train-the Trainer August 2015-July 2017 <p>COMMUNITY PARAMEDICINE</p> <ul style="list-style-type: none"> Continued partnership with Alameda Fire to implement of this OSPHD-directed pilot study. Continued work to help explore funding options through November of 2019 (the end of the study) Collect data from the program (frequent 911 users and recently discharged patients in the city of Alameda) and report to UCSF who aggregates and analyzes data for EMSA. Participate in steering committee meetings to discuss client outcomes, community paramedic practices, and program possibilities for the future <p>CHILD CARE EMERGENCY PLAN "TRAIN THE TRAINER"</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>LAW ENFORCEMENT PROGRAMS – OPIATE OVERDOSES</p>	

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<ul style="list-style-type: none"> Approved Law Enforcement Programs to provide naloxone (Narcan) for suspected opiate overdoses in Alameda County are: <ul style="list-style-type: none"> Alameda County Sherriff's Office East Bay Parks Police Department Fremont Police Department Hayward Police Department Newark Police Department Oakland Police Department Pleasanton Police Department Union City Police Department San Leandro Police Department Livermore Police Department 	
7.03	Disaster Preparedness	✓			<p>PROGRESS TO DATE:</p> <p><u>MEDICAL SURGE PROJECTS AND DPHC</u></p> <ul style="list-style-type: none"> EMS Surge Plan 2019 HPP 2018-19 Workplan. Available upon request from HPP LEMSA Coordinator. <u>HCC</u>- 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 is reviewing and updating the <u>MHOAC Manual Guide</u> The final MHOAC Manual with the Incident Response Guides will be finalized in 2019-20. 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 2018. Communications, and EOC Coordination capabilities were tested with county-wide partners including Paramedics Plus, hospitals, SNFs, clinics, and Alameda County OES <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. The CST was also held May 30, 2019. 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. <p><u>YELLOW COMMAND – URBAN SHIELD CATASTROPHIC EARTHQUAKE FUNCTIONAL EXERCISE</u></p> <ul style="list-style-type: none"> Alameda County activated 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"> Held Urban Shield Mass Casualty Incident full scale exercise 9/2018. Urban Shield has been defunded by BOS actions. <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). 	<p><i>The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.</i></p> <p><u>OBJECTIVE</u></p> <p><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)	<p>Progress – 2018 UPDATED 9/18/19</p>	Objective – 2018-19
					<ul style="list-style-type: none"> 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 Activities (MHOCSA) Courses in May 2018 and 2019 <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. MCI deployment caches have been transferred over to Falck. Clinics will receive Point of wounding kits once they receive just in time training.</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 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. Travis Kusman is the new Region II RDMHC as of August 2018 at San Mateo EMS. Aram Bronston is the new RDMHS <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 	

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<p>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.</p> <ul style="list-style-type: none"> 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. Conducted Ambulance Strike Team exercise as part of Urban Shield September 2018 in Alameda County. Conducted Ambulance Strike Team Leader class trainings in October 2018. Participated in 2018 and 2019 upcoming statewide medical/health exercises. <p>PORT OF OAKLAND EXERCISE 2018</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>CALIFORNIA PEDIATRIC SURGE PROJECT</p> <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 CA Patient Movement Plan is being developed by the CDPH/EMSA Pediatric Surge Committee. Cynthia Frankel is participating on the committee and ASPR pediatric surge project. <p>CHILD CARE EMERGENCY PLAN "TRAIN THE TRAINER"</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>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>	
7.04	First Aid & CPR Training	✓		✓	<p>PROGRESS TO DATE: AED/PAD PROGRAM HEARTSAFE PROJECT</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 continues the HeartSAFE project at ninety three community Board of Supervisor sites for three years. The project includes maintenance of AEDs at each community location.</p> <p>CPR 9</p>	<p><i>The local EMS agency shall promote the availability of first aid and CPR training for the general public.</i></p> <p>OBJECTIVE: AED/PAD PROGRAM - HEARTSAFE PROJECT</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: <p>PUBLIC SAFETY FIRST AID PROGRAMS – NEW</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 – 2018 UPDATED 9/18/19	Objective – 2018-19
					<ul style="list-style-type: none"> 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. Implemented pilot using reusable manikins instead of individual / disposable CPR kits. Continue supporting the 9th grade CPR training effort using the reusable manikins. <p>HEART SCREENING</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. <p>PUBLIC SAFETY FIRST AID PROGRAMS</p> <ul style="list-style-type: none"> Implemented credentialing program as required by state regulation for Public Safety First Aid programs in 2017. 	<p>CPR 9</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>LONG-RANGE:</p> <ul style="list-style-type: none"> Support CPR 9 in a multi-year project. Continue HeartSAFE Project

H. Disaster Medical Response - Universal Level:

8.01	Disaster Medical Planning*	✓		✓	<p>PROGRESS TO DATE: ALAMEDA COUNTY EOC MEDICAL/ HEALTH BRANCH – OPTIMIZE FUNCTIONALITY OPERATIONAL AREA EOC</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. <p>MOBILE OFF-SITE OPERATIONAL CAPABILITY</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>HPP PROGRAM – DISASTER GRANT PROJECT HPP ADMINISTRATIVE CHANGES</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 LEMSA 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 700/800 megahertz Radios programs and the annual statewide exercise). Cynthia Frankel is the co-project lead for the statewide exercises in 2018 and 2019. ReddiNet coordination facilitated by Cynthia Frankel, ReddiNet Coordinator, remains essential program component <p>DISASTER PREPAREDNESS HEALTH COALITION (DPHC)</p>	<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>OBJECTIVES: LONG-RANGE PLAN Overarching Goals:</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>DISASTER PREPAREDNESS HEALTH COALITION</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>PLANS AND POLICIES</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
------	----------------------------	---	--	---	--	---

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<ul style="list-style-type: none"> The EMS HPP EMS Coordinator – Cynthia Frankel, RN, continues to support the HCC Coalition - DPHC Steering Committee and Workgroups to leverage system-wide partners and to facilitate effective planning and exercises. EMS Director and EMS Coordinators support the DPHC as needed. Regional Disaster Medical / Health Specialist resides within Alameda County EMS and provides on-going state/ regional updates, training and planning activities for HCC Coalition - DPHC. <p>2018-19 HPP WORKPLAN</p> <ul style="list-style-type: none"> Development and implementation of 2017-18 workplan; prepared 2018-19 workplan <p>HPP EMSA COORDINATOR MOU – ALAMEDA COUNTY EMS</p> <ul style="list-style-type: none"> Subcontract Health Care Services Agency for HPP Deliverables <p>MEDICAL SURGE PROJECTS</p> <ul style="list-style-type: none"> EMS Surge Plan 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 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 2019-20. <p>MEDICAL SURGE PLAN</p> <ul style="list-style-type: none"> The CDPH Pediatric Surge Committee and EMS Workgroup are preparing a CONOPs to the Patient Movement Plan. Although the pediatric surge plan was revised, additional revisions will occur consistent with 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"> EMSC Pediatric Readiness, and Surge Advisory Committee with UCSF Benioff Children's Hospital Co-Location Project Planning Committee ReddiNet Planning Committee MCI Policy Planning Committee Non-911 Permitted Ambulance Providers 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"> <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 <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. 	<ul style="list-style-type: none"> 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>EXERCISES</p> <ul style="list-style-type: none"> Coordinate plans, test plans in exercises, and prepare HSEEP compliant after action reports with corrective action plans. Conduct exercises with focus on health care facility, first responder, BLS and ALS integration. <p>COMMUNICATIONS AND INFORMATION Management</p> <ul style="list-style-type: none"> Strengthen emergency communications, and information management infrastructure. (ie. ReddiNet) <p>MEDICAL SURGE (LONG-RANGE PLAN)</p> <p>– PATIENT TRACKING AND PATIENT MOVEMENT</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 and Pediatric Patient Movement Coordination Capability</u> and process for a surge of patients
8.02	Response Plans	✓			<p>Refer to previous sections and plans:</p> <ul style="list-style-type: none"> 3.06 (MCI/Disasters) Progress Update Form 2018-19 4.12 (Disaster Response) Progress Update Form 2018-19 	<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>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	<p>Progress – 2018 UPDATED 9/18/19</p>	<p>Objective – 2018-19</p>
					<ul style="list-style-type: none"> • 4.15 (MCI Plans) Progress Update Form 2018-19 • 5.05 (Specialty Care Facilities) Progress Update Form 2017-18 <p>PROGRESS TO DATE:</p> <p><u>PLANS AND POLICIES</u></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> – 2020 EMS Field Manual implementation in progress • <u>ALAMEDA COUNTY EMS Surge Plan 2019</u> • <u>ALAMEDA COUNTY MEDICAL SURGE EXPANSION FRAMEWORK 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 administration of significant events in the system. • <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</u> 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. Finalizing plan in 2019-20. <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 2018 and 2019 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>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 – 2018 UPDATED 9/18/19	Objective – 2018-19
					<p>PORT OF OAKLAND EXERCISE 2018</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>DISASTER READINESS / EMERGENCY DISASTER DEPLOYMENTS</p> <p>NORTH BAY FIRES 2018</p> <ul style="list-style-type: none"> EMS disaster preparedness staff including and in support of Regional Disaster Medical Health Specialist (RDMHS) Region 2. EMS Branch activated to support Region II RDMHS <p>WARRIORS PARADE - JUNE 2018</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. <p>(Refer to 8.02 in the 2018 EMS System Plan)</p>	
8.03	HazMat Training	✓	✓	✓	<p>PROGRESS TO DATE:</p> <ul style="list-style-type: none"> Refer to 8.03 in the 2017 Alameda County EMS System Plan Nearly all public safety providers have received hazmat training in at least the "First Responder Assessment Level" <p>TRAINING</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 2018) <p>PORT OF OAKLAND EXERCISE 2018</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>***Refer to Alameda County EMS Field Manual 2019 for MCI/Disaster/WMD Section: Biological Attack; Chemical Attack; CHEMPACK Deployment; Decontamination Incident; Hazardous Materials, and other relevant policies.</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>OBJECTIVE:</p> <ul style="list-style-type: none"> Conduct WMD training for providers (LONG RANGE) Purchase equipment for providers focused on WMD (SHORT RANGE)
8.04	Incident Command System	✓			<p>Refer to Alameda County 2019 MCI Policy (Alameda County website - 2019 EMS Field Manual).</p> <p>2020 MCI Policy implementation in progress. The Alameda County Emergency Operations Plan is available upon request. The Alameda County MHOAC Manual draft is available upon request.</p>	<p><i>Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.</i></p>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
8.05	Distribution of Casualties*	✓		✓	<p><u>Refer to previous sections and plans:</u></p> <ul style="list-style-type: none"> 4.12 (Disaster Response) Progress Update Form 2018-19 4.15 (MCI Plans) Progress Update Form 2018-19 MCI Policy (2019 EMS Field Manual) <p><u>PROGRESS TO DATE:</u></p> <p>EBOLA AND INFECTIOUS DISEASE TRANSPORTATION PROJECT:</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>MCI POLICY</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>MHOAC AND RDMHS</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>REDDINET COMMUNICATIONS - POLICY</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>COALITION SURGE TEST (CST)</p> <ul style="list-style-type: none"> The annual CST exercise was conducted May 30, 2019 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. 	<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>OBJECTIVE:</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 Update Pediatric Surge Plan as needed pending the EMSA/CDPH Pediatric Surge Planning Committee recommendations Develop HCC Coalition Pediatric Surge Annex
8.06	Needs Assessment	✓			<p><u>Refer to previous sections and plans:</u></p> <ul style="list-style-type: none"> 4.12 (Disaster Response) Progress Update Form 2018-19 4.15 (MCI Plans) Progress Update Form 2018-19 ReddiNet Utilization Policy <p>(Refer to Alameda County 2017 EMS System Plan – 8.05)</p>	<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>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<p>PROGRESS TO DATE:</p> <p>MCI POLICY</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. MCI policy updated/ modified and approved. <p>REDDINET COMMUNICATIONS - POLICY</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 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>EMERGENCY / MEDICAL SURGE PLANS AND PROCEDURES</p> <p>The Alameda County EMS written policies and procedures for distributing patients are listed below:</p> <ul style="list-style-type: none"> MCI Policy – 2019 EMS Field Manual; 2020 update in progress 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>MHOAC AND RDMHS</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>ALAMEDA COUNTY EOC MEDICAL /HEALTH BRANCH</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>	<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.
8.07	Disaster Communications*	✓	✓		<p>PROGRESS TO DATE:</p> <p>COMMUNICATION SYSTEMS:</p> <p>Alameda County EMS ensures redundant and interoperable communications:</p> <ul style="list-style-type: none"> Med1 – (Alameda County EMS disaster email) ReddiNet 	<p><i>A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.</i></p> <p>OBJECTIVES:</p> <ul style="list-style-type: none"> Provide a mechanism for better communication between law enforcement and EMS and to allow for better

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	<p align="center">Progress – 2018 UPDATED 9/18/19</p>	<p align="center">Objective – 2018-19</p>
					<ul style="list-style-type: none"> • 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>REDDINET</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>PORTABLE RADIOS – 700/800 MEGAHERTZ EBRICS</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>CALIFORNIA HEALTH ALERT NETWORK (CAHAN)</p> <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>LOCAL ALAMEDA COUNTY MASS NOTIFICATION SYSTEM</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>AC ALERT</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>INFORMATION MANAGEMENT UPGRADES – WEBEOC</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>EMS RESOURCE CONTACT LIST - DIRECTORY / METRICS</p>	<p>response into a warm zone to attempt to salvage lives affected by active shooter.</p> <ul style="list-style-type: none"> ▪ 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</u> in a medical surge event. ▪ 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 – 2018 UPDATED 9/18/19	Objective – 2018-19
					<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>Refer to previous sections and plans:</p> <ul style="list-style-type: none"> 4.12 (Disaster Response) Progress Update Form 2018-19 4.15 (MCI Plans) Progress Update Form 2018-19 <p>(No Change) – Refer to the 2017 Alameda County EMS System Plan</p> <p>PROGRESS TO DATE:</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 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 Directory</u> which includes operational assets and plans: contact information for HCFs/prehospital providers; ACS caches; Chempacks; Disaster Trailers (deployment modules) and vendors.</p> <p>EMERGENCY SUPPLIES</p> <p>MCI DEPLOYMENT MODULES FOR MASS CASUALTY EVENTS</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>SWAT-T TOURNIQUETS</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><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>OBJECTIVE:</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 – 2018 UPDATED 9/18/19	Objective – 2018-19
					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)	
8.09	DMAT Teams Mutual Aid Agreements *	✓			(No Change) – Refer to 2017 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 2017 EMS System Plan <ul style="list-style-type: none"> Alameda County EMS currently serves as the RDMHC/S for Region II. 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. PROGRESS TO DATE: MUTUAL SUPPORT AGREEMENTS: <ul style="list-style-type: none"> RDMHS facilitated signed agreements for the majority of Region II's operational areas. 	OBJECTIVE: <ul style="list-style-type: none"> Encourage signing of mutual aid (mutual support) agreement by those few OA's in Region II which have yet to do so
8.11	CCP Designation*	✓	✓		No Change - (Refer to 2017 EMS System Plan – 8.11) PROGRESS TO DATE: <ul style="list-style-type: none"> Alameda County has designated potential Field Treatment Sites, FTS (previously known as Casualty Collection Points) EMS AND CLINIC FIELD TREATMENT SITE CO-LOCATION Project <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. Exercise Scope: 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. 	<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> OBJECTIVES: FTS SHORT-RANGE <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) CO-LOCATION PROJECT Co-located EMS FTS with Community Health Center SHORT-RANGE <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
8.12	Establishment of CCPs	✓			Refer to previous sections and plans: <ul style="list-style-type: none"> 4.12 (Disaster Response) Progress Update Form 2018-19 4.15 (MCI Plans) Progress Update Form 2018-19 No Change - (Refer to 2019 Alameda County EMS Field Manual – MCI Policy and Field Treatment Site Plans) EMS AND CLINIC FIELD TREATMENT SITE CO-LOCATION Project <ul style="list-style-type: none"> Exercise Scope: 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 	<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>

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
8.13	Disaster Medical Training	✓			<p>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. <p>Refer to previous sections and plans:</p> <ul style="list-style-type: none"> 4.12 (Disaster Response) Progress Update Form 2018-19 4.15 (MCI Plans) Progress Update Form 2018-19 <p>PROGRESS TO DATE:</p> <p>AMBULANCE STRIKE TEAM LEADER (ASTL)</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>AMBULANCE STRIKE TEAM:</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>TACTICAL MEDICINE TECHNICIAN EDUCATION – COURSES</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>TACTICAL EMERGENCY MEDICAL SERVICES (TEMS) TRAINING:</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>ACTIVE SHOOTER AND MASS VIOLENT THREAT EXERCISES</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: <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 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>URBAN SHIELD</p>	<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>OBJECTIVE:</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)	<p align="center">Progress – 2018 UPDATED 9/18/19</p>	<p align="center">Objective – 2018-19</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>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>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</u></p> <p><u>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 	

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<p>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. <p>ALAMEDA COUNTY MUTUAL AID FOR NAPA/SOLANO OPERATIONAL AREA WILDFIRES</p> <p>AST TEAMS</p> <ul style="list-style-type: none"> PARAMEDICS PLUS: <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 COUNTY PERMITTED NON-EMERGENCY TRANSPORT PROVIDERS: 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 2017 Alameda County EMS System Plan – 8.14)</p> <p>PROGRESS TO DATE:</p> <p>EXERCISES:</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 2018 (Novel Virus); and November 21, 2019 (Flood Scenario) <ul style="list-style-type: none"> The 2018 Alameda County table-top exercise was held October 2, 2018. The 2019 Alameda County table-top exercise will be held October 1, 2019 <p>REDDINET TRAINING AND PRACTICE</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>COALITION SURGE TEST</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. The simulated evacuation of Children's Hospital CST was held May 30, 2019. <p>PORT OF OAKLAND EXERCISE 2018</p>	<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>OBJECTIVE:</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)	<p>Progress – 2018 UPDATED 9/18/19</p>	<p>Objective – 2018-19</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 EMS provides training for DPHC partners. The Medical Surge Week Skills training was held August 20, 2019. <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) EMSC, Pediatric Readiness, and Surge Planning Meetings Western Regional Alliance Emergency Preparedness (WRAP-EM) Pediatric Surge Planning California EMSA/CDPH Patient Movement Committee Bay Area UASI Medical and Health Workgroup Alta Bates Closure (Relocation/Reorganization) Task Force and Assessment (Impact Analysis) Subcommittee 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. ABAHO Medical Shelter Workgroup Committee ALCO EOP Children's Annex Workgroup Committee 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"> 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 and 2019. 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 EMS for Children Regulations. 	

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<ul style="list-style-type: none"> A pediatric surge methodology and resources including a "how to" approach for planning and response will address pediatric patient movement coordinators and SMEs at the OA EOC Med/Health Branch when activated. A pediatric surge coalition annex is being developed with the ALCO EMSC Coordinator and the Pediatric Surge Advisory Committee. Bed expansion, triage, and transportation will be integrated consistent with the CDPH/EMSA pediatric surge workgroup recommendations. Bi-Monthly DPHC Webinars and meetings provide a forum for pediatric surge education in 2018 and 2019. The medical framework and pediatric surge coalition plan will be considered as attachments to the Alameda County MHOAC Manual which will be finalized in 2019-20. <p>PLAN/POLICY DISSEMINATION</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, EMSC Regulations, 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 Local Pediatric Surge CONOPs and the California Medical Children's Surge CONOPs proposed draft framework with CDPH/EMSA. <p>TRAINING</p> <ul style="list-style-type: none"> The RDMHS has provided EOM and Medical Health Operations Center Support Activities (MHOCSA) Training for DOC/EOC The RDMHS and MHOAC has provided a summary report and recommendations following the North Bay Fires 2018 with DPHC partners. 	
8.15	Interhospital Communication	✓	✓		<p>(Refer to 2018 EMS System Plan – 8.15)</p> <p>PROGRESS TO DATE:</p> <p>COMMUNICATION SYSTEMS:</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 – Adele Pagan is the Primary CAAN Coordinator for EMS 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 & AC Alert Coordinator Cynthia Frankel is the backup and exporting AC Alert contacts to ReddiNet The HCSA AC Alert System will be implemented in August 2018. WebEOC – ALCO OES HAM Radios 700/800 Megahertz Radios Cell Phones Social Media <p>PORTABLE RADIOS – 700/800 MEGAHERTZ</p> <ul style="list-style-type: none"> Specific Alameda County EMS communications frequencies were identified and received the EBRCSA – 700/800 megahertz radios including the 911 and non-911 Permitted Ambulance providers 	<p><i>The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.</i></p> <p>OBJECTIVE:</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>SHORT RANGE PLAN</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 – 2018 UPDATED 9/18/19	Objective – 2018-19
					<ul style="list-style-type: none"> 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. REDDINET <ul style="list-style-type: none"> The Alameda County EMS ReddiNet Coordinator – Cynthia Frankel has conducted ReddiNet training customized for FRALS ALS, LTC, ACRECC, and Hospitals. An EMS System Notification Group was established on ReddiNet. ReddiNet Assessment Module now includes the 5150 Receiving Facilities Hospitals, Paramedics Plus, ACRECC, Hospitals, SNFs, and clinics received customized ReddiNet training scheduled in 2018 with focus on MCI patient tracking and customized polling. REDDINET ACCESS AND UTILIZATION - expanding "users" beyond existing hospital partners including fire departments with hospitals and prehospital providers (Falck and non-Emergency 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, Falck, non-Emergency permitted 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 2017 EMS System Plan 8.16)</p> <p>ALAMEDA COUNTY MHOAC MANUAL</p> <ul style="list-style-type: none"> Integrated Alameda County DMOP into Alameda County MHOAC Manual; - second draft completed The Incident Response Guides and select sections will be finalized in 2019-20. <p>MCI POLICY</p> <ul style="list-style-type: none"> Revision in 2019 and 2020 pending implementation. 	<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> <p>SHORT RANGE PLAN</p> <ul style="list-style-type: none"> Finalize Alameda County MHOAC Manual
Enhanced Level: Advanced Life Support:						

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
8.17	ALS Policies	✓		✓	<p><i>Refer to 2017 EMS System Plan Update.</i></p> <p>PROGRESS TO DATE:</p> <p>EMS FIELD MANUAL-</p> <ul style="list-style-type: none"> 2019 Implemented; 2020 Implementation in progress Refer to Alameda County EMS website. <ul style="list-style-type: none"> http://ems.acgov.org/ClinicalProcedures/FieldTreatmentProtocols.page? http://ems.acgov.org/ems-assets/docs/Documents-Forms/ALCO_FM_2019%20FINAL.pdf <p>EMERGENCY PLANS</p> <p>The Alameda County emergency plans that address mutual aid for ALS providers include:</p> <ul style="list-style-type: none"> ALAMEDA COUNTY EMS SURGE PLAN JUNE 2019 & JULY 2020 <ul style="list-style-type: none"> Refer to EMS Website ALAMEDA COUNTY EMERGENCY OPERATIONS PLAN <ul style="list-style-type: none"> The ALCO EOP update is in final draft. The Children's Annex to the ALCO EOP will be finalized with OES and GSA in 2019-20 ALAMEDA COUNTY MHOAC MANUAL <ul style="list-style-type: none"> Integrated Alameda County DMOP) second draft completed by Public Health Manual & Incident Response Guides to be finalized by EMS in 2019-20. Supports the Alameda County EMS Policies and Alameda County EOP consistent with the MHOAC program requirements EMS AND CLINIC FIELD TREATMENT SITE CO-LOCATION Project <ul style="list-style-type: none"> Exercise Scope: 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. PEDIATRIC SURGE PLAN <ul style="list-style-type: none"> In 2019-20, the Pediatric Surge Coalition Response Plan and pending MHOAC Manual will be revised consistent with the approved state Patient Movement Plan and CDPH/EMSA Pediatric Surge Workgroup recommendations. CA MEDICAL HEALTH EOM AND PATIENT MOVEMENT PLAN <ul style="list-style-type: none"> Alameda County EMS RDMHS and EMS for Children Coordinator is reviewing and developing plans consistent with the CA Patient Movement Plan - Pending Pediatric Annex. 	<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>OBJECTIVES:</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 Pediatric Response Coalition Plan with patient movement plan and / or policy consistent with California Patient Movement Plan (including the pending Pediatric Annex) <p>LONG-RANGE PLAN)</p> <ul style="list-style-type: none"> Develop and finalize an Alameda County MHOAC Manual Plan adapted from the California EMSA approved San Mateo MHOAC Guide Template in 2019-20
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles	✓			<p><i>Refer to 2017 EMS System Plan Update.</i></p> <p>PROGRESS TO DATE:</p> <p>DISASTER PLANNING AND RESPONSE - REQUIREMENTS:</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 Pediatric 	<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>OBJECTIVE:</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)	<p>Progress – 2018 UPDATED 9/18/19</p>	Objective – 2018-19
					<p>Receiving Centers (PedRCs) and 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> <p><u>SIGNIFICANT MEDICAL INCIDENT REQUIREMENTS</u></p> <p><u>–Relevant Policies and Plans</u></p> <p>For specialty centers, relevant policies and plans that include disaster provisions are listed below:</p> <ul style="list-style-type: none"> • EMS Surge Plan 2019 • EMS Field Manual – 2020 MCI Policy update in progress; CHEMPACK Deployment • EMS Administration Policies – Operations: Census Reporting; ReddiNet Utilization • EMS Administrative Policies - Programs • EMS Operations Policies • Alameda County Emergency Operations Plan 2019 (Final Draft) • Alameda County MHOAC Manual – second draft completed; final plan expected by January 2020 (Alameda County DMOP and Medical Surge Plan now integrated in MHOAC Manual and Disaster Preparedness Health Coalition Response Plan). • Alameda County Trauma Plan (revised 2019) • 700/800 Megahertz EBRCSA Radio Policy • California Medical/Health EOM – New Attachments (MHOAC Program) • California Patient Movement Plan <p><u>SPECIALTY CENTERS</u> – MOUs provide disaster provisions</p> <p><u>PEDIATRIC RECEIVING CENTERS (PedRCs)</u></p> <ul style="list-style-type: none"> • –Pending Execution of MOUs <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 • Stanford ValleyCare as of September 4, 2019 <p>Stanford ValleyCare-Pleasanton was scheduled for an initial JC site visit Q3 2019 for Primary Stroke Receiving Center Certification</p> <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</u></p> <p>PEDIATRIC RECEIVING CENTER FOR PEDIATRIC TRAUMA</p>	

Standard	EMSA Requirement	Meets Minimum Requirements	Short Range (one year or less)	Long Range (more than 1 year)	Progress – 2018 UPDATED 9/18/19	Objective – 2018-19
					<ul style="list-style-type: none"> Coalition Surge Test – Considered role of specialty centers in evacuation. Tested evacuating of hospitals. Exercise held June 30, 2018 and May 30, 2019. 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 was implemented January 1, 2019. <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 functional "Novel Virus" exercised occurred <u>November 15, 2018</u>. All specialty centers will participate in the "Flood Scenario" <u>November 21, 2019</u> SWMHE. The goals include testing EOC coordination, medical surge, and communications with cross sector healthcare partners. 	
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>

Reporting Year: 2018

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) ☒ County Health Services Agency
 - c) Other (non-health) County Department
 - d) Joint Powers Agency
 - e) Private Non-Profit Entity
 - f) Other: _____
3. The person responsible for day-to-day activities of the EMS agency reports to
 - a) Public Health Officer
 - b) ☒ Health Services Agency Director/Administrator
 - c) Board of Directors
 - d) Other: _____

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

Implementation of exclusive operating areas (ambulance franchising)	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>4,338,281</u>
Contract Services (e.g. medical director)	_____
Operations (e.g. copying, postage, facilities)	<u>2,813,630</u>
Travel	<u>4,767</u>
Fixed assets	_____
Indirect expenses (overhead)	<u>1,018,657</u>
Subsidies: Ambulance and Fire Department First Responder pass through	<u>5,938,091</u>
EMS Fund payments to physicians/hospital	<u>13,551,717</u>
Dispatch center operations (non-staff)	<u>3,407,916</u>
Training program operations	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES	\$ <u>31,073,059</u>

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	\$ <u>10,000</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>19,875,122</u>
County contracts (e.g. multi-county agencies)	_____
Certification fees	<u>105,902</u>
Training program approval fees	<u>42,969</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 response time penalties	<u>1,129,600</u>
Other (Specify): County Health Tax Subsidy	<u>435,514</u>
Other (Specify): Refunds from prior overpayment	<u>1,355,597</u>
Other (Specify): Grants/Donations	<u>268,716</u>
Other (Specify): Unclaimed Money & Cash Overage	<u>30</u>
Other (Specify): Use of Available Fund Balance	<u>7,743,991</u>
Other grants:	_____
Other fees: _____	_____
Other (specify): <u>Interest</u>	<u>105,618</u>
TOTAL REVENUE	\$ <u>31,073,059</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	<u> </u>
Base hospital designation	<u> </u>
Trauma center application	<u> </u>
Trauma center designation	<u> </u>
Pediatric facility approval	<u> </u>
Pediatric facility designation	<u> </u>
Other critical care center application	<u> </u>
Type: <u> </u>	
Other critical care center designation	<u> </u>
Type: <u> </u>	
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: <u> </u>	<u> </u>

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	\$77.21	N/A	
Asst. Admin./ Admin. Asst. / Admin. Mgr.	EMS Deputy Director	1	\$66.18		
ALS Coord./Field Coord./Trng Coordinator	EMS Coordinator	1	\$63.03		
Program Coordinator/Field Liaison (Non-clinical)	EMS Coordinator	1	\$63.03		
Trauma Coordinator	EMS Coordinator	1	\$63.03		
Medical Director	Medical Director (Physician IV)	1	\$125.25		
Other MD/Medical Consult/Training Medical Director	Deputy Medical Director (Physician IV)	1	\$125.25		
Disaster Medical Planner	Supervising EMS Coordinator	1	\$66.79		
Dispatch Supervisor	EMS Coordinator	1	\$63.03		
Medical Planner	EMS Coordinator	1	\$63.03		
Data Evaluator / Analyst	Information Systems Specialist	1	\$42.35		
QA / QI Coordinator	EMS Coordinator	1	\$63.03		
Public Info. & Education Coordinator	EMS Coordinator	1	\$63.03		
Executive Secretary	Secretary II	1	\$32.19		
Other Clerical	Specialist Clerk II	5	\$27.59		
Professional Standards	EMS Coordinator	1	\$63.03		

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Regional Disaster Medical Health Specialist (RDMHS)	EMS Coordinator	1	\$63.03		
	Information System Analyst	1	\$56.88		
	Information Systems Manager	1	\$63.65		
	Administration Specialist II	1	\$41.02		
	Financial Services Specialist II	1	\$40.92		
	Accounting Specialist I	1	\$29.16		
Injury Prevention Manager	Supervising Program Specialist	1	\$51.47		
Injury Prevention Specialist	Program Specialist	1	\$46.45		
EMS Corps EMT Training Program Director	Senior Program Specialist	1	\$49.60		
EMS Corps EMT Training Program Coordinator	Program Specialist	1	\$46.45		

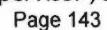
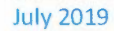


TABLE 3: STAFFING/TRAININGReporting Year: 2018**NOTE:** Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	802			
Number newly certified this year	388			
Number recertified this year	414			
Total number of accredited personnel on July 1 of the reporting year			118	
Number of certification reviews resulting in:				
a) formal investigations	68			
b) probation	4			
c) suspensions	3			
d) revocations	2			
e) denials	4			
f) denials of renewal	0			
g) no action taken	37			

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: 2018

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? ☒ 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?
 - 2) Between operation area and the region and/or state?

Alameda County EMS Agency

Agency Contact:

Lauri McFadden, EMS Director
 1000 San Leandro Blvd., Ste. 200
 San Leandro, CA 94577
 VOICE: (510) 618-2055
 FAX: (510) 618-2099
 E-MAIL: lauri.mcfadden@acgov.org

<u>Channel Use</u>	<u>TX-Freq</u>	<u>RX-Freq</u>	<u>CTCSS</u>	<u>Prim/Alt</u>
Local Medical Coordination (real time) Trunked system	700/800 MHz	N/A	N/A	N/A
Statewide Medical Coordination VMED 28 CALCORD	155.340 156.075	155.340 156.075	N/A 156.7	N/A 156.7
Calling Channel	700/800 MHz	N/A	N/A	N/A
Dispatch (for each EMS Agency) Trunked system	700/800 MHz	N/A	N/A	N/A
Direct to hospitals Trunked system, telephone	700/800 MHz	N/A	N/A	N/A
Other (e.g. tactical, etc.) For disasters VMED 28 CALCORD	700/800 MHz 155.340 156.075	N/A 155.340 156.075	N/A N/A 156.7	N/A N/A 156.7

<u>Emergency Department Facilities</u>	<u>Telephone</u>	<u>Helipad Latitude/Longitude</u>
Alameda Hospital Alameda Health System 2070 Clinton Avenue Alameda, California 94501	(510) 522-3700	None
Alta Bates Summit Medical Center Alta Bates Campus 2450 Ashby Avenue Berkeley, California 94705	(510) 204-4444	None
Alta Bates Summit Medical Center Summit Campus 350 Hawthorne Street Oakland, California 94609	(510) 655-4000	None

<u>Emergency Department Facilities</u>	<u>Helipad Telephone</u>	<u>Latitude/Longitude</u>
Highland Hospital Alameda Health System 1411 E.31st Street Oakland, California 94602	(510) 437-4800	None
Kaiser Permanente Fremont Medical Center 39400 Paseo Padre Parkway Fremont, CA 94538	(510) 248-3000	None
Kaiser Permanente Oakland Medical Center 280 West Mac Arthur Blvd. Oakland, California 94611	(510) 752-1000	None
Kaiser Permanente San Leandro Medical Center 2500 Merced Street San Leandro, California 94577	(510) 784-4000	None
San Leandro Hospital Alameda Health System 13855 East 14th Street San Leandro, California 94578	(510) 357-6500	None
Stanford Valley Care Medical Center 5555 W. Las Positas Blvd. Pleasanton, California 94588	(925) 847-3000	37° 41.39' N 121° 52.46' W TLOF - 64' X 64'
St. Rose Hospital 27200 Calaroga Avenue Hayward, California 94545	(510) 264-4000	None
Sutter Eden Medical Center 20103 Lake Chabot Road Castro Valley, California 94546	(510) 537-1234	37° 41.93' N 122° 5.35' W TLOF - 55' Diameter
UCSF Benioff Children's Hospital 747 52nd Street Oakland, California 94609	(510) 428-3273	37° 50.17' N 122° 16.00' W TLOF - 39' x 39'
Washington Hospital 2000 Mowry Avenue Fremont, California 94538	(510) 797-1111	37° 33.49' N 121° 58.68' W TLOF - 50' x 50'

VEHICLE CHARACTERISTICS

Emergency Providers	Telephone	TYPE	AMB's	TRANS	EMT
Alameda County Fire Department	(510) 632-3473	G	4	yes	ALS
Alameda City Fire Department	(510) 337-2100	G	4	yes	ALS
Albany Fire Department	(510) 528-5770	G	2	yes	ALS
Berkeley Fire Department	(510) 981-3473	G	7	yes	ALS
American Medical Response	(800) 913-9112	G	65	yes	BLS/CCT/CCTP
Arcadia Ambulance	(925) 997-8910	G	2	yes	BLS
Bay Medic Ambulance	(925) 383-0111	G	14	yes	BLS
CALSTAR	(800) 252-5050	GA	2	yes	ALS
CALFIRE	(925) 862-2197	G	0	no	ALS
CHP	(707) 253-4906	A	1	yes	ALS
Eagle Ambulance	(707) 315-6669	G	3	yes	BLS/CCT
East Bay Regional Parks District	(510) 690-6607	GA	2 Air Rescues	yes	ALS
Falck Alameda County	(510) 566-4432	G	77	yes	ALS
Falck Nor Cal (IFT Division)	(800) 344-9955	G	36	yes	BLS/CCT
Falcon Ambulance	(510) 223-1171	G	24	yes	BLS/CCT
Fremont Fire Department	(510) 494-4200	G	0	no	ALS
Hayward Fire Department	(510) 583-4900	G	0	no	ALS
Livermore Pleasanton Fire Department	(925) 454-2361	G	0	no	ALS
Norcal Ambulance	(925) 452-3400	G	38	yes	BLS/CCT
Oakland Fire Department	(510) 238-3856	G	0	no	ALS
Piedmont Fire Department	(510) 420-3030	G	2	yes	ALS
ProTransport-1 Ambulance	(800) 650-4003	G	32	yes	BLS/CCT
Reach Helicopter	(707) 575-6886	GA	2	yes	ALS
Royal Ambulance	(510) 568-6161	G	71	yes	BLS/CCT
Sacramento Valley Ambulance	(916) 465-0657	G	2	yes	BLS/CCT
Stanford Life Flight	(650)-723-5578	GA	1	yes	ALS
United Ambulance	(510) 671-0031	G	9	yes	BLS/CCT
Westmed Ambulance	(888) 331-1420	G	8	yes	BLS/CCT

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 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						
MPDS CATEGORY:	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 NEWReporting Year: 2018**NOTE:** Table 6 is to be reported by agency.**Trauma**

Trauma patients:

- | | |
|---|--------------------|
| 1. Number of patients meeting trauma triage criteria | <u>6347 (2018)</u> |
| 2. Number of major trauma victims transported <u>directly</u> to a trauma center by ambulance. | <u>5087 (2018)</u> |

Total # Trauma Activations:

- UCSF Benioff Children's Hospital – 799
- Sutter Eden Medical Center -2595
- Alameda Health System – Highland Hospital – 2953

Total Trauma Patients transported to Trauma Centers - 6347

- | | |
|--|-------------------|
| 3. Number of major trauma patients transferred to a trauma center | <u>702 (2018)</u> |
| 4. Number of patients meeting triage criteria who weren't treated at a trauma center | <u>N/A</u> |

Emergency Departments

- | | |
|---|-----------|
| Total number of emergency departments | <u>13</u> |
| 1. Number of referral emergency services | <u>0</u> |
| 2. Number of standby emergency services | <u>0</u> |
| 3. Number of basic emergency services | <u>13</u> |
| 4. Number of comprehensive emergency services | <u>0</u> |

Receiving Hospitals

- | | |
|--|-----------|
| 1. Number of receiving hospitals with written agreements | <u>11</u> |
| 2. Number of base hospitals with written agreements | <u>1</u> |

Alameda County Trauma Centers 2018	Children's Hospital	Eden Hospital	Highland Hospital
Total TRA Patient Count	799	2,595	2,953
Trauma Activations	564	1,655	2,802
Full Activation - Level I	91	348	592
Partial Activation - Level II	338	1,307	2,210
Pri/Direct Admit	9	3	1
Trauma Consultations	179	104	144
Activations (other)	245	0	0
Admissions after TRA/ED	787	1,606	1,354
Outcome	0	0	0
Lived	790	2,532	2,862
Died	9	63	91
Blunt Rate	774	2,459	2,529
Penetrating Rate	23	148	424
Male	498	1,625	1,966
Female	301	921	987

TABLE 7: DISASTER MEDICAL

Reporting Year: 2018

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 2018

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

Phone Number: (510) 632-3473

Number of Ambulance Vehicles in Fleet: 4

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

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

Transporting Agencies

33141 Total number of responses
33071 Number of emergency responses
70 Number of non-emergency responses

64 Total number of transports
5 Number of emergency transports
59 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 2018

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 Number of Ambulance Vehicles in Fleet: 2
Albany, CA 94706

Phone Number: (510)528-5770 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

Transporting Agencies

1145 Total number of responses
1045 Number of emergency responses
100 Number of non-emergency responses

802 Total number of transports
90 Number of emergency transports
712 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 2018

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

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

Transporting Agencies

802 Total number of responses
585 Number of emergency responses
217 Number of non-emergency responses

485 Total number of transports
23 Number of emergency transports
462 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 2018

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

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

Transporting Agencies

12012 Total number of responses
11993 Number of emergency responses
19 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 2018

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

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

Transporting Agencies

10230 Total number of responses
10073 Number of emergency responses
157 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 2018

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

Phone Number: (510) 981-3473

Number of Ambulance Vehicles in Fleet: 7

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

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

Transporting Agencies

10973 Total number of responses
10749 Number of emergency responses
224 Number of non-emergency responses

6770 Total number of transports
556 Number of emergency transports
6214 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 2018

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

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

Transporting Agencies

14086 Total number of responses
14075 Number of emergency responses
11 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 2018

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

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

Transporting Agencies

42470 Total number of responses
42465 Number of emergency responses
5 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 2018

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 **Number of Ambulance Vehicles in Fleet:** 64
San Leandro, CA 94577

Phone Number: 510-746-5700 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 45

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

Transporting Agencies

141808 Total number of responses (Cad EID Count)
108359 Number of emergency responses
33449 Number of non-emergency responses

101416 Total number of transports (Arrival Count)
7110 Number of emergency transports
94306 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 2018

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. Number of Ambulance Vehicles in Fleet: 4
Alameda, CA 94501

Phone Number: 510-337-2100 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

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

Transporting Agencies

4551 Total number of responses
4547 Number of emergency responses
4 Number of non-emergency responses

3896 Total number of transports
388 Number of emergency transports
3508 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 2018

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 **Number of Ambulance Vehicles in Fleet:** 2 Air Rescue Units
Castro Valley, CA 94546

Phone Number: Mobile: 510-708-7181 **Average Number of Ambulances on Duty** N/A
Office: 510-690-6607 **At 12:00 p.m. (noon) on Any Given Day:** _____

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <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 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 Air Transport Only	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<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	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<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

Transporting Agencies

292 Total number of responses
73 Number of emergency responses
219 Number of non-emergency responses

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

Air Ambulance Services

175 Total number of responses
24 Number of emergency responses
151 Number of non-emergency responses

5 Total number of transports
1 Number of emergency transports
4 Number of non-emergency transports

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Alameda County EMS Agency
Area or subarea (Zone) Name or Title: Alameda County EOA
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Paramedics Plus (November 1, 2011 to June 30, 2019)
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.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Exclusive See attached ambulance provider agreement 'RECITALS OF AUTHORITY'
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
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> <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> Method of competition: Competitive bid Intervals: Five years, with extension to 6/30/2019 Selection process. Request for Proposal (RFP).

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Alameda County EMS Agency
Area or subarea (Zone) Name or Title: Alameda County EOA
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Falck Northern California (effective July 1, 2019)
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.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Exclusive See attached ambulance provider agreement 'RECITALS OF AUTHORITY'
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 Service, 9-1-1 Emergency Response, ALS Ambulance, Standby Service with Transportation Authorization.
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> <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> Method of competition: Competitive bid Intervals: Five years, No extension Selection process. Request for Proposal (RFP).

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Alameda County Emergency Medical Services
Area or subarea (Zone) Name or Title: Lawrence Livermore National Lab
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Alameda County Fire Department
Area or subarea (Zone) Geographic Description: Federal property known as Lawrence Livermore National Lab located south/east of the city of Livermore.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Not applicable, Federal property
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
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 <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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Alameda County Emergency Medical Services
Area or subarea (Zone) Name or Title: City of Piedmont
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Piedmont Fire Department
Area or subarea (Zone) Geographic Description: City of Piedmont
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Exclusive
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
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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Alameda County Emergency Medical Services
Area or subarea (Zone) Name or Title: City of Alameda
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Alameda Fire Department
Area or subarea (Zone) Geographic Description: City of Alameda including the property known as Coast Guard Island
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Exclusive
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
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

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>

TABLE 9: FACILITIES

County: Alameda County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Alameda Hospital (Alameda Health System)
 Address: 2070 Clinton Ave
Alameda, Ca 94501

Telephone Number: (510) 522-3700

<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 III		<input 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: Alta Bates Summit Medical Center Telephone Number: (510) 204-4444

Address: Alta Bates Campus
2450 Ashby Ave
Berkeley, Ca 94705

<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 III <input 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 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: Alta Bates Summit Medical Center- Summit Campus

Telephone Number: (510) 655-4000

Address: 350 Hawthorne
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 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 III <input type="checkbox"/> Level II <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: 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 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 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 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 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 EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input 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: Kaiser Permanente Fremont Medical Center
 Address: 39400 Paseo Padre Pkwy
Fremont, Ca 94538

Telephone Number: (510) 248-3000

<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)
 Address: 13855 E 14th St.
San Leandro Ca 94578

Telephone Number: (510) 357-6500

<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
--	--	---	---

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 III <input 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 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 Telephone Number: (510) 264-4000
 Address: 27200 Calaroga Ave
Hayward, Ca 94545

<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 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 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
 Address: 747 51st St
Oakland, Ca 94609

Telephone Number: (510) 428-3000

<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<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 III <input 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 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
Address: 5555 West Las Positas Blvd
Pleasanton, Ca 94588

Telephone Number: (925) 847-3000

<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 <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes </div> <div> <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No </div> </div>	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Level I <input type="checkbox"/> Level III </div> <div> <input type="checkbox"/> Level II <input type="checkbox"/> Level IV </div> </div>
---	---	---

<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
 Address: 2000 Mowry Ave
Fremont Ca, 94538

Telephone Number: (510) 797-1111

<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

Galindo, Lisa@EMSA

From: Harmon, Kreig. EMS <Kreig.Harmon@acgov.org>
Sent: Monday, December 16, 2019 11:26 AM
To: Galindo, Lisa@EMSA
Cc: McFadden, Lauri, EMS; McClurg, William, EMS
Subject: RE: Training Programs and CE Providers

Good morning Lisa,

Here is the list of current CE providers for Alameda County. If you need this info in a different format or if you need it put into an updated Table 10, please let me know and I'll get that done ASAP.

Alameda County EMS

1000 San Leandro Blvd. Suite 200
San Leandro, CA 94577
510-618-2050
Open to the Public
Expires: 03/31/2020

Alameda County Fire Department

1426 164th Ave
San Leandro, CA 94578
925-833-3473
Employees only
Expires: 06/30/2020

Alameda Fire Department

1300 Park Street
Alameda, CA 94502
510-337-2100
Employees only
Expires: 04/30/2022

Alameda Health System

1411 E.31st Street
Oakland, CA 94602
510-437-4641
Open to the public
Expires: 09/30/2021

Albany Fire Department

1000 San Pablo Ave.
Albany, CA 94706
510-528-5770
Employees only
Expires: 09/30/2023

American Health Education

6761 Sierra Ct. Ste. G

Dublin, CA 94568
800-483-3615
Open to the public
Expires: 10/31/2023

American Medical Response

13992 Catalina Street
San Leandro, CA 94577
510-564-0408
Employees Only
Expires: 03/31/2022

Bay Area Training Academy

14275 Wicks Blvd.
San Leandro, CA 94577
510-614-1420
Open to the public
Expires: 07/31/2023

Berkeley Fire Department

2100 Martin Luther King Jr. Way, 2nd Floor
Berkeley, CA 94704
510-981-5502
Employees only
Expires: 10/31/2020

Camp Parks Fire Department

520 Mitchell Dr.
Dublin, CA 94568
925-875-4902
Employees only
Expires: 10/31/2020

Chabot College

25555 Hesperian Blvd.
Hayward, CA 94545
510-723-7090
Open to the public
Expires: 04/30/2020

City of Fremont Fire Department

3300 Capitol Ave, Bldg. B
Fremont, CA 94537
510-494-4200
Employees only
Expires: 05/31/2023

EMS Corps EMT Training Program

1000 San Leandro Blvd. Suite 200
San Leandro, CA 94577
510-618-2050
Open to the Public

Expires: 03/31/2020

Falck Northern California

28333 Industrial Blvd.
Hayward, CA 94545
707-766-2413

Open to the public
Expires: 05/31/2023

Hayward Fire Department

777 B Street
Hayward, CA 94541
510-293-5049

Employees only
Expires: 12/31/2023

Las Positas College

3033 Collier Canyon Road
Livermore, CA 94550
925-373-5800

Open to the public
Expires: 05/31/2020

Livermore/Pleasanton Fire Department

3560 Nevada Street
Pleasanton, CA 94566
925-998-1087
Expires: 12/31/2019

Merritt College

12500 Campus Drive
Oakland, CA 94619
510-301-4233

Open to the public
Expires: 06/30/2021

Norcal Ambulance Service

3025 Independence Drive, Suite H
Livermore, CA 94551
925-557-9702

Employees only
Expires: 09/30/2023

Oakland Fire Department

47 Clay Street,
Oakland, CA 94607
510-238-6950

Employees only
Expires: 03/31/2020

Piedmont Fire Department

120 Vista Ave

Piedmont, CA 94611
510-420-3030
Employees only
Expires: 03/01/2020

Project Heartbeat

333 Hegenberger Road, Suite 855
Oakland, CA 94621
510-452-1100
Open to the public
Expires: 09/30/2020

Quest Nursing Education Center

2135 Broadway
Oakland, CA 94612
510-452-1444
Open to the public
Expires: 04/30/2021

Royal Ambulance

14472 Wicks Blvd.
San Leandro, CA 94577
877-995-6161
Employees only
Expires: 10/31/2020

United Ambulance

3530 Breakwater Court
Hayward, CA 94545
925-786-3426
Open to the public
Expires: 09/30/2021

Please let me know if you need any additional information.

Thank you!

Regards,

**Kreig Harmon, Paramedic
EMS Coordinator**

Educational Programs

Alameda County Emergency Medical Services Agency
1000 San Leandro Blvd., Suite 200, San Leandro, CA 94577
Cell: 510-495-4679

Office: 510-667-7984

kreig.harmon@acgov.org



TABLE 10: APPROVED TRAINING PROGRAMS**County:** Alameda County EMS**Reporting Year:** 2018**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:	Open to the Public	**Program Level	<u>EMT</u>
	Cost of Program:		
	Basic: <u>\$1995-2875</u>	Number of students completing training per year:	
	Refresher: <u>\$375</u>	Initial training:	<u>130</u>
		Refresher:	<u>174</u>
		Continuing Education:	<u>116</u>
		Expiration Date:	<u>10-31-19</u>
		Number of courses:	
		Initial training:	<u>9</u>
		Refresher:	<u>12</u>
		Continuing Education:	<u>217</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:	Open to the Public	**Program Level	<u>EMT-B</u>
	Cost of Program:		
	Basic: <u>7.5 units x \$46/ unit = \$345</u>	Number of students completing training per year:	
	Refresher: <u>2 units x \$46/ unit = \$92</u>	Initial training:	<u>46</u>
		Refresher:	<u>37</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	Number of students completing training per year:	
	Refresher: \$68	Initial training:	60
		Refresher:	6
		Continuing Education:	N/A
		Expiration Date:	3-31-20
		Number of courses:	
		Initial training:	2
		Refresher:	1
		Continuing Education:	N/A

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution: Las Positas College Telephone Number: 925-424-1000 x2046

Address: 3000 Campus Hill Dr.
Livermore, CA 94551

Student Eligibility*:	Open to the Public	**Program Level	Paramedic
	Cost of Program:		
	Basic: \$3000	Number of students completing training per year:	
	Refresher: N/A	Initial training:	24
		Refresher:	0
		Continuing Education:	N/A
		Expiration Date:	5-31-20
		Number of courses:	
		Initial training:	1
		Refresher:	0
		Continuing Education:	

TABLE 10: APPROVED TRAINING PROGRAMSCounty: Alameda CountyReporting Year: 2018

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

Training Institution: Unitek Education (FYI, Program ended service in 05/2019) Telephone Number: 510-743-2710Address: 4670 Auto Mall Parkway
Fremont, CA 94538Student Eligibility*: Open to the Public **Program Level EMT-B

Cost of Program:

Basic: \$4305Refresher: \$350

Number of students completing training per year:

Initial training: 280Refresher: 158Continuing Education: 1336Expiration Date: 8-31-20

Number of courses:

Initial training: 14Refresher: 9Continuing Education: 109

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution: Alameda County Fire Dept. Telephone Number: 510-618-3485Address: 1426 164th Avenue
San Leandro, CA 94578Student Eligibility*: Employees only **Program Level EMT

Cost of Program:

Basic: N/ARefresher: N/A

Number of students completing training per year:

Initial training: N/ARefresher: N/AContinuing Education: 750+Expiration Date: 6-30-20

Number of courses:

Initial training: N/ARefresher: N/AContinuing Education: 60+

*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: 2018

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>	Cost of Program:	**Program Level <u>EMT</u>	
	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>6</u>
		Continuing Education:	<u>104</u>
		Expiration Date:	<u>5/31/22</u>
		Number of courses:	
		Initial training:	<u>N/A</u>
		Refresher:	<u>2</u>
		Continuing Education:	<u>16</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>	Cost of Program:	**Program Level <u>EMT</u>	
	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>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

County: Alameda CountyReporting Year: 2018

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>36</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 PROGRAMSCounty: Alameda CountyReporting Year: 2018**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: Albany Fire Department Telephone Number: 510- 528-5770
 Address: 1000 San Pablo Ave
Albany, CA 94706

Student Eligibility*: Employees only **Program Level EMT
 Cost of Program:
 Basic: N/A Number of students completing training per year:
 Refresher: N/A Initial training: N/A
 Refresher: 1
 Continuing Education: 90
 Expiration Date: 9-30-19
 Number of courses:
 Initial training: N/A
 Refresher: 1
 Continuing Education: 6

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: 148
 Refresher: 0
 Continuing Education: N/A
 Expiration Date: 1-31-22
 Number of courses:
 Initial training: 7
 Refresher: 0
 Continuing Education: N/A

** 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 PROGRAMSCounty: Alameda CountyReporting Year: 2018**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>NCTI- Livermore</u>		Telephone Number:	<u>925-454-6184</u>
Address:	<u>7575 Southfront Rd.</u>			
	<u>Livermore, CA 94551</u>			
Student Eligibility*:	<u>General Public</u>	Cost of Program:	**Program Level	<u>EMT</u>
		Basic: <u>\$1875</u>	Number of students completing training per year:	
		Refresher: <u>\$325</u>	Initial training:	<u>60</u>
			Refresher:	<u>9</u>
			Continuing Education:	<u>N/A</u>
			Expiration Date:	<u>05/31/23</u>
			Number of courses:	
			Initial training:	<u>4</u>
			Refresher:	<u>1</u>
			Continuing Education:	<u>0</u>

Training Institution:	<u>NCTI- Livermore</u>		Telephone Number:	<u>925-454-6184</u>
Address:	<u>7575 Southfront Rd.</u>			
	<u>Livermore, CA 94551</u>			
Student Eligibility*:	<u>General Public</u>	Cost of Program:	**Program Level	<u>EMT-P</u>
		Basic: <u>\$9,750</u>	Number of students completing training per year:	
		Refresher: <u>N/A</u>	Initial training:	<u>74</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>N/A</u>
			Expiration Date:	<u>12-31-21</u>
			Number of courses:	
			Initial training:	<u>3</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>Multiple</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 PROGRAMSCounty: Alameda CountyReporting Year: 2018**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>\$2285</u>	Initial training:	<u>220</u>	
Refresher: <u>\$334</u>	Refresher:	<u>10</u>	
	Continuing Education:	<u>N/A</u>	
	Expiration Date:	<u>7-31-19</u>	
	Number of courses:		
	Initial training:	<u>11</u>	
	Refresher:	<u>2</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 p/unit</u>	Initial training:	<u>75</u>	
Refresher: <u>\$26 p/unit</u>	Refresher:	<u>0</u>	
	Continuing Education:	<u>N/A</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: 2018

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>2,226</u>
		Expiration Date:	<u>3-31-20</u>
		Number of courses:	
		Initial training:	<u>0</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>348</u>

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>112</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>

*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: 2018

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>Restricted</u>	Cost of Program:	**Program Level	<u>EMT</u>			
		Basic:	<u>\$1,250</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>9-30-22</u>		
				Number of courses:			
				Initial training:	<u>1</u>		
				Refresher:	<u>N/A</u>		
				Continuing Education:	<u>N/A</u>		

Training Institution:		<u>Quest Nursing</u>		Telephone Number:		<u>510-452-1444</u>	
Address:		<u>917 Harrison Street</u>					
		<u>Oakland, CA 94612</u>					
Student Eligibility*	<u>Public</u>	Cost of Program:	**Program Level	<u>EMT</u>			
		Basic:	<u>1,250</u>	Number of students completing training per year:			
		Refresher:	<u></u>	Initial training:	<u>5</u>		
				Refresher:	<u>0</u>		
				Continuing Education:	<u>0</u>		
				Expiration Date:	<u>04/30/21</u>		
				Number of courses:			
				Initial training:	<u>2</u>		
				Refresher:	<u>0</u>		
				Continuing Education:	<u>0</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: 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>		Phone:	<u>(925) 918-1803</u>
	<u>Livermore, CA 94551</u>		Email:	<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>36</u> EMD Training	<u> </u> EMT-D
			<u> </u> BLS	<u> </u> LALS
Ownership:	If Public:		<u> </u> ALS	<u> </u> Other
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire		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 type="checkbox"/> Law			
	<input checked="" type="checkbox"/> Other			
	Explain: <u>EOA Ambulance Contractor - Paramedics Plus</u>			

NOTE - Current ACRECC staffing is:

- 36 EMD Positions
- 25 Filled
- 21 Dispatchers
- 11 Vacant Dispatcher position
- 4 Supervisors
- 1 EMDQ Manager
- 1 CAD System Administrator

TABLE 11: DISPATCH AGENCY

County: Alameda County EMS

Reporting Year: 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>	Phone:	<u>510-238-3736</u>
	<u>Oakland, Ca 94607</u>	Email:	<u>smcgehee@oaklandnet.com</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	

Ownership:	If Public:	<div style="display: flex; justify-content: space-between;"> <div> <u>24</u> EMD Training <u> </u> BLS </div> <div> <u> </u> EMT-D <u> </u> LALS </div> <div> <u> </u> ALS <u> </u> Other </div> </div>
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Explain: _____

NOTE - Current OFD Dispatch staffing is:

24 EMD Positions

24 Filled

Of 24 EMD-trained Staff, 1 is a Fire Communications Manager, 5 are Supervisors, and 18 are Dispatchers