

# ALAMEDA COUNTY EMS SYSTEM PLAN

2023



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## ALAMEDA COUNTY EMS SYSTEM PLAN TRANSMITTAL LETTER

May 31, 2024

Elizabeth Basnett  
Director  
California Emergency Medical Services Authority  
11120 International Dr., Suite 200  
Rancho Cordova, CA 95670

Director Basnett,

Attached please find the 2023 Alameda County EMS System Plan. This plan depicts the current state of our EMS system as well as updates from our last submission in 2023. The California Emergency Medical Services Authority (EMSA) approved that last submission of the Alameda County EMS System Plan in May of 2023.

You may notice that our branding has changed. That is all that has changed. We still have the same reporting structure.

Alameda County EMS Agency's principal objective continues to be ensuring the financially sustainable provision of high-quality emergency medical services (EMS) that are efficient and effective both clinically and operationally. To this end, the County has released a Request for Proposal representing the culmination of a comprehensive and collaborative engagement of system stakeholders to redesign and shape the future of EMS in Alameda County with the intentions of a new contract for services implementing on July 1, 2026.

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

Respectfully,

Lauri McFadden  
Director, Emergency Medical Services

### Attachment

CC: Colleen Chawla, Alameda County Health Director  
Aneeka Chaudhry, Alameda County Health Assistant Director  
Dr. Zita Konik, Alameda County EMS Medical Director  
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# ALAMEDA COUNTY ESM AGENCY

## 2023 EMS SYSTEM PLAN

### EXECUTIVE SUMMARY

#### Overview

In 1984, the Alameda County Board of Supervisors designated the EMS Agency as the Local Emergency Medical Services Agency (LEMSA) for the County of Alameda, as authorized by California Health & Safety Code section 1797.200. In this role, the EMS Agency has the exclusive authority over and sole responsibility for planning, implementing, and evaluating the county's EMS System. This authority includes the power to designate a 911 ambulance service provider selected through a competitive procurement process.

Pursuant to Section 1797.224 of the California Health and Safety Code, Alameda County EMS has established five exclusive operating areas (EOAs) for 9-1-1 ambulance transport services. Four of the EOAs are granted through an exclusive non-competitive process due to grandfathering city fire departments that provided ambulance services prior to The Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act of 1980. The four grandfathered EOAs are the cities of Alameda, Albany, Berkeley, and Piedmont. The city of Berkeley EOA includes the state property of UC Berkeley and the federal property at Lawrence Berkeley Lab. The fifth EOA encompasses the remainder of Alameda County and is granted through an exclusive competitive process. This EOA was last competitively bid in 2018 with the winning contractor, Falck, implementing service in July of 2019. Falck was awarded the EOA for a 5-year term that has been extended through at least April of 2026 due to the ongoing ambulance provider request for proposal (RFP). Lawrence Livermore National Lab (LLNL) is federal property and is exempted from the EOAs. Ambulance transport services for LLNL are provided through a federal contract with Alameda County Fire District. Alameda County EMS has signed, executed transport agreements with all of the 9-1-1 ambulance providers with the exception of Alameda County Fire District providing service to LLNL which operates under a federal contract. All of the agreements will be extended through at least April of 2026.

First Response Advanced Life Support (FRALS) services are provided throughout all EOAs by fire departments or districts within each jurisdiction. All FRALS providers have signed, executed agreements in place with Alameda County EMS that will be extended through at least April of 2026. The need for the provision of Advanced Life Support (ALS) transport services is determined through a tiered response informed by the Medical Priority Dispatch System (MPDS) and further local call prioritization as determined by historical clinical and operational data under the discretion of the Alameda County EMS Agency Medical Director's medical control. ALS transport services are provided through either an ALS ambulance staffed with at least one paramedic or through the combination of a basic life support (BLS) ambulance and a paramedic staffed quick response vehicle (QRV) or fire department paramedic.

EMS resources for 9-1-1 calls are dispatched through six dispatch centers, two of which, Oakland Fire Department Dispatch and Alameda County Regional Emergency Communications Center (ACRECC), perform Medical Priority Dispatch System (MPDS) Emergency Medical Dispatch (EMD) services and are Accredited Centers of Excellence (ACE). Each year, EMS providers respond to approx. 160,000 9-1-1 calls a year, which results in 100,000 transports.

In addition to 9-1-1 providers, Alameda County EMS, through our Ambulance Ordinance, permit eleven interfacility ambulance providers to operate within the County. These providers operate basic life support (BLS), critical care transport paramedic (CCT-P), and critical care transport registered nurse (CCT-RN) level resources

### **Organizational Changes**

In January of 2024, Dr. Nicole D’Arcy joined Alameda County EMS as the Deputy Medical Director. Dr. D’Arcy went to undergraduate and medical school at Stanford University. She then completed residency in Emergency Medicine at Harbor-UCLA Medical Center and fellowship in EMS and Disaster Medicine at UC San Francisco/Alameda County EMS. Since then, she served as the base hospital medical director for Santa Clara Valley Medical Center (SCVMC) Emergency Department. She has also served as Pediatric Emergency Care Coordinator for SCVMC, medical director for the Mission Street Recovery Station (alcohol/drug sobering center for Santa Clara County), and Emergency Response Physician for the San Francisco 49ers.

The EMS Agency has also been fortunate to augment our staff in injury prevention, health emergency preparedness and response, as well as data analysis.

### **Receiving Facilities/Hospitals**

Alameda County has fifteen 9-1-1 ambulance receiving facilities comprised of thirteen hospitals with emergency departments and two psychiatric receiving facilities, one for adults, John George Psychiatric Hospital, and one for adolescents, Willow Rock.

Twelve of the thirteen hospital emergency rooms in Alameda County have achieved and are designated with at least one specialty care designation by Alameda County EMS. Alameda County EMS provides specialty care designation for Trauma, Stroke, and S-T Elevation Myocardial Infarction (STEMI). Washington Hospital is on track to receive provisional trauma designation in 2024. Bishop+Associates, a leading organization in trauma hospital expertise, and the EMS Agency are working closely with Washington Hospital so they may safely receive trauma patients in a provisional status. There will be careful monitoring and quality improvement processes in place as they continue their journey to certification by the American College of Surgeons in the future.

As in many counties in California, ambulance patient offload times (APOT) continue to be a challenge in Alameda County. The Alameda County EMS Agency is in the process of contracting with a throughput consultant to identify and share best practices as well as efficiencies across our EMS receiving facilities and transport providers in order to further address and lower systemic APOT times.

### **EMS System Request for Proposal (RFP)**

Pursuant to the work of the stakeholders in the EMS System Redesign effort, an RFP was submitted by Alameda County EMS to the EMS Authority of California, and it was approved on January 4, 2024. The RFP process is progressing and represents many innovations meant to deliver the right care in the right place to the residents and visitors of Alameda County.

## 1.01 LEMSA STRUCTURE

### **MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:** None.

### **CURRENT STATUS: MEETS MINIMUM STANDARD**

Alameda County EMS Agency (ALCO EMS) is a division of Alameda County Health Care Services Agency (ALCO HCSA) under the Office of the Agency Director (OAD). ALCO EMS is led by the EMS Director who reports to the HCSA Assistant Agency Director of Systems and Policy.

ALCO EMS has multiple division devoted to different functional areas to include Operations & Regulatory Compliance, Clinical Systems of Care, Strategic & Specialized Response, Injury Prevention, Health Emergency Preparedness & Response, Administrative & Finance Support, and Information Systems.

Clinical expertise is drawn from our EMS Director, Deputy Director, Medical Director, Deputy Medical Director, UCSF EMS Fellows, Supervising EMS Coordinator, and EMS Coordinators all of which have medical certification or licensure to include EMT, Paramedic, Registered Nurse, or Physician. Additionally, the Health Emergency Preparedness & Response division has a strong relationship with the Alameda County Medical Reserve Core (MRC) which is comprised of a diverse mix of clinical expertise and one of our EMS Coordinators serves as the administrator for the Alameda County Disaster Health Volunteers (DHV).

Technical expertise is drawn from the diverse backgrounds and experience of our staff. Within our Clinical Systems of Care division, we hired an Information Systems Analyst in order to better manage, understand, and communicate our data. Within our Strategic & Specialized Response and Health Emergency Preparedness & Response divisions we have fostered a strong working relationship with law enforcement to enhance their medical training and facilitate joint exercises and training. Additionally, a warehouse was established during the COVID-19 pandemic for personal protective equipment and cleaning supplies, which will be transitioning to an all-hazards focus, with a comprehensive inventory management system and a user-friendly store front interface for resource ordering and fulfillment.

### **NEED(S):**

The need to develop a more comprehensive and structured clinical oversight program has been identified, especially as we move towards implementation of a more clinically focused EMS System that has been constructed during the revisioning process. We have started the work to create clinical teams with specific focuses and a regular cadence of meetings both internally and externally facing.

A new Deputy EMS Medical Director has been hired who will serve a greater role both operationally and clinically in our system than in the past. The new Deputy EMS Medical Director will assist in rectifying span of control concerns in order to ensure better management and oversight of programs as well as build more robust clinical teams under direct supervision of a physician.

The need for internal and public facing dashboards is necessary. As we move forward, we want to be transparent with system performance. The addition of the Information Systems Analyst to our team will assist in making these dashboards a reality.

The EMS Agency is continuing to operationalize its approximately 20,000 square foot warehouse in San Leandro, CA. Staff is working to integrate all supplies and durable equipment into an inventory management system. Work is also underway to upgrade the fire sprinkler system in order to increase storage capacity while adhering to permitting and safety standards. Staff is being sent to training opportunities to optimize warehouse efficiency and expand their knowledge.

**OBJECTIVE:**

Work to restructure clinical oversight teams.

Restructure org chart and reporting structure to ensure manageable span of control.

Develop and implement data dashboards utilizing new Information Systems Analyst.

Send staff to training opportunities to improve knowledge and processes.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 1.02 LEMSA MISSION

### MINIMUM STANDARDS:

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

**RECOMMENDED GUIDELINES:** None.

**CURRENT STATUS: MEETS MINIMUM STANDARDS.**

### Agency Vision and Mission:

In 2023, EMS Agency staff came together to update our Agency Vision and Mission, which resulted in the following:

- **Vision:** Helping people live healthy and fulfilling lives through training, preparedness, prevention, and medical response.
- **Mission:** Provide training, preparedness, prevention, and medical response that improves health and safety by providing equitable, fair, and inclusive services for all.

In 2019 we also began conducting EMS system redesign meetings with all stakeholders and the public. These meetings informed developing the direction to guide future iterations of the EMS system. During this collaborative process, COVID-19 and the subsequent trio of severe respiratory illness significantly effecting pediatric populations exposed and perpetuated many industry-wide challenges such as healthcare staffing insufficiencies in both the hospital and pre-hospital setting, as well as struggles in mitigating surges in healthcare access and utilization. The input, feedback, and highlighted challenges were utilized to inform the 911 Ambulance Transport request for proposal (RFP) for the competitively bid exclusive operating area which was released in 2023 and will subsequently implement in July of 2026 once awarded through a competitive County procurement process.

### Refer to the 2024 QI Plan

### NEED(S):

Continuous engagement of stakeholders to ensure attainment of the shared vision for the system and to adapt as implementation progresses and as community needs evolve.

Complete procurement process and award contract for 911 Ambulance Transport with an implementation date of July 1, 2026.

### OBJECTIVE:

Complete procurement process and award contract for 911 Ambulance Transport EOA Contract that commences in 2026.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 1.03 PUBLIC INPUT

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES: NONE.

### CURRENT STATUS: *MEETS MINIMUM STANDARD.*

Alameda County EMS conducts a variety of regularly scheduled meetings as listed below to solicit internal and external stakeholder input:

- EMS Quality Council
- Receiving Hospital Committee
- STEMI Committee
- Stroke Committee
- Trauma Audit Committee
- Regional Trauma Audit Committee
- Data Steering Committee
- ePCR Change Committee
- EMS Coordinators Meetings
- Disaster Preparedness Healthcare Coalition (DPHC) Meetings
- Pediatric QI and EMSC Meeting
- Additional ad-hoc committees (i.e., EMS Transition Meetings; ReddiNet)

Additionally, Alameda County EMS Agency staff participate in the following externally conducted meetings where input and feedback are regularly solicited:

- Alameda County Fire Chiefs & Chiefs' EMS Section Committees
- EMSAAC & EMDAAC
- Regional EMS Coordinators Meetings
- State and Regional EMSC, QI, & Pediatric Surge Committee Meetings
- Western Regional Alliance for Pediatric Emergency Management (WRAP-EM)

Alameda County EMS also facilitates periods of public comment and public forums for community input regarding proposed annual protocol and policy updates.

In 2019, 2021, and 2022, in addition to normally conducted meetings, Alameda County EMS conducted EMS system redesign meetings to leverage and engage all stakeholders during several in person and virtual sessions. The partner recommendations and feedback assisted Alameda County EMS in developing a vision to guide the system direction. These meetings concluded in 2022 prior to the EMS Agency initiating the writing of the 911 emergency ambulance transport request for proposal.

### NEED(S):

Continued expansion of engagement with all stakeholders.

### OBJECTIVE:

Continue obtaining input from consumer and healthcare partners.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 1.04 MEDICAL DIRECTOR

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS: MEETS MINIMUM STANDARD

Effective June 25, 2022, Dr. Karl Sporer retired from his position as a Physician IV from Alameda County and immediately assumed the position of Retired Annuitant II in order to provide continuous coverage as the EMS Medical Director. Alameda County EMS completed a recruitment and selected Dr. Zita Konik as the new EMS Medical Director. Dr. Konik has previous experience as an Emergency Physician with Kaiser San Rafael, an EMS Provider Medical Director for Novato Fire Department, and a LEMSA Medical Director for Napa County EMS Agency. Dr. Sporer relinquished his position as EMS Medical Director on November 28, 2022, once Dr. Konik officially started her employment with Alameda County. Dr. Sporer will remain employed as a Retired Annuitant II to support Dr. Konik as she transitions into the role, gains familiarity with our EMS system, and selects a Deputy EMS Medical Director.

Effective December 10, 2022, Dr. Jocelyn Freeman-Garrick vacated her role as Deputy EMS Medical Director. The position was filled in January of 2024 with Dr. Nicole D’Arcy. Dr. D’Arcy has previous experience as an Emergency Physician with Santa Clara Valley Medical Center and completed an EMS Fellowship at UCSF prior to her work as at attending. She currently leads the trauma and pediatric systems of care.

Alameda County EMS has a contract with University of California, San Francisco, Department of Emergency Medicine to provide exposure and education to the two EMS Fellows each year, providing them insight and knowledge of prehospital medical care and the functions/coordination of an EMS system. Reports to the Medical Director. The fellows are listed below:

- Amelia Breyre MD - Graduated June 2021
- VJ Bains, MD - Graduated June 2021
- Courtney Shay, MD - Graduated June 2022
- Tim Hong, MD - Graduated June 2022
- Samantha Williams, MD – Graduated June 2023
- Kristen Bascombe, MD – Graduated June 2023
- Lauren Friend, MD – Current fellow
- Bryan Fregoso, MD – Current fellow

### Medical Directors and Fellows Research

Karl Sporer, MD, UCSF fellows, and staff continue to publish both peer review and non-peer reviewed publications in highly respected professional journals and periodicals.

- Hodroge SS, Glenn M, Breyre A, Lee B, Aldridge NR, **Sporer KA**, Koenig KL, Gausche-Hill M, Salvucci AA, Rudnick EM, Brown JF, Gilbert GH. Adult Patients with Respiratory Distress: Current Evidence-based Recommendations for Prehospital Care. West J Emerg Med 2020 Jun 25;21(4):849-857.
- Hart L, Sanford JK, **Sporer KA**, Kohn MA, Guterman EL. Identification of generalized convulsive status epilepticus from emergency medical service records: a validation study of diagnostic coding. Prehosp Emerg Care. 2020 Oct 9:1-8.

- Guterman EL, Sanford JK, Betjemann JP, Zhang L, Burke JF, Lowenstein DH, Josephson SA, **Sporer KA**. [Prehospital midazolam use and outcomes among patients with out-of-hospital status epilepticus](#). Neurology. 2020 Dec 15;95(24):e3203-e3212.
- Hern HG, Goldstein D, Tzvieli O, Mercer M, **Sporer K**, Herring AA: [Overdose Receiving Centers – An Idea Whose Time Has Come?](#) Prehospital Emergency Care 2021, DOI: 10.1080/10903127.2020.1864073
- Breyre A, Taigman M, Salvucci A, **Sporer K**. . [Effect of a Mobile Integrated Hospice Healthcare Program on Emergency Medical Services Transport to the Emergency Department](#). Prehosp Emerg Care. 2021 Mar 9:1-7. doi: 10.1080/10903127.2021.1900474.
- Lacocque J, Siegel L, **Sporer KA**. [Prehospital, post-ROSC blood pressure and associated neurologic outcome](#). Am J Emerg Med. 2021 Jun: 49:195-199.
- Breyre AM, Bains G, Moore J, Siegel L, **Sporer KA**. [Hospice and Comfort Care Patient Utilization of Emergency Medical Services](#). J Palliat Med. 2021 Aug 31. doi: 10.1089/jpm.2021.0143
- Breyre A, Benesch T, Glomb NW, **Sporer KA**, Anderson WG. [EMS experience caring and communicating with patients and families with a life-limiting-illness](#). Prehosp Emerg Care. 2021 Oct 20:1-12. doi: 10.1080/10903127.2021.1994674.
- Guterman EL, Burke JF, **Sporer KA**. [Prehospital treatment of status epilepticus in the United States](#). JAMA. 2021 Nov 16;326(19):1970-1971. doi: 10.1001/jama.2021.15964.PMID: 34783848
- Guterman EL, Lowenstein DH, **Sporer KA**. [Seizing and opportunity for improvement](#). Neurology 2022 Feb 15;98(7):287-288. doi: 10.1212/WNL.0000000000013248.

**NEED(S):**

Continuation of the contract with UCSF for EMS Physician Fellowship Program.

**OBJECTIVE:**

Continuation of the contract with UCSF for EMS Physician Fellowship Program.

**TIME FRAME FOR MEETING OBJECTIVE:**

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



## 1.05 SYSTEM PLAN

### MINIMUM STANDARDS:

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

The plan shall:

- Assess how the current system meets these guidelines,
- Identify system needs for patients within each of the targeted clinical categories (as identified in section ii), and
- Provide a methodology and timeline for meeting these needs.

**RECOMMENDED GUIDELINES:** None.

**CURRENT STATUS:** MEETS MINIMUM STANDARDS

### CA EMSA APPROVAL - SYSTEM PLANS AND REGULATORY COMPLIANCE

#### EMS SYSTEM PLAN

- Alameda County 2020-2022 EMS System Plan (with 2022-23 Executive Summary) approved by EMSA in May 2023
- 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

#### EMS TRAUMA PLAN

- Alameda County 2022 EMS Trauma Plan approved by EMSA in May 2023
- Alameda County 2021 EMS Trauma Plan
- Alameda County 2017 EMS Trauma Plan Update and approved by CA EMSA in 2018
- Update submitted to EMSA September 2019 and approved in 2019.

#### EMS QUALITY IMPROVEMENT (QI) PLAN

- Alameda County 2022 EMS Quality Improvement Plan approved by EMSA in May 2023
- Alameda County 2021 EMS Quality Improvement Plan
- 2019 update submitted to EMSA September 2019
- 2018 update submitted to EMSA September 2018

#### EMS FOR CHILDREN (EMSC) PLAN

- Plan to submit EMSC Plan to EMSA in May 2024 consistent with CA EMSC regulations.
- Ensuring all Receiving Hospitals implement PedRC requirements.

#### EMS SYSTEM EVALUATION AND REQUEST FOR PROPOSALS (RFP)

- Alameda County EMS successfully completed our stakeholder meetings which culminated in a ground-breaking new EMS system design and that RFP was approved by EMSA and released in January 2024.
- ALCO EMS is planning for the next RFP process, to select and implement a contract for services to the Exclusive Operating Area (EOA) starting July 1, 2026.
- FALCK is the selected and current ALCO EMS 911 Provider as of JULY 1, 2019.
- Emergency Ground Ambulance Service will be extended through at least April of 2026.
- EMS executes the FALCK Contract, ensuring contract compliance and oversight

#### CONTRACT EXTENSIONS & NEW CONTRACTS—FRALS AND FIRE TRANSPORT

- Alameda County Regional Emergency Communications Center (ACRECC) Emergency Medical Dispatch – executed extension effective until June 30, 2026.
- ALAMEDA COUNTY EMS HAS SIGNED, EXECUTED TRANSPORT AGREEMENTS WITH ALL OF THE 9-1-1 AMBULANCE PROVIDERS WITH THE EXCEPTION OF ALAMEDA COUNTY FIRE DISTRICT WHICH OPERATES UNDER A FEDERAL

CONTRACT. ALL OF THE AGREEMENTS ARE BEING EXTENDED THROUGH JUNE 30, 2026, ALCO EMS IS CURRENTLY IN AN RFP PROCESS TO SELECT AND IMPLEMENT A CONTRACT FOR SERVICES TO THE EXCLUSIVE OPERATING AREA (EOA) FOR THE FUTURE.

- FIRST RESPONDER ADVANCED LIFE SUPPORT (FRALS) AND FIRE TRANSPORT – negotiated and executed new contracts extended through June 30, 2026.

**NEED(S):**

**OBJECTIVE:**

Objective: EMS System Planning – **Refer to the 2022 QI Plan**

**OVERARCHING GOALS**

- Sustain and improve quality of clinical care the patient receives
- Stabilize or reduce the cost of EMS services.
- 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 the appropriate regulatory and oversight functions between the local EMS agency (LEMSA) and the chosen provider(s)

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 1.06 ANNUAL PLAN UPDATE

### MINIMUM STANDARDS:

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

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: *MEETS MINIMUM STANDARD*

On August 18, 2020, the Emergency Medical Services Authority (EMSA) issued a memo providing an extension for submission of local EMS System Plans. On December 14, 2020, a revised memo which superseded the August memo was released updating the deadline for submission of EMS System Plan to 180-days post cessation of the State's declared emergency on the coronavirus pandemic.

Subsequently, on July 13, 2022, EMSA rescinded the December 2020 memo and required submission of updated local EMS System Plans on or before January 31, 2023, even though the declared coronavirus pandemic declared emergency is continued through the end of February 2023.

In December 2022, Alameda County EMS requested approval to extend the submission deadline for our updated plan until April 30, 2023, due to the triple-demic of COVID, influenza, and RSV as well as the efforts to release of ambulance transport request for proposal.

For the last submitted and approved EMS System Plan please refer to the [Alameda County 2020-22 EMS System Plan \(approved May 26, 2023\)](#).

- Alameda County 2021 EMS System Plan (with 2021-22 Executive Summary)
- Alameda County 2018 EMS System Plan update (with 2018-2019 Executive Summary) completed, submitted, and approved by the California EMS Authority September 2019

The annual 2023 EMS System Plan is submitted May 2024.

### NEED(S):

### OBJECTIVE:

Update the EMS System Plan yearly or as prescribed and submit to EMSA (short range)

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 1.07 TRAUMA PLANNING

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

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

California Code of Regulations

- TITLE 22. SOCIAL SECURITY
- DIVISION 9. PREHOSPITAL EMERGENCY MEDICAL SERVICES
- CHAPTER 7. TRAUMA CARE SYSTEMS

### **CURRENT STATUS: MEETS MINIMUM STANDARDS**

The purpose of the trauma plan is to monitor the delivery of services, improve patient care through the adoption of current best practices in reducing death and disability from trauma, and identify areas where improvement can be made.

### **FIELD CLINICIANS:**

All ALS agencies/departments, both first response and transport, have executed ALS provider agreements with Alameda County EMS. All providers, inclusive of our ALS providers and permitted interfacility providers use ALCO EMS trauma triage (CDC criteria) and transport protocols. All 9-1-1 ALS provider clinicians, and EMTs for the competitively bid EOA 9-1-1 transport provider, must maintain ITLS, PHTLS or equivalent certification. January 2024, EMS providers began using the current (2022) ACS Field Trauma Triage guidelines for the injured patient.

### **TRAUMA CENTERS:**

Alameda County currently has three EMS designated American College of Surgeons (ACS) Verified (required) **Trauma Receiving Centers:**

- Alameda Health System-Highland Hospital-Oakland (Adult level 1)
- Sutter Eden Medical Center-Castro Valley (Adult level 2)
- UCSF Benioff Children's Hospital-Oakland (Pediatric level 1)

In 2021-2022, a comprehensive data driven evaluation of the entire Alameda County EMS Trauma System was completed by Bishop and Associates, a reputable independent consultant with substantial subject matter expertise. Upon conclusion of their evaluation and analysis, Alameda County EMS made the determination to work collaboratively with Washington Hospital with the intent of their facility becoming an Adult Level 2 Trauma Center within the next 5 years in order to address projected community need.

- Additionally, in February of 2022, a bi-directional Healthcare Data Exchange (HDE) utilizing ESO, our system-wide prehospital electronic health record provider, was established with Alameda Health System which includes one of our trauma receiving centers: Highland Hospital. In 2023, Washington Hospital, a future ALCO adult level 2 TC, and UCSF Benioff Children's Hospital-Oakland (existing Pediatric level 1 TC) established HDE. Currently, only but one existing/future trauma receiving center can share clinical and outcome data directly with field providers automatically on a per incident basis enabling field level clinicians to follow up on their patients and learn from the information provided.

### **COORDINATION WITH OTHER EMS AGENCIES:**

- Coordination/collaboration with Contra Costa County EMS and John Muir Medical Center, (adjacent ACS verified adult level-2 trauma center), through quarterly participation in bi-county Trauma Audit Committee (TAC) meetings.
- Coordination/collaboration with Bay Area Regional LEMSAs (Solano, Contra Costa, San Francisco, San Mateo, Santa Clara, Santa Cruz, San Benito, Monterey, Marin) through participation in bi-monthly (every two months) Regional Trauma Coordinating Committee (RTCC) meetings.

**NEED(S):**

Improve the functionality of our Trauma Audit Committee by sharing existing individual TC and EMS trauma data.

TCs maintain ACS Verification as a required by contractual agreement for EMS designation.

Establish Bi-directional Healthcare Data Exchange (HDE) with the one TC not yet connected: Eden

Establish a third ACS Verified Adult Level 2 trauma receiving center within the next 4 years.

Establish and complete an EMS pre-designation review process for Washington Hospital prior to them receiving EMS patients.

**OBJECTIVE:**

Continuous monitoring and evaluation of trauma care system performance for needed policy/protocol modification to improve system operations, quality/continuity of care, and optimize patient outcomes.

Collaboration with Washington Hospital to ensure safe, efficient and effective implementation of trauma services.

Complete EMS pre-designation review/assessment, and ensure Washington Hospital is compliant with all minimum current CA State Trauma Regulation requirements regarding a Level 2 adult trauma receiving center.

Continue to work with ALCO receiving facilities and ESO to broaden bidirectional HDE availability to all facilities, including existing and future trauma receiving centers.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## 1.08 ALS PLANNING

### MINIMUM STANDARDS:

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

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: MEETS MINIMUM STANDARD

Advanced Life Support has been available county-wide since 1986. Advanced Life Support has been available on first response vehicles county-wide since 1998.

Alameda County (ALCO) EMS currently has contractual agreements in place through 2024 with all first response agencies within our jurisdiction to render care at the ALS level. ALCO EMS also has contracts with transport providers to render ALS level care both within municipalities that have retained their CCR 1797.224 EOA rights (Cities of: Albany, Alameda, Berkeley, and Piedmont) and for the balance of the County 911 Transport EOA.

Additionally, to deliver the appropriate level of care to each response, Medical Priority Dispatch (MPDS) has been implemented in over 90% of the system. Via contractual agreement, Oakland Fire Department (OFD) and Alameda County Regional Emergency Communications Center (ACRECC) provide this service.

Under MPDS, from July 1, 2019 moving forward, call determinants have been categorized into priorities. The new priority system has 5 response priorities:

- 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

Alameda County EMS continues to work with closely the above noted dispatch centers and other stakeholders to identify, in evidence-based manner, to ensure that EMS responses are prioritized appropriately and have the proper resources sent to them.

The FRALS and fire transport agreements are being extended until at least April of 2026.

### NEED(S):

Ensure compliance with and maintenance of all contractual agreements related to the provision of ALS care.

Work to ensure the appropriate prioritization of all responses and the appropriate response configurations.

### OBJECTIVE: (Short and Long Term)

Appropriately triage all EMS responses and ensure that each response receives the appropriate resource in a timely manner.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 1.09 INVENTORY OF RESOURCES

### **MINIMUM STANDARDS:**

Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

**RECOMMENDED GUIDELINES:** None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

### **Personnel:**

A spreadsheet of all Alameda County (ALCO) EMS Personnel actively working with the County is housed within the Agency and is maintained continuously with the assistance of all provider agencies that operate within our jurisdiction. The EMS Agency is in the process of developing an online application portal in partnership with ImageTrend. The application portal will be completed and implemented in 2023.

### **Apparatus:**

Each ALCO EMS provider agency has a wide variety of apparatus that is utilized for the provision of EMS services within the County. First responder services are most often delivered utilizing fire engines and trucks. Transport providers have several different types of ambulances based on their agency's needs. They also utilize numerous specialty vehicles such as, SUVs for supervisors and Quick Response Vehicles, all-terrain vehicles for special events or inaccessible areas, and others. The cities of Alameda and Hayward, as well as the contracted EOA 9-1-1 ambulance transport provider Falck, have behavioral health response vehicles that offer an alternative to a traditional ambulance response.

The ALCO EMS Agency has sufficient apparatus to support our operations. Additionally, we are in the process of outfitting a retired transit bus with the necessary equipment so that it will enable field providers to treat and/or transport multiple patients simultaneously in the event of a multi-casualty incident.

The EMS Agency specifies in Policy the minimum standards that all apparatus within the system must meet and also the supplies and equipment that the above apparatus shall have in order to be considered in-service.

### **Facilities:**

Each provider Agency has adequate facilities located throughout their jurisdictions for the provision of EMS service throughout the County.

First Responder agencies almost exclusively operate out of Fire Stations located in all communities with administrative facilities in various cities that support needs of those first responders.

Falck Northern California, the currently contracted 911 transport provider for the EOA has headquarters that are centrally located within the County in the City of Hayward. This facility provides deployment of ambulances, supervisors, etc., as well as administrative and logistical support for their operations. Falck also has satellite deployment facilities located in the Cities of Oakland and Livermore.

The ALCO EMS Agency main office is centrally located in the City of San Leandro, which we have recently expanded to make room for additional staff. Additionally, in 2020, the EMS Agency, gained a new sub-unit, Healthcare Emergency Preparedness and Response (HEPR) whose mission is to prepare for and respond to healthcare crises within our jurisdiction and support other jurisdictions that are faced with crises. With the addition of the HEPR program and the follow on needs to provide continuing support the healthcare system with crisis response, EMS opened a newly acquired 2-acre 21,000 sq. foot high security warehouse with emergency back-up power in San Leandro. This location supports combined operations of warehousing and disaster support needs. The location houses several response trailers for various types of needs for EMS and is the home of the Alameda County EMS Mass Casualty response vehicle. This location is staffed by two full time personnel and serves as the back-up Emergency Department of Operations Center (DOC).

**NEED(S):**

A streamlined online platform to help with the management of provider agency lists.

Working with the contracted 911 transport provider for the EOA to meet the requirements of their contract with the establishment of comfort stations.

**OBJECTIVE: (Short and Long Term)**

Ensure efficient tracking of personnel within the County.

Ensure contract compliance and contracted provider employee well-being.

**TIME FRAME FOR MEETING OBJECTIVE:**

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



## 1.10 SPECIAL POPULATIONS

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

California Code of Regulations  
Title 22. Social Security  
Division 9. Prehospital Emergency Medical Services  
Chapter 14. Emergency Medical Services for Children (EMSC)

California Code of Regulations  
TITLE 22. SOCIAL SECURITY  
DIVISION 9. PREHOSPITAL EMERGENCY MEDICAL SERVICES  
CHAPTER 7. TRAUMA CARE SYSTEMS

California Code of Regulations Title 22. Social Security  
Division 9. Prehospital Emergency Medical Services  
Chapter 7.2 Stroke Critical Care System

California Code of Regulations Title 22. Social Security  
Division 9. Prehospital Emergency Medical Services  
Chapter 7.1 ST-Elevation Myocardial Infarction Critical Care System

**CURRENT STATUS:** Meets minimum standards

Refer to previous sections and local policies/plans (compliant with current CA State EMSC, Trauma, Stroke, STEMI Regulations):

- 1.27 (Pediatric System Plan)
- 5.04 (Specialty Care Facilities)
- Trauma Care System Plan
- Child Injury Prevention
- Child Abuse/Neglect Reporting Policy
- Senior Injury Prevention
- Older Adult Abuse/Neglect Reporting Policy
- Youth Alive Violence Injury Prevention
- Sexual Assault Policy
- Domestic Violence Reporting Policy
- Stroke Care System Plan
- EMS for Children System Plan (planned submission May 2024) which includes pediatric policies and data metrics
- Alameda County Pediatric Surge Annex to Disaster Preparedness Healthcare Coalition (DPHC) Response Plan
  - [HCC Pediatric Surge Annex](#)
- STEMI Care System Plan
- Policies related to medical devices (i.e., ventricular assist devices, stomas, tracheostomies)
  - [Alameda County EMS Field Treatment Protocols](#)
    - [2024 Alameda County EMS Field Manual](#)
- Psychiatric and Behavioral Emergencies Policy

ALCO EMS is currently in an RFP process to select and implement a contract for services to the Exclusive Operating Area (EOA) for the future. Additionally, metrics are integrated into the upcoming 9-1-1 ambulance transport request for proposal (RFP) to evaluate, monitor, and improve system equity and inclusion across the diverse population groups that are served.

**NEED(S):**

Complete RFP process and ensure competitive procurement for 9-1-1 ambulance transport which includes new population specific metrics.

Develop comprehensive data monitoring systems to ensure accurate tracking of system performance

**OBJECTIVE:**

Continuous monitoring and evaluation of specialty care systems and general 9-1-1 system performance regarding special populations for needed policy/protocol modification to improve system operations, quality/continuity of care, and optimize patient outcomes.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 1.11 SYSTEM PARTICIPANTS

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

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

### **CURRENT STATUS: MEETS MINIMUM STANDARD**

#### **Dispatch Providers:**

Alameda County (ALCO) has 18 distinct PSAPs throughout the County. These include two ACE Accredited EMD Centers (Alameda County Regional Emergency Communications Center (ACRECC) and Oakland Fire Dept. Dispatch) that utilize MPDS to code and prioritize calls and provide pre-arrival instructions. Oakland Fire Dept. Dispatch provides EMD services for the City of Oakland. ALCO EMS has a contractual agreement in place with ACRECC for the provision of EMD Services for the balance of the County.

#### **First Response Agencies:**

Alameda County EMS has numerous First Responder Agencies within Alameda County All First Responder ALS Agencies have written contracts with our EMS Agency that are executed through June 30, 2024 with provisions for extension of those agreements.

##### ALS First Responder Agencies:

- Alameda County Fire Department (Serving the cities of, Emeryville, San Leandro, San Lorenzo, Union City, Newark, Dublin, Sunol and other unincorporated portions of Alameda County)
- City of Alameda Fire Department
- City of Albany Fire Department
- City of Berkeley Fire Department
- City of Fremont Fire Department
- City of Hayward Fire Department
- City of Oakland Fire Department
- City of Piedmont Fire Department
- Livermore-Pleasanton Fire Department

#### **911 Transport Agencies:**

Alameda County EMS has several 911 transporting Agencies that provide BLS and ALS services throughout the County. Contractual Agreements are in place with these provider agencies. The municipal agencies listed below have the exclusive rights to transport within their jurisdiction based on CCR 1797.224. The balance of the County has an EOA for 911 transport services that is bid out and awarded based on a competitive bidding process in line with State Statutes and Regulations.

- City of Alameda Fire Department
- City of Albany Fire Department
- City of Berkeley Fire Department
- City of Piedmont Fire Department
- Falck Northern California (Contracted 911 Transport EOA Provider)

#### **BLS Ordinance Agencies:**

The following agencies qualify to perform EMS transport within our jurisdiction, outside of the 911 system, via the Alameda County Emergency Medical Services Ambulance Ordinance.

- American Medical Response
- America West Medical Transportation, Inc.
- Arcadia Ambulance
- Bay Medic Transportation

- Eagle Ambulance
- Falck Northern California
- Falcon Critical Care Transport
- LIFEwest Ambulance Service
- Norcal Ambulance
- Pro Transport-1 Ambulance
- Royal Ambulance
- Westmed Ambulance Service

**Receiving Facilities:**

The listing below are all the receiving facilities for EMS transport located within our jurisdiction and their current designations.

- Alameda Hospital | Basic Emergency Services, Primary Stroke Center
- Alta Bates Summit Medical Center- Ashby Campus | Basic Emergency Services, Labor and Delivery
- Alta Bates Summit Medical Center- Summit Campus | Basic Emergency Services, Primary Stroke Center, STEMI Center
- Eden Medical Center | Basic Emergency Services, Level II Adult Trauma Center, Primary Stroke Center, Labor and Delivery
- Highland Hospital | Basic Emergency Services, Level I Adult Trauma Center, STEMI Center, Labor and Delivery
- Kaiser Oakland | Basic Emergency Services, Primary Stroke Center, STEMI Center, Labor and Delivery
- Kaiser Fremont | Basic Emergency Services, Primary Stroke Center, STEMI Center
- Kaiser San Leandro | Basic Emergency Services, Primary Stroke Center, Labor and Delivery
- St. Rose Hospital | Basic Emergency Services, STEMI Center, Labor and Delivery
- San Leandro Hospital | Basic Emergency Services
- Stanford ValleyCare Hospital | Basic Emergency Services, STEMI Center, Primary Stroke Center, Labor and Delivery
- John George Psychiatric Hospital | Psychiatric Emergency Services for Adults
- UCSF Benioff Children’s Hospital- Oakland | Basic Emergency Services, Level I Trauma Center, and Psychiatric Emergency Services for Children
- Washington Hospital | Basic Emergency Services, Primary Stroke Center, STEMI Center, Labor and Delivery
- Willow Rock Center | Psychiatric Emergency Services for Adolescents and Teens

**NEED(S):**

Maintenance of contractual agreements with service providers.

Additional of an additional Adult Level 2 Trauma Center within the next 5 years.

**OBJECTIVE: (Short and Long Range)**

Work collaboratively with system providers to deliver the appropriate level of care from dispatch to definitive care throughout our community.

Continue working with Washington Hospital to facilitate their future designation as a provisional Adult Level 2 Trauma Center within the next year.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 1.12 REVIEW AND MONITORING

### MINIMUM STANDARDS:

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

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: MEETS MINIMUM STANDARDS

Currently, the Alameda County (ALCO) EMS Agency continuously monitors general system operations and compliance with performance standards for all aspects of the system from dispatch to receiving facilities. These performance standards are specified by contractual agreements and Agency policy. These performance standards include metrics such as: response times, Ambulance Patient Offload Times (APOT), ensuring adequate crew rest times, etc.

Alameda County EMS employs several methods of monitoring system operations including required self-reporting and multiple technological platforms such as:

**FirstWatch:** All of the communication centers that provide 9-1-1 EMS resource dispatching are connected to FirstWatch which enables access to CAD records to monitor and review dispatch operations. Oakland Fire Dispatch and the Alameda County Regional Emergency Communications Center, the two ACE-accredited EMD centers in Alameda County, provide MPDS ProQA reporting within FirstWatch. An Alameda County-Contra Costa County joint hospital transport dashboard was created to enable the monitoring of facility impaction and hospital offload delays displaying transport resources from both counties at Alameda County hospitals. Several permitted interfacility ambulance transport provider patient care report databases are linked to FirstWatch, allowing Alameda County EMS to review reports for transports that originated and terminated within Alameda County. Additionally, FirstWatch is utilized for monitoring of response time and clinical performance standard compliance.

**ESO:** All of the 9-1-1 first response and transport providers in the county utilize ESO as their electronic health record (EHR). Alameda County EMS has an umbrella account which allows viewing of a real time track board, EHRs to be viewed, and access to health data exchange (HDE) data as well as the generation of clinical and operational reports.

**PulseGenesis:** Falck, the contracted 9-1-1 ambulance transport EOA provider, provides Alameda County EMS access with this platform that receives both CAD call data and all Falck automatic vehicle locator (AVL) data. The platform allows live real time system monitoring as well as retrospective review of AVL history.

**Psomas SitStat:** SitStat is a system monitoring platform that is linked to CAD data as well as both Falck's and Fire First Response resources. This platform allows for near real time system monitoring of calls and responding resources.

**ReddiNet:** All 9-1-1 transport providers, all interfacility ambulance transport providers, all 9-1-1 receiving facilities, many mental health facilities, and several long-term and acute care facilities have access to ReddiNet. ReddiNet is utilized to provide emergent information, conducting polling of providers and facilities, MCI notifications and tracking, facility diversion status, and facility bed status.

Alameda County EMS Coordinators are assigned to monitoring various aspects of system performance and reporting any issues to EMS leadership for follow-up as needed. EMS Coordinators also, on a rotating basis, serve as system duty officers in order to assist with and mitigate any issues that may arise during day-to-day operations or pursuant to a specific incident or event. During significant or large-scale incidents, EMS Coordinators and other EMS Agency personnel may deploy to scene incident commands, departmental operation centers (DOCs), or emergency operation centers (EOCs) in order to monitor system resilience and provide subject matter expertise regarding medical and health related operations.

When deficiencies are discovered, our Agency works with the specific provider to review the deficiencies and to assist with planning the steps needed to regain compliance with the established standards. Additionally, ALCO EMS conducts periodic reviews of our performance standards to confirm if those standards are useful and effective for overall system performance.

**NEED(S):**

Continue to develop technological infrastructure to automate system monitoring.

Conduct detailed audits of contractual agreements to ensure compliance is being monitored and corrected as needed.

**OBJECTIVE: (Short and Long Range)**

Ensure that all system service providers are performing as expected.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 1.13 COORDINATION

### MINIMUM STANDARDS:

Each local EMS agency shall coordinate EMS system operations.

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: MEETS MINIMUM STANDARDS

The Alameda County (ALCO) EMS Agency coordinates EMS system operations from prevention to definitive care.

Our Agency's Injury Prevention unit delivers education, supplies, and support to our communities in effort to prevent entry into the system or minimize the effects of an unintended event and provides education on the recognition of life-threatening medical emergencies to our communities.

Alameda County EMS works closely with ALCO PSAPs and EMD centers to ensure calls are processed and triaged and appropriate resources are assigned to incidents and that those centers also manage the available EMS resources effectively.

The ALCO EMS Agency has contractual agreements with first response and transport providers in our jurisdiction operational area to ensure appropriate and equitable response to incidents. ALCO EMS has designated EMS Coordinator liaisons within our Agency that provider agencies can coordinate with to resolve issues and plan for the future.

Alameda County EMS works collaboratively with receiving facilities to ensure efficient basic services and comprehensive, quality specialty care services to include pediatric, STEMI, stroke, trauma, and cardiac arrest care.

ALCO EMS conducts several on-going meetings with all the above system participants to maintain open communication and coordination of efforts.

Overall, we have a well-coordinated system that serves our community and anticipates future needs and adapts to those.

### NEED(S):

None currently.

### OBJECTIVE:

Maintain collaborative relationships with all of our system partners to ensure the delivery of quality services to our community.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 1.14 POLICY & PROCEDURES MANUAL

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS: MEETS MINIMUM STANDARDS

For many years, the Alameda County EMS Agency has established administrative policies that cover a wide range of areas, including operational, clinical, and administrative topics. Alameda County EMS began work in 2023 to update these policies and is continuing to update policies as needed through internal EMS input and by leveraging input from system-wide stakeholders and the public.

Additionally, Alameda County EMS Agency has a field manual and an accompanying digital application that contains clinical and operational guidelines for field providers to reference. A new 2024 version of this was published this year. Refer to the “2024 Field Manual – Alameda County EMS Final Book”

- [2024 Alameda County EMS Field Manual](#)

### NEED(S):

Complete updates to the Alameda County EMS Agency’s administrative policies.

Conduct a gap analysis to determine if there are any policies that need to be put in place.

Ensure all policies are easily accessible to all.

### OBJECTIVE:

To have up-to-date policies for all needed topics that are easily accessible.

### TIME FRAME FOR MEETING OBJECTIVE:

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



## 1.15 COMPLIANCE WITH POLICIES

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS : MEETS MINIMUM STANDARD

The Alameda County EMS Agency utilizes multiple mechanisms to monitor and ensure compliance with policies and contractual terms. This includes pathways for self-reporting, reporting, contract audits, and automated monitoring/reporting.

The Alameda County EMS Agency utilizes technological platforms to monitor aspects such as response time requirements, Ambulance Patient Offload Times (APOT), and clinical benchmarks. Alameda County EMS also ensures these same technological platforms are available to our provider agencies to encourage and facilitate internal monitoring.

When deficiencies are noted, Alameda County EMS works closely with the agency or individual involved to ensure awareness of the standards and develop plans to assist to those involved to return to compliance with the established standards and/or take disciplinary measure if deemed appropriate in accord with State Statutes and Regulations. If needed, this is also followed up with directives to assist those involved to remain in compliance.

Alameda County EMS also conducts routine reviews of policies and standards to ensure that they are up-to-date, reasonable, and rationale for the system.

### NEED(S):

None currently.

### OBJECTIVE:

None currently.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 1.16 FUNDING MECHANISM

### MINIMUM STANDARDS:

Each local EMS agency shall have a funding mechanism, which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund.

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: MEETS MINIMUM STANDARD

The Alameda County EMS CSA was formed in 1983 to provide emergency medical services throughout the county, and it covers the total cost to Alameda County for providing ambulance, paramedic, trauma care and related services, including emergency medical dispatch and associated EMS program activities. With the passage of Proposition 218 in November 1996, EMS charges no longer met the definition of “benefit assessment.” Therefore, a special tax, Measure C, to replace the benefit assessment was approved by Alameda County voters in 1997 with more than the required two-thirds majority with 81.4% of voters voting Yes. This special tax measure also authorizes the Board of Supervisors to adjust the tax once a year in an amount not to exceed the increase in Consumer Price Index (CPI) for the San Francisco-Oakland-San Jose area. This year, the Alameda County Board of Supervisors is expected to approve an increase for Fiscal Year 2023-2024 based on the February 2023 San Francisco-Oakland-San Jose area CPI increase data released by the Bureau of Labor Statistics.

Additionally, ALCO EMS receives funding through Measure A which supports EMS Corps, injury prevention, and behavioral health programs.

ALCO EMS annually pursues and receives grant funding through the State Homeland Security Grant Program (SHSGP) and the Bay Area Urban Areas Security Initiative (BAUASI) for disaster preparedness and community education initiatives.

The Health Emergency Preparedness & Response (HEPR) division receives grant funding through multiple federal and state programs such as the Center for Disease Control’s (CDC’s) Cities Readiness Initiative (CRI), CDC’s Public Health Emergency Preparedness (PHEP), and Office of the Assistant Secretary for Preparedness and Response (ASPR’s) Hospital Preparedness Program (HPP).

### NEEDS:

Identify existing or new funding streams for potential system subsidies, system expansion, and implementation of innovative or novel programs.

### OBJECTIVE: (Long Range)

Monitor annual increase in Measure C funding to insure sustainment of existing programs, staff, and services as well as opportunities for additions or expansions.

Continue pursuing current and identify new grant funding sources.

Evaluate additional opportunities to expand or establish new sustainable funding streams.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 1.17 MEDICAL DIRECTION

### MINIMUM STANDARDS:

Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of pre-hospital and hospital providers.

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: MEETS MINIMUM STANDARD

Alameda County has a comprehensive plan and program for the provision of on and off- line **medical direction** within the EMS system.

The plan identifies Highland Hospital as the system Base Hospital

- Current Base Hospital (Alameda Health System – designated since 2004).
- MOU with \$200,000 annual subsidy completed- 7/1/2021-6/30/2024.
- Sole Base Hospital Agreement for the County
- Base Hospital Coordinator and Medical Director assigned. Kristen Bascombe MD is the Base Hospital Medical Director Jan 2024 to the present
- All calls are recorded and evaluated as part of the QI process to ensure appropriate direction
- Monthly Base Hospital calls are reviewed at our monthly Clinical Quality Council

### NEED(S):

Renew contract with Highland Hospital for Base station services

### OBJECTIVE:

#### SHORT-RANGE PLAN:

- Update / revise Base Hospital Course for second year residents in Alameda County Health Center as necessary

#### LONG-RANGE PLAN:

- Review subsidy & MOU for new contract

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 1.18 QA/QI

### **MINIMUM STANDARDS:**

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

### **RECOMMENDED GUIDELINES:**

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

### **CURRENT STATUS: MEETS MINIMUM STANDARD**

The Alameda County EMS Agency has had a well-established QA/QI program for many years that guides many system activities. The ALCO EMS Directors and QI Coordinators provide on-going review and refinement to the QI program on a regular basis. Refer to the Alameda County QI Plan 2024.

- [Alameda County EMS Quality Improvement Plan 2024](#)

Additionally, all of the provider agencies, including first response, 911 transport, and non-emergency permitted providers, are all required to and currently have in place a QA/QI program for their agency, which is submitted to the ALCO EMS Agency for review and approval.

### **NEED(S):**

Continued review and revision of the Alameda County EMS QI plan with input from partner agencies

Ensure countywide compliance with the Alameda County EMS QI plan

Work with provider agencies throughout the County to ensure QI plans are in place and are being complied with.

### **OBJECTIVE:**

Ensure our Agency and provider agencies have robust and meaningful QI plans in place.

### **TIME FRAME FOR MEETING OBJECTIVE:**

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

## 1.19 POLICIES, PROCEDURES, PROTOCOLS

### MINIMUM STANDARDS:

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

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS: MEETS MINIMUM STANDARD

The Alameda County EMS Agency has both an EMS administrative policy and field manual that covers all the minimum standards listed above and additional policies, procedures, and protocols to cover operational and clinical standards.

Alameda County EMS began the process of reviewing and updating the administrative policy manual in 2023 and will finish these updates in 2024.

The field manual and the associated digital application covers the majority of these areas and this manual and digital application is typically updated on an annual basis. The 2024 manual has been released: [2024 Alameda County EMS Field Manual](#)

All policies, procedures, and protocols are reviewed utilizing internal input, stakeholder engagement, and public comment.

### NEED(S):

Complete review and update the administrative manual

Continue reviewing the field manual and digital application.

### OBJECTIVE:

To ensure up-to-date comprehensive policies, procedures, and protocols to guide system activities.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 1.20 DNR POLICY

### MINIMUM STANDARDS:

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

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency has a comprehensive "Death in the Field" protocol within the Agency's field manual and accompanying digital application that contains guidance regarding DNR situations in line with EMSA's #311 guidelines.

- [2024 ALAMEDA COUNTY EMS FIELD MANUAL](#)

**NEED(S):** None.

**OBJECTIVE:** None.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 1.21 DETERMINATION OF DEATH

### MINIMUM STANDARDS:

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

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency has a comprehensive “Death in the Field” protocol within the Agency’s field manual and accompanying digital application that contains guidance regarding determination of death in medical and trauma scenarios and management of death at a suspected crime scene.

### NEED(S):

Review the current “Death in the Field” policy and revise as needed.

### OBJECTIVE:

Ensure the policy is up to date, useful, and relevant in accordance with evidence-based medicine

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 1.22 REPORTING OF ABUSE

### MINIMUM STANDARDS:

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

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: MEET MINIMUM STANDARD

The Alameda County EMS Agency has a policy and procedure outlined for the reporting of child abuse and/or elder abuse to the appropriate County agencies, which was updated in 2023 to ensure easy to use and accessible reporting options. Suspected SIDS deaths are reported to Law Enforcement and/or receiving facility staff. Refer to the 2024 EMS Policy Manual: [ALAMEDA COUNTY EMS FIELD PROTOCOLS](#)

Alameda County EMS also has a procedure located in our Field Manual to help field providers to screen for domestic violence and connect those who screen positive during that assessment with appropriate resources. In 2023, ALCO EMS conducted updated training for the recognition and care of domestic violence victims.

In 2023, ALCO EMS updated policies to include screening for and reporting of suspected human trafficking and developed associated training for this policy for all Alameda County EMS providers.

### NEED(S):

None.

### OBJECTIVE:

None.

### TIME FRAME FOR MEETING OBJECTIVE:

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



## 1.23 INTERFACILITY TRANSFER

### MINIMUM STANDARDS:

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

**RECOMMENDED GUIDELINES:** None.

**CURRENT STATUS: MEETS MINIMUM STANDARD.** Refer to policies listed below.

- **INTERFACILITY TRANSFERS**
  - Refer to the Alameda County Emergency Medical Services Field Manual, Operations Section on the ALCO EMS website:
    - [2024 Alameda County EMS Field Manual](#)
- **CRITICAL CARE PARAMEDIC (CCP) POLICIES**
  - Refer to the Alameda County EMS Website:
    - [ALAMEDA COUNTY EMS CCP FIELD MANUAL](#)
    - [Bay Area Critical Care Paramedic Guidelines \(BACCP\)](#)
- **ALAMEDA COUNTY CRITICAL MEDICAL PATIENT TRANSFERS**
  - Refer to the Alameda County EMS Website:
    - [2024 Alameda County EMS Field Manual](#)

### OBJECTIVE:

MONITOR TO DETERMINE IF CURRENT POLICIES NEED TO BE UPDATED

- Alameda County EMS will follow up on Unusual Occurrence Reports. These Unusual Occurrence Reports are submitted by facilities and/or transport providers.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 1.24 ALS SYSTEMS

### MINIMUM STANDARDS:

Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS: MEETS MINIMUM STANDARDS

### PROGRESS TO DATE:

Alameda County has 5 exclusive operating areas (EOA). Four EOAs are in cities and are run by the fire departments – Alameda, Albany, Berkeley, and Piedmont. The rest of the county is an EOA for which Falck won the RFP and started service July 1, 2019. All of the transport providers have agreements in place with the LEMSA. The remainder of the fire departments (with the exception of East Bay Regional Parks) are ALS departments and also have signed agreements in place with the LEMSA.

We successfully completed our stakeholder meetings which culminated in a ground-breaking new EMS system design and that RFP was approved by EMSA and released in January 2024.

**NEED(S):** Completion of the current RFP process.

#### Short-Range Plan (one year or less)

- Completion of RFP process.
- Further relationships with fire departments and ambulance providers to decrease the effects of staffing issues as all have current, signed agreements.
- Advance new policies and partnerships with all transport providers and hospitals to drive our APOT times down.

#### Long-Range Plan (more than one year)

- Negotiate contract and implement new system.

### OBJECTIVE:

Maintain current system and further partnership improving the care of our patients as the system is currently structured and conclude the RFP that includes innovation to deliver the most appropriate, timely care to our community.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 1.25 ON-LINE MEDICAL DIRECTION

### MINIMUM STANDARDS:

Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

### RECOMMENDED GUIDELINES:

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

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

### CURRENT STATUS: MEETS MINIMUM STANDARD

Currently, Alameda County EMS has an established contractual agreement through 2024, which is currently being renewed through 2027 with Alameda Health System – Highland Hospital as the sole base hospital for on-line medical direction in Alameda County.

Through contract and policy, ALCO EMS has established standards for which physicians are authorized to serve in the capacity of Base Hospital Physician. ALCO EMS has also established responsibilities for on-going reporting, review of base hospital contacts and medical direction communications.

Pursuant to Title 22 Chapter 4 § 100170, Medical Control, the medical director of our LEMSA has established and maintained medical control by establishing policies which provide for direct voice communication between a paramedic and a base hospital physician as needed, and maintenance of records of communications between the service providers(s) and the base hospital through tape recordings and through emergency department communication logs sufficient to allow for medical control and continuing education of the EMT or paramedic.

All provider agencies are required to and have designated medical directors in-house for the purpose of off-line medical direction.

### NEED(S):

Revise and renew on-line medical direction contract with Alameda Health System – Highland Hospital and ensure the contract/program has a robust QI plan.

### OBJECTIVE:

To have a contract for on-line medical direction that is beneficial for EMS providers throughout the County and helps drive needed system improvements.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 1.26 TRAUMA SYSTEM PLAN

### MINIMUM STANDARDS:

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

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

### RECOMMENDED GUIDELINES:

CALIFORNIA CODE OF REGULATIONS TITLE 22. SOCIAL SECURITY  
DIVISION 9. PREHOSPITAL EMERGENCY MEDICAL SERVICES  
CHAPTER 7. TRAUMA CARE SYSTEMS  
Article 2. Local EMS Agency Trauma System Requirements  
§ 100256. Trauma Plan Development

### CURRENT STATUS: MEETS MINIMUM STANDARDS

(Compliant with current CA State Trauma Care Systems Regulations)

Refer to sections and plans:

- 1.07 (Trauma Planning) Progress Update Form 2023-24
- 1.19 (Policies, Procedures, Protocols) Progress Update 2023-24
- 1.27 (Pediatric System Plan) Progress Update Form 2023-24
- Trauma System Plan 2023-24

### NEED(S):

Trauma system assessment

- Review and update trauma care system plan as needed.
- Improve/strengthen ALCO trauma care system by Continuous monitoring and evaluation of trauma system performance for needed policy/protocol modification, with the intention to improve system operations, quality/continuity of care, and optimize patient outcomes.

### OBJECTIVE:

Improve/strengthen ALCO trauma care system by continuous monitoring and evaluation of trauma system performance for needed policy/protocol modification to improve system operations, quality/continuity of care, and optimize patient outcomes.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 1.27 PEDIATRIC SYSTEM PLAN

### MINIMUM STANDARDS:

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

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

**RECOMMENDED GUIDELINES:** None.

**CURRENT STATUS:** **'MEETS MINIMUM STANDARD'**

Refer to sections and plans:

- 1.07 (Trauma Planning)
- 1.19 (Policies, Procedures, Protocols)
- 1.23 (Inter-facility Transfer)
- 1.26 (Trauma System Plan)
- 1.27 (Pediatric System Plan)
- 5.01 (Assessment of Capabilities)
- 5.10 (Pediatric System Design)
- 5.11 (Emergency Departments)

### CA EMSC REGULATIONS AND EMSC SYSTEM PLAN

- Alameda County EMS is planning to submit the EMSC System plan to state EMSA in 2024
- Implementing Pediatric System Design changes to strengthen EMSC program.
- Preparing new 2024 contract with UCSF Benioff Children's Hospital Oakland and SF Mission Bay for continued Pediatric Readiness Site visits, ImPACT Simulation training, and "just in time" pediatric clinical expertise with pediatric resource packets
- Scheduling bi-annual ALCO EMS PedRC / EMSC meeting with healthcare system partners. Next Meeting is scheduled May 15, 2024.
- EMSC PROGRAM AND WORKPLAN includes:
  - 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 requirements for Hospitals. \*
  - Pediatric patient destination policies - EMS agency

### PEDIATRIC SURGE PREPAREDNESS AND EXERCISES

- Developed and revised the Alameda County Pediatric Surge Annex with the Western Regional Alliance for Pediatric Emergency Management (WRAP-EM) Pediatric Surge PLAYBOOK 2023. ALCO EMS Coordinator is a contributor author to the WRAP-EM Surge PLAYBOOK
- Provided training to the ALCO DPHC on the Pediatric Surge Annex, WRAP-EM Pediatric Surge PLAYBOOK & CA CDPH Pediatric Surge Annex to Patient Movement Plan.
- Leveraging partnerships with pediatric experts including WRAP-EM, Pediatric Pandemic Network (PPN), and National Pediatric Disaster Coalition (NPDC). ALCO EMSC Coordinator is the EMS Liaison to NPDC
- ALCO EMS Surge Lead presented the Pediatric Surge PLAYBOOK poster at the October 22, 2023 AAP Conference in Washington DC and at the CDPH Emergency Preparedness Training Workshop 2023.
- Completed, disseminated, and tested pediatric surge annex components with healthcare system partners in the 2/29/2024 Chemical / Pediatric Surge VTTX and Medical Response Surge Exercise (MRSE).

**RECEIVING HOSPITAL PEDIATRIC READINESS AND SURGE CAPABILITY**

- Pediatric Critical Care Trauma Center – Level 1 – UCSF Benioff Children’s Hospital is the designated Trauma Center
- Hospitals are expected to have pediatric receiving center readiness capability (PedRC) aligned with the CA EMSC regulations. Hospitals have designated a Pediatric Emergency Care Coordinator (PECC) physicians and nurses.
- All receiving hospital pediatric site visits were conducted in 2023 with UCSF Benioff Children’s Hospital Oakland and Mission Bay. The feedback reports and customized pediatric resource packets were disseminated to all participating hospitals. In 2024, follow-up conference calls have been or will be scheduled in 2024 to provide feedback and to identify pediatric needs
- Preparing new contract with UCSF Benioff Children’s Hospital, Oakland and Mission Bay, San Francisco, for Hospital Site Visits and ImpACT simulation training. Planning to integrate EMSC regulation requirements and prehospital assessments with PECC designations
- Shared CA EMSC Regulations EMSA implementation plan with Receiving Hospital partners
- All receiving hospitals completed the National Pediatric Readiness Project (NPRP) Survey in 2023
- Pediatric Site Visits will provide data on trauma re-triage. Education provided on Trauma Re-triage policy.

**PEDIATRIC QI - CQI DATA COLLECTION**

- CHILDREN INTEGRATED IN EMS QI DATA COLLECTION:

- Refer to ALCO EMSC System Plan for pediatric data metrics (to be submitted in 2024)
- Pediatric Hospital and Prehospital QI Data highlights include:

Alameda County EMS Pre-Hospital Metrics_Pediatric (≤14yrs)		
Category	Metric Name	Metric Description
Cardiac	PCAR -1	Cardiac Arrest Survival - Non-Traumatic Arrest
	PCAR-2	Cardiac Arrest Hospital Admissions - Non-Traumatic Arrest
Respiratory / Airway	PRESP-1	Respiratory Assesment for Respiratory Distress
	PRESP-2	Bronchodilator Administration for Bronchospasm (Transports Only)
	PRESP-3	Supraglottic Airway Device - I-GEL Success Rates
Trauma	PTRA-1	90th Percentile Scene Times for Trauma Alerts
	PTRA-2	Trauma Alerts Transported to a Pediatric Trauma Receiving Center
	PTRA-3	Patients Meeting Critical Trauma Criteria documented as a Trauma Alert
	PTRA-4	Appriate Use of Pediatric Trauma Re-Triage
Medication Administratio	PMED-1	Accuracy for all Weight-Based Pediatric Medication Administrations
Seizures	PSEIZ-1	Midazolam Administration for Active Seizures
Pain	PPAIN-1	Fentanyl Administered for Pain ≥ 7
Other	PEDS-1	Treatment Administered for Hypoglycemia with Altered Mental Status
	PEDS-2	Blood Pressure Assessment for Patients < 3 years of age
	PEDS-3	Weight or Pedatape Color for all Patients Receiving a Weight-Based Medication
	PEDS-4	Blood Glucose Level Assessment for Altered Mental Status
	PEDS-5	Appropriate Destination for Pediatric's on an Involuntary Psychiatric Hold (5585) (≤17yrs)

- Other pediatric data systems, metrics and reports include:
  - APOT Report and Change in Wall time- control chart
  - QI Reports = Pediatric Destinations/Transports (by Primary Impression); Trauma Reports and Psych patients
  - ED Pediatric Readiness Site Visit Reports
  - First Watch

**ALAMEDA COUNTY EMS POLICIES AND PROCEDURES**

– EMSC AUDIT PROCESS INTEGRATED IN EMS QI ACTIVITIES

- Alameda County QI Plan 2024 (Pediatric System of Care integrated in EMSC and QI Plans)
- PedRC recommendations aligns with EMSC Regulations
- ALCO EMS Administrative Policies include:
  - Hospital Responsibilities and Policy and Skills Competency
  - Trauma Audit Process Policy
  - Unusual Occurrence Policy
- National Pediatric Readiness Project (NPRP) Reports and Hospital Pediatric Site Visit Reports

## **ALCO EMS QI**

Activities with focus on children and pediatric transports include:

- Contract compliance monitoring – UCSF Benioff Children’s’ Hospital Pediatric Readiness Project.
  - Hospital Assessment and QI provided by Pediatric Readiness Project with UCSF Benioff Children’s Hospital and Mission Bay Hospital
- Review – Unusual occurrence impacting children process
- Integrating the prehospital EMS providers in the Pediatric Readiness Project. EMS 911 Transport providers will participate in the on-line National Prehospital Pediatric Readiness Project Assessment in May 2024.

## **INVESTIGATIONS**

- Contract compliance monitoring – UCSF Benioff Children’s’ Hospital Pediatric
- 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

## **PEDIATRIC COMMUNICATIONS - REDDINET**

- Developed customized assessment polls with pediatrics
- Conducted remote virtual training with multiple hospital sites during the real events and exercises.
- Prepared to implement pediatric bed polling and customized assessments. New ReddiNet Administrative policy has been implemented in 2024.

## **PEDIATRIC INTEGRATION DURING “REAL EVENT” RESPONSE**

- The goals included ALCO EOC to Hospital Command Center coordination, pediatric medical surge, and communications with cross sector healthcare partners.
- EMSC Coordinator facilitated COVID-19 Therapeutic allocation including with UCSF Benioff Children’s Hospital, Oakland and will support in future if needed
- Alameda County EMS leverages pediatric experts and partners to develop a comprehensive EMSC program work plan and clinical expertise in “real time” events

## **ALAMEDA COUNTY EMS POLICIES**

- 2024 EMS Field Manual – Reviewed and updated pediatric policies as needed

## **TRAIN – TRIAGE RESOURCE ALLOCATION FOR INPATIENT**

- Promoting the Triage by Resource Allocation for In-patients (TRAIN) project. Supporting Sutter Hospital TRAIN implementation project in Alameda County

## **PEDIATRIC INTEGRATION - COMMITTEES**

- EMSC and Pediatric Readiness integration in quarterly Receiving Hospital Meetings
- UCSF Benioff Children’s Hospital & Mission Bay, San Francisco Pediatric Readiness Project Contract meeting occurs quarterly
- Updated Pediatric Resources and ensure access with system partners via ED Receiving Hospital Committee, HCC - Disaster Preparedness Coalition (DPHC), QI Meetings, EMSC, and Hospital Disaster Preparedness Committees
- Ensure pediatric issues are addressed in all EMS programs and committees: Quality Improvement, Trauma, Disaster, Injury Prevention, IFT, Falck 911, and Region II ABAHO Projects
- Facilitating semi-annual Pediatric QI & EMSC meetings with partners and stakeholders
- Ensure EMSC coordination and collaboration with Child Injury prevention program
  - Refer to Alameda County EMS Website - Alameda County Ems Prevention PROGRAMS
- EMSC integration in Trauma Program – Refer to Trauma System Plan 2024
- EMSC Coordinator participates on the CA EMSC-TAC Committee and Disaster Projects; CDPH/EMSA Pediatric Surge project committee as needed; and supports the ASPR Speaker Series

- EMSC Coordinator supports Pediatric Centers of Excellence Project Grant, Pediatric Pandemic Network, and Western Regional Alliance Planning Emergency Management Team as needed

**PEDIATRIC RESOURCES AND LOGISTICS**

- EMS and MHOAC Procurement Center (established during COVID-19) continues to include pediatric resource procurement to meet operational needs

**NEED(S):**

Implement the new UCSF Pediatric Readiness Contract and Project Site Visits with prehospital integration.

Facilitate Health Data Exchange (HDE) with UCSF Benioff Children’s Hospital, Oakland and other hospitals

**OBJECTIVE:**

**ALAMEDA COUNTY EMS FOR CHILDREN BENCHMARKS:**

- Implementation EMSC Regulations with PedRC benchmarks
- 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 in hospitals and with prehospital providers
- Strengthen pediatric medical surge and disaster plans including the Pediatric Surge Annex to the HCC Pediatric Response Plan Annex
- Ensure pediatric resources are disseminated to healthcare partners via Alameda County EMS Website; google list 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 Committees
- Strengthen HDE with all hospitals with pediatric benchmarks
- Promote Pediatric Resource Information via Alameda County EMS Website, National Pediatric Disaster Coalition Googlelist Serve, ASPR Tracie Pediatric Resources, and PPN, WRAP-EM Websites

**NEED(S):**

**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.

**SHORT-RANGE/ LONG RANGE**

- Continue to assess the local ED and prehospital pediatric capability. Facilitate hospital and ALS EMS provider pediatric readiness with focus on pediatric medical surge.
- Implement CA EMSC regulation guidelines - Strengthen the program consistent with CA EMSC regulations.
- Continue to promote the TRAIN Model with focus on NICU.
- Continue to support the WRAP-EM and HRSA Pediatric Pandemic Network (PPN) projects

**TIME FRAME FOR MEETING OBJECTIVE:**

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



## 1.28 EOA PLAN

### MINIMUM STANDARDS:

The local EMS agency shall develop and submit for State approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas, that determines: a) the optimal system design for ambulance service and advanced life support services in the EMS area, and b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: MEETS MINIMUM STANDARD

Pursuant to Section 1797.224 of the California Health and Safety Code, ALCO EMS has established 5 exclusive operating areas (EOAs) for 9-1-1 ambulance transport services.

Four of the EOAs are granted through an exclusive non-competitive process due to grandfathering city fire departments that provided ambulance services prior to The Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act of 1980. The four grandfather EOAs are the city of Alameda, the city of Albany, the city of Berkeley, and the city of Piedmont. The city of Berkeley EOA includes the state property of UC Berkeley and the federal property at Lawrence Berkeley Lab.

The fifth EOA encompasses the remainder of Alameda County and is granted through an exclusive competitive process. This EOA was last competitively bid in 2018 with the winning contractor implementing service in July of 2019. The current contractor has been awarded the EOA for a 5-year term and a 2-year extension ending in June of 2026.

Lawrence Livermore National Lab (LLNL) is federal property and is exempted from the EOAs. Ambulance transport services for LLNL is provided through a federal contract with Alameda County Fire District.

First Response Advanced Life Support (FRALS) services is provided throughout all EOAs by fire departments or districts within each jurisdiction. The need for the provision of Advanced Life Support (ALS) transport services is determined through a tiered response informed by the Medical Priority Dispatch System (MPDS) and further local call prioritization as determined by historical clinical and operational data under the discretion of the Alameda County EMS Agency Medical Director's medical control. ALS transport services are provided through either an ALS ambulance staffed with at least one paramedic or through the combination of a basic life support (BLS) ambulance and a paramedic staffed quick response vehicle (QRV).

### NEED(S):

Maintenance of existing EOAs.

Maintenance and continuous review of tiered responses.

### OBJECTIVE:

Conduct competitive process for provision of ambulance services in fifth EOA described above.

Maintain continuous provider agreements for provision of ambulance services with non-competitive grandfathered fire department providers in other established EOAs.

Maintain continuous provider agreements for provision of FRALS by fire departments and districts within each jurisdiction.

Continually review MPDS and local call prioritization to ensure appropriate community response.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## 2.01 ASSESSMENT OF NEEDS

### MINIMUM STANDARDS:

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

**RECOMMENDED GUIDELINES:** None.

**CURRENT STATUS:** *MEETS MINIMUM STANDARD*

Refer to the Alameda County QI Plan 2024, Pediatric Surge Annex, EMS for Children System Plan, and the Alameda County EMS System Plan following sections:

- 1.12 (Review and Monitoring)
- 1.18 (QA/QI)
- 1.27 (Pediatric System Plan)
- 5.01 (Assessment of Capabilities)
- 5.10 (Pediatric System Design)
- 5.11 (Emergency Departments)
- 5.12 (Public Input)
  
- 2024 QI PLAN

As part of the annual protocol updates conducted in Q3 and Q4 of 2023, Alameda County EMS surveyed field providers to determine what types of education and training they would like to receive and needed. ALCO EMS obtained nearly 900 responses and are using the feedback to develop training for the next year and in the future.

Alameda County EMS conducted Pediatric Readiness Site Visit Assessments and ImPACT simulation training for the ALCO receiving hospitals. The National Pediatric Readiness Assessment (NPRP) evidenced based assessment was utilized to identify the hospital pediatric readiness gaps. Based on the assessment, customized pediatric resource packets and follow-up pediatric training is planned for 2024.

### NEED(S):

Improve provider patient care and patient outcomes.

Develop and deploy training in accord with the survey findings described above.

### OBJECTIVE

Develop and conduct training on the subject areas that EMS providers request. Conduct Alameda County EMS system-wide training sessions regarding policy changes – conducted annually following the policy review process and prior to the implementation of new policies.

Assess pediatric resources and readiness for all Alameda County Receiving Hospitals consistent with the CA EMS for Children regulations and the evidence based National Pediatric Readiness Project (NPRP) benchmarks.

Conduct pediatric ImPACT simulation training with feedback for all hospitals with UCSF Benioff Children’s Hospital

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 2.02 APPROVAL OF TRAINING

### MINIMUM STANDARDS:

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

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: Meets Minimum Standards

The Alameda County EMS Agency has a mechanism to approve and monitor EMS Education Programs using the State regulations under Title 22, Division 9 -Prehospital Emergency Medical Services.

These Alameda County EMS Education Programs include:

- Paramedic Programs
- Emergency Medical Technician Programs
- CE Providers
- Public Safety First Aid (PSFA)

**NEED(S):** None

### OBJECTIVE:

Continue evaluating EMS Education Programs applying for accreditation.

Monitor compliance standards of the approved EMS Education Programs.

Obtain consistency from the EMS Education Programs.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 2.03 PERSONNEL

### MINIMUM STANDARDS:

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

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: *MEETS MINIMUM STANDARD*

- Review DOJ/FBI reports as appropriate of licensed EMT personnel
- Oversight of EMT and paramedic training programs, with guidance as appropriate
- Mandatory county orientation, which is held on a monthly basis, for all EMTs and paramedics entering the system
- Facilitate intern candidate orientation.
- Facilitate paramedic preceptor training.
- Collaboration with clinical education and training service divisions of county EMS providers and other allied agencies
- Online reporting capability for unusual occurrences related to EMS performance issues as well as system issues.

### NEED(S):

Enabled enhance online reporting and application system through an online Image Trend based portal.

### OBJECTIVE:

Continue collaboration and coordination with EMS providers, other allied agencies, and training programs.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 2.04 DISPATCH TRAINING

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS: *MEETS MINIMUM STANDARD*

**EMD**--Alameda County maintains two IAEMD ACE Accredited EMD Centers of Excellence.

**ACRECC (Alameda County Regional Emergency Communications Center)**--provides EMD services for all areas of the County other than the City of Oakland. ACRECC also dispatches first responder and ambulance transport apparatus for several municipalities as well as Falck Alameda County.

**Oakland Fire Department**-- provides EMD services for the City of Oakland.

### **MEDICAL DISPATCH REVIEW COMMITTEE (MDRC)**

- 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 and maintaining cross-center dialogue has improved our data collection with respect to MPDS activities.
- This improved data collection has provided us the means to assess the effectiveness of our MPDS implementation more accurately.

### NEED(S):

Work with all Dispatch Centers regarding education and specific QA/QI for calls that are potentially cardiac arrest in origin and warrant Dispatch Assisted Pre-Arrival CPR and AED instructions.

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. Develop and maintain bi-directional CAD to CAD communications links between all PSAP and Emergency Dispatch Centers.

### OBJECTIVE:

Continuously monitor system response compliance to ensure the most priority patients receive the most priority response.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 2.05 FIRST RESPONDER TRAINING

### MINIMUM STANDARDS:

At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.

### RECOMMENDED GUIDELINES:

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

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

### CURRENT STATUS: MEETS MINIMUM STANDARDS

#### TRAINING – POLICIES AND AGREEMENTS – Requirements

- Refer to the **Alameda County 2024 Field Manual** – General Operational Policies (Available on the Alameda County EMS – website: [ALAMEDA COUNTY EMS FIELD PROTOCOLS](#))
- Emergency Medical Technicians - A completed EMT Skills Verification Form (EMSA-SCV 01/17) is required for those individuals who are either renewing or reinstating their EMT certification every two (2) years.

#### PROVIDER CONTRACTS/AGREEMENTS

- Refer to the EMS First Responder Advanced Life Support Services Agreements (FRALS) with Fire Departments

#### **Emergency Medical Services First Responder Advanced Life Support (Paramedic) Services Agreements:**

- [First Responder Advanced Life Support Services Agreement - City of Alameda](#)
- [First Responder Advanced Life Support Services Agreement - City of Albany](#)
- [First Responder Advanced Life Support Services Agreement - City of Berkeley](#)
- [First Responder Advanced Life Support Services Agreement - City of Dublin](#)
- [First Responder Advanced Life Support Services Agreement - City of Emeryville](#)
- [First Responder Advanced Life Support Services Agreement - City of Fremont](#)
- [First Responder Advanced Life Support Services Agreement - City of Hayward](#)
- [First Responder Advanced Life Support Services Agreement - City of Livermore](#)
- [First Responder Advanced Life Support Services Agreement - City of Newark](#)
- [First Responder Advanced Life Support Services Agreement - City of Oakland](#)
- [First Responder Advanced Life Support Services Agreement - City of Piedmont](#)
- [First Responder Advanced Life Support Services Agreement - City of Pleasanton](#)
- [First Responder Advanced Life Support Services Agreement - City of San Leandro](#)
- [First Responder Advanced Life Support Services Agreement - City of Union City](#)

**NEED(S):** None

### OBJECTIVE:

To provide at least one person on each non-transporting first response unit trained in first aid and CPR every two years - **COMPLETED.**

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 2.06 RESPONSE

### MINIMUM STANDARDS:

Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: MEETS MINIMUM STANDARDS

Refer to Alameda County EMS System sections and plans:

- 2.12 (Early Defibrillation)
- Public safety agencies and industrial first aid teams are encouraged to respond to medical emergencies and are utilized in accordance with local EMS agency policies.
  - Alameda County EMS held Stop the Bleed and CPR training at the Oakland Airport in 2023

### EMS Policy Manual

Refer to the Alameda County Administration and Policy Manual 2024 (Available on the Alameda County EMS Website):

<https://ems.acgov.org/ClinicalProcedures/FieldTreatmentProtocols.page>

- [2024 Alameda County EMS Field Manual](#)

### Tactical Medicine

- All prehospital training is in accordance with EMSA/POST approved tactical medicine curriculum. Currently offering Tactical Medical Technician (TMT) 40-hour classes projected have resumed. TMT is POST, EMSA and LEMSA approved.
- The annually held SWAT Challenge is a coordinated endeavor that is 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.
- ALCO EMS has become an approved National Association of EMTs training site to provide the Tactical Emergency Casualty Care (TECC) credential.

### Tactical Emergency Medical Support (TEMS) Team

- In conjunction with the County EOA Contractor, ALCO EMS has implemented and continues to develop an active Tactical Emergency Medical Support (TEMS) program including 40 hours of training via a California EMS Authority approved curriculum and level IIIA ballistic protection for tactical EMS personnel.
- Maintained routine operation of the ALCO TEMS team in responding to high threat/ high consequence incidents county-wide.

### EMS and Clinic Field Treatment Site Co-Location Project

- ALCO EMS held a Co-location tabletop exercise in April 2022. An in person multi-agency exercise will be held in June to follow with three different clinic agencies.
- ALCO EMS conducted two Co-location full scale exercises in Oakland on April 17, 2024, with La Clinica and West Oakland Health Centers. Patient Tracking was tested with EMS providers.
- The Oakland airport exercise in March and April 2024 tested non-medical collection points for family reunification and passenger gathering.

**NEED(S):** None

### OBJECTIVE:

Ramp up Tactical Medicine training and maintain routine operation of the ALCO TEMS team.

Complete Co-location project and continue MCI planning.

**TIME FRAME FOR MEETING OBJECTIVE:**

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



## 2.07 MEDICAL CONTROL

### MINIMUM STANDARDS:

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

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: MEETS MINIMUM STANDARDS

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- [Refer to 1.02 and 1.24 Form in this 2023 EMS System Plan](#)
- **Refer to 2024 QI Plan**
  - **Refer to the EMS Policy Manual 2024 (available on the EMS website or downloadable app)**
    - [ALAMEDA COUNTY EMS FIELD PROTOCOLS](#)
    - Refer to the Annual Protocols Update Training on the Alameda County EMS website and available upon request to Alameda County EMS
    - Printed books and IOS and Android applications are available for download
    - **Alameda County EMS Mobile Field Manual** (Free download) ( [iOS Devices](#) | [Android Devices](#) )
  - **Emergency Medical Services First Responder Advanced Life Support (Paramedic) Services Agreements:**
    - [Emergency Medical Services First Responder Advanced Life Support Services Agreement - City of Alameda](#)
    - [Emergency Medical Services First Responder Advanced Life Support Services Agreement - City of Albany](#)
    - [Emergency Medical Services First Responder Advanced Life Support Services Agreement - City of Berkeley](#)
    - [Emergency Medical Services First Responder Advanced Life Support Services Agreement - City of Dublin](#)
    - [Emergency Medical Services First Responder Advanced Life Support Services Agreement - City of Emeryville](#)
    - [Emergency Medical Services First Responder Advanced Life Support Services Agreement - City of Fremont](#)
    - [Emergency Medical Services First Responder Advanced Life Support Services Agreement - City of Hayward](#)
    - [Emergency Medical Services First Responder Advanced Life Support Services Agreement - City of Livermore](#)
    - [Emergency Medical Services First Responder Advanced Life Support Services Agreement - City of Newark](#)
    - [Emergency Medical Services First Responder Advanced Life Support Services Agreement - City of Oakland](#)
    - [Emergency Medical Services First Responder Advanced Life Support Services Agreement - City of Piedmont](#)
    - [Emergency Medical Services First Responder Advanced Life Support Services Agreement - City of Pleasanton](#)
    - [Emergency Medical Services First Responder Advanced Life Support Services Agreement - City of San Leandro](#)
    - [Emergency Medical Services First Responder Advanced Life Support Services Agreement - City of Union City](#)
- Provider contracts and service agreements are in place

**NEED(S):** None.

**OBJECTIVE:**

- SHORT-RANGE PLAN:
  - Ongoing Performance improvement monitoring
  
- LONG-RANGE PLAN
  - Renew MOUs when appropriate

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 2.08 EMT-I TRAINING

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

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

- Meets Minimum Standard

All emergency medical transport vehicles have personnel certified at least at EMT-1 level.

- EMT Certification - Required baseline
- Policy - Refer to Operations Policy "Staffing"
- All EMS provider contracts address training.

### NEED(S):

NO NEEDS AT THIS TIME

### OBJECTIVE:

Continue monitoring compliance with all standards.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 2.09 CPR TRAINING

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

None.

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

- Meets Minimum Standards

### Progress to Date

- Alameda County EMS Policies require all prehospital care providers to be trained in CPR.
  - Refer to 2.06 (Response)
  - Refer to 2.12 (Early Defibrillation)

### AED/PAD Program

- A contract was implemented in October 2021 with Via Heart Project to manage the 92 AEDs across the county. Via performed site visits to change all AED pads and ensure an AED coordinator had been identified at each location.
  - Agreement with Via Heart Project has a term of 3 years ending September 30<sup>th</sup> 2024. This contract is currently being renewed for another service period.

### CPR 9

- State legislation requires ninth graders that take health science be trained in CPR as a graduation requirement. Alameda County EMS has mostly transitioned formerly used resources for CPR 7 to support the ongoing CPR 9 efforts. Some CPR 7 sites decided to keep their programs, which Alameda County EMS still supports.

### Heart Screening

- Alameda County EMS has partnered with Via Heart Project as a co-sponsor for a one-day heart screening for community members 12-25 years of age. This service is FREE of charge as main sponsorship is secured by Via prior to the event.

**NEED(S):** None

### OBJECTIVE:

Execute contract renewal with Via Heart Project or other vendor to maintain AED community sites.

Coordinate with Alameda County Risk Management as needed

ALCO EMS has collaborated with Alameda County Risk management who is overseeing the AED program for County Government owned and leased spaces. (Risk Management provides CPR / AED training for county government personnel).

Ensure long term stability and maintenance of AED sites and programs.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 2.10 ADVANCED LIFE SUPPORT

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS: MEETS MINIMUM STANDARD

- Consistent with state EMSC Regulations, ALCO EMS ensures all hospital Physician Pediatric Emergency Care Coordinators (PECCs) shall be licensed in California and meet all the following minimum requirements: Be a qualified specialist in Pediatrics or Family Medicine, with PALS certification
- Consistent with state EMSC Regulations, ALCO EMS ensures all hospital nurse, nurse practitioner, and physician assistant PECCs shall be licensed in California and meet all the following minimum requirement: Shall have competency in resuscitation of pediatric patients of all ages from neonates to adolescents through a nationally recognized Pediatric Advanced Life Support course approved by EMS Agency.

### NEED(S):

Improve ED provider patient care and patient outcomes including pediatrics

### OBJECTIVE:

EMS will continue to work collaboratively with ED Directors and Managers to seek these adult and pediatric certifications for physicians and nurses.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 2.11 ACCREDITATION PROCESS

### MINIMUM STANDARDS:

The local EMS agency shall establish a procedure for accreditation of advanced life support personnel that includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the local EMS agency's quality assurance/quality improvement process.

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: ***MEETS MINIMUM STANDARD***

- Refer to the 2018 Administration Policies, 2022 EMS Field Manual Update, and the 2024 ALCO EMS Field Manual
  - 01/27/2022 - 2022 ALCO EMS Field Manual
  - [PDF Version of the 2024 ALCO EMS Field Manual](#)
- Alameda County EMS facilitates monthly Quality Council Meetings
  - Refer to the Alameda County 2024 EMS Continuous Quality Improvement Plan
- The **Alameda County EMS Orientation** is held monthly
- **Paramedic Accreditation information** is available on the Alameda County EMS website
  - [INDIVIDUAL CERTIFICATION/ACCREDITATION](#)
  - [EMT Initial Certification Application](#)
  - [EMT Recertification Application](#)
  - [Paramedic Accreditation Application](#)
  - [EMT Skills Competency Verification](#)
- **Policy 2000** was updated in Nov. 2021, Alameda County EMS has established a procedure for accreditation of ALS personnel that includes orientation to system policies and procedures. Contact Alameda County EMS for additional information.

### NEED(S):

Improve provider patient care and patient outcomes

### OBJECTIVE:

Improve policies, accreditation process

Ensure 2018 Administration Policies and 2024 EMS Field Manual Updates

Establish an online EMT certification and Paramedic accreditation application process

- <https://ems.acgov.org/CertsAccreditation/CertsAccreditation.page?>
- *Refer to the Alameda County EMS 2024 EMS Quality Improvement Plan*

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 2.12 EARLY DEFIBRILLATION

### MINIMUM STANDARDS:

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

**RECOMMENDED GUIDELINES:** None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

**Refer to EMS System plan sections and plans:**

- Section 2.06 (Response)
- Section 2.09 (CPR Training)
- 2024 QI Plan

### **AED/PAD PROGRAM**

- Alameda County EMS continues to support the placement of AEDs throughout Alameda County.
- The Alameda County AED locations are shared with the two 9-1-1 dispatch centers via PulsePoint.
- Alameda County EMS continues to have a designated AED Coordinator
- Alameda County EMS is planning to distribute 100 **Avive AEDs** for law enforcement vehicles to respond to cardiac arrests. ALCO EMS Coordinators are assessing law enforcement AED needs in each jurisdiction.

### **AED/PAD PROGRAM – HEARTSAFE PROJECT**

- In October 2021, Alameda County EMS implemented a contract with **Via Heart Project** to manage 92 Community AEDs across the county.
  - The Via Heart Project contractor deliverables includes performs site visits; replaces all community AED pads and batteries; ensure an AED coordinator has been identified at each location; and requires AED inspections tracked at each community site. The VIA Heart Project also tracks Alameda County EMS vehicle AEDS with required inspection checks and pad and battery replacement.
  - The VIA Heart Project offers CPR and AED training to the Alameda Community AED locations under if requested. The Alameda County EMS contract with VIA Heart Project does not include the training requirement.
  - Agreement with Via Heart Project has a term of 3 years ending September 30<sup>th</sup>, 2024, at which point terms, service, and performance are reviewed. Given the VIA Heart project vendor meets the contract deliverable requirements, the contract with Alameda County EMS is anticipated to be renewed.

### **PULSEPOINT**

- Alameda County EMS is collaborating with the PulsePoint vendor to update Alameda County AEDs within the PulsePoint APP. In addition. Alameda County Fire Departments are working with the PulsePoint Vendor to ensure accurate and timely updates for the Alameda County AED locations. Expansion of PulsePoint into the city of Oakland is currently in progress.

### **CERTIFICATION/RECERTIFICATION CHECKLIST**

- Refer to the EMS Administration Manual. Contact Alameda County EMS for additional information.
- <https://ems.acgov.org/CertsAccreditation/CertsAccreditation.page?>

### **PUBLIC SAFETY FIRST AID PROGRAMS**

- Implemented credentialing program as required by state regulation for Public Safety First Aid programs in 2022. Alameda County EMS continues to identify new programs 2023 and 2024
  - <https://ems.acgov.org/CertsAccreditation/CertsAccreditation.page>
  -
- Public Safety First Aid Providers are recognized through completion of initial training through an approved entity, and that recognition is maintained through completion of refresher training in accordance with regulation.
  - Refer to the [California Regulations](#) pertaining to Public Safety First Aid Providers

**NEED(S):**

Improve layperson, Public Safety, and BLS responses to cardiac arrest patients to improve patient outcomes

**OBJECTIVE:** Improve cardiac arrest survival

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

Implement Avive AEDs in Law Enforcement vehicles

Continue HeartSAFE Community AED project

Continue contract for HeartSAFE project with VIA Heart Project to maintain 92 Community AEDs for an additional 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.

**TIME FRAME FOR MEETING OBJECTIVE:**

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



## 2.13 BASE HOSPITAL PERSONNEL

### MINIMUM STANDARDS:

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

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: ***MEETS MINIMUM STANDARD***

- Alameda County EMS has a 3-year agreement with the Base Hospital – Highland Hospital (Alameda Health System) in Oakland which ends June 30, 2024. ALC EMS is in the process of developing a new 3-year contract which will start July 1, 2024

### NEED(S):

Improved base hospital physician medical direction to field providers

### OBJECTIVE:

Provide timely and appropriate Physician Medical Direction for field EMTs and Paramedics (Short and Long Range)

- Conduct Monthly Base Call Reviews
- Refer to 2024 QI PLAN
- Refer to 2024 EMS System Plan Sections:
  - 1.12 (Review and Monitoring)
  - 5.01 (Assessment of Capabilities)
  - 1.18 (QA/QI)
  - 3.01 (Communications Plan)

### TIME FRAME FOR MEETING OBJECTIVE:

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

### 3.01 COMMUNICATIONS PLAN

#### MINIMUM STANDARDS:

The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: *MEETS MINIMUM STANDARD*

#### REDDINET COMMUNICATIONS

- ReddiNet access and utilization is a priority bi-directional communications system. Alameda County EMS is expanding and leveraging new user partners including hospitals, EMS transport providers and the Alameda County Office of Emergency Services.
- A new ReddiNet Bed Capacity data was added for HAvBED Surge
- ReddiNet upgrades and new users were added for non-911 transport permitted providers.
- A new Alameda County EMS ReddiNet Administrative Policy was developed in 2023 and revised in 2024 with hospital, ACRECC, and 911 Transport ReddiNet utilization requirements,

#### 700/800 MEGAHERTZ COMMUNICATIONS EBRCSA XAL COMMUNICATIONS

- 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 is fully operational. 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.
- All ALS and BLS/IFT providers integrate 700/800 Megahertz Radios into daily operations.
- Alameda County EMS conducts monthly 700/800 Megahertz Radio drills with Hospital Command Center partners.
- All provider radios have updated TDMA firmware and possess the latest XAL Communications Code Plug Programming System Key.
- In the event of a large-scale event or Mass Casualty Incident (MCI) all providers have interoperability with Dispatch Centers, Receiving Hospitals, County-based Provides, and Law Enforcement with the ability to integrate in the existing Disaster Plan.

#### CALIFORNIA HEALTH ALERT NETWORK (CAHAN)

- Alameda County EMS has updated the CAHAN contacts with 911 and Non-911 emergency permitted Providers in 2023.
- Alameda County EMS CAHAN Administrators participate in monthly CAHAN conference call meetings and exercises.

#### LOCAL ALAMEDA COUNTY MASS NOTIFICATION SYSTEM – EVERBRIDGE

- Alameda County participates in HCSA Emergency Operations Workgroup to develop AC Alert user groups, policies, messaging, and completed additional training modules.
- Alameda County participates in Mass Notification planning meetings and exercises with Alameda County OES in accordance with the Disaster Plan.

#### ALAMEDA COUNTY EMS WEBSITE

- The Alameda County EMS Agency website is frequently updated and socializes the public, partners and stakeholders with the latest information to keep all parties informed and educated.

#### COORDINATION WITH OTHER EMS AGENCIES:

Alameda County maintains interoperability with neighboring dispatch centers through Reddi-Net. In addition, ABAHO facilitates Bay Area stakeholder communication planning discussions via monthly meetings and conference calls.

**NEED(S): NONE CURRENTLY.**

**OBJECTIVE:**

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

- Ensure on-going training, exercises, and “real events” 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

**TIME FRAME FOR MEETING OBJECTIVE:**

Long-Term Plan (one year or less):

## 3.02 RADIOS

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

**CURRENT STATUS:** *MEETS MINIMUM STANDARD*

### COMMUNICATION RADIOS

- All Alameda County EMS Providers, Dispatch Centers and PSAPs, Hospital Command Centers, and HCSA Command Staff share the ability to communicate EBRCSA 700/800 megahertz radios with full interoperability. Functional tests are performed at predetermined intervals.

### EBRCS XAL COMMUNICATIONS

- Full integration of TDMA EBRCSA XAL Communications Code Plug to improve EMS provider radio communications.

Refer to Alameda County EMS sections and plans:

- 1.12 (Review and Monitoring)
- 1.18 (QA/QI)
- 3.01 (Communications Plan)
- 3.04 (Dispatch Center)
- 3.07 (9-1-1 Planning Coordination)
- 5.01 (Assessment of Capabilities)
- 2024 QI PLAN

**NEED(S): NONE CURRENTLY**

### OBJECTIVE:

Maintain operation of TDMA EBRCSA 700/800 megahertz radios at receiving facilities and ensure operations through testing and a QI/QA process.

### TIME FRAME FOR MEETING OBJECTIVE:

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

### 3.03 INTERFACILITY TRANSFER

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:** None.

**CURRENT STATUS: MEETS MINIMUM STANDARD**

- All 9-1-1 and non-9-1-1 permitted providers have radios that are able to function with all facets of our current EBRCS radio system. This is required equipment as listed in the alameda county EMS field manual – operations section.
- Firmware updates have been installed to all EBRCS radios (2021)
- All Alameda receiving hospitals have the ability to receive radio communications via the EBRCS system.
- Out of county receiving facilities are notified by transporting unit(s) or the base hospital.
- All 9-1-1 transport providers and non-9-1-1 permitted providers issue cell phones to on duty crews
- All Alameda receiving hospitals, 9-1-1 and non-9-1-1 permitted providers have access to Reddinet with the messaging, status, and MCI modules

Refer to EMS System Plan sections and plans:

- 1.12 (Review and Monitoring)
- 1.18 (QA/QI)
- 3.01 (Communications Plan)
- 3.02 (Radios)
- 5.01 (Assessment of Capabilities)
- 2024 QI PLAN

**COORDINATION WITH OTHER EMS AGENCIES:**

EBRCS programmed radios provide ability for cross communication between Alameda County resources and Contra Costa County resources. Additionally, interfacility ambulance companies that may function in additional counties, would have access to EBRCS if permitted and functioning in either Alameda County or Contra Costa County.

**NEED(S):** NONE AT THIS TIME

**OBJECTIVE:**

Continue to perform monthly radio checks with the non-9-1-1 permitted providers.

Evaluate the need for an updated bls code plug.

Ensure non-9-1-1 permitted providers continue to instruct new hires in the use of the EBRCS radio.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

### 3.04 DISPATCH CENTER

**MINIMUM STANDARDS:**

All emergency medical transport vehicles where physically possible, (based on geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:     *MEETS MINIMUM STANDARD***

- 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.
- EMS Providers utilize East Bay Regional Communications System Authority (EBRCSA) radio programming.
- Alameda County maintains two IAED ACE Accredited EMD Centers of Excellence. OFD provides EMD services for the City of Oakland. ACRECC (Alameda County Regional Emergency Communications Center) provides EMD services for the remainder of the county.
- ACRECC also dispatches first responders and ambulance apparatus for several municipalities as well as our 9-1-1 ambulance contract provider, Falck Alameda County.
- To coordinate and standardize emergency medical dispatch functions throughout the County, Alameda County EMS has established a Medical Dispatch Review Committee (MDRC) 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 allows us to accurately assess MPDS implementation.

**NEED(S): NONE CURRENTLY**

**OBJECTIVE:**

All emergency medical transport vehicles shall have ability to communicate with dispatch centers and disaster communications centers.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

### 3.05 HOSPITALS

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation).

#### CURRENT STATUS: **'MEETS MINIMUM STANDARD'**

#### **REDDINET**

- ReddiNet continues to be used in Alameda County and is our dedicated emergency medical communications network. ReddiNet facilitates timely and efficient bidirectional 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
- All ALCO receiving hospitals have access to ReddiNet – Refer to ReddiNet Utilization Policy- ALCO EMS Administrative Policies.
  - [ReddiNet Utilization Administrative Policy 2024](#)

#### **PLANS, POLICIES, AND PROCEDURES** – Hospital Communications:

- Hospitals have plans, policies, and procedures that provide communication and information management protocols aligned with the Alameda County Operational Area Communications Plans. Refer to the plans and policies below:
  - **ALCO EMS DPHC Preparedness and Response Plans 2024** – describes communications
  - **Multi-Casualty Incident Policy** - describes radio utilization requirements
  - **ReddiNet Utilization Policy**
  - **Alameda County Emergency Operations Plan**
  - **Alameda County Healthcare Services Agency (HCSA) Emergency Operations Plan**
  - **Pediatric Surge Annex**
  - **EMS Situation Status/Resource Request Forms**
  - **Alameda County Medical Health Operational Coordinator (MHOAC) Manual** - identifies the notification and communication pathways.

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**RACES / ARES**

- 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 2022 and 2023.

#### **RADIOS – 700/800 MEGAHERTZ**

- In addition to radios in each emergency department, hospitals have received portable EBRCS (700/800 megahertz radios) for their Hospital Command Centers.
- A radio communications test between hospitals is conducted each month.

#### **REFER TO SECTIONS, PLANS, AND POLICIES**

- 3.01 (Communications Plan)
- 3.02 (Radios)

#### **NEED(S):**

Offer additional radio training for receiving hospital emergency managers and/or provide with a user operations sheet' for radio use.

**OBJECTIVE:**

Continue monthly radio checks with all receiving Hospital Emergency Departments.

**TIME FRAME FOR MEETING OBJECTIVE:**

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



### 3.06 MCI/DISASTERS

#### MINIMUM STANDARDS:

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

**RECOMMENDED GUIDELINES:** None.

#### CURRENT STATUS: ***MEETS MINIMUM STANDARD***

Alameda County EMS has developed and updated the MCI policy, ReddiNet Utilization Administrative Policy, Health Care Services Agency (HCSA) EOP, Disaster Preparedness Health Coalition (DPHC) Response plan and medical surge workplans which focus on bi-directional communications and information flow pathways for all health care system operational area partners. (Consistent with the state CA Medical/Health EOM and HPP requirements).

#### **DEDICATED LEMSA STAFF TO SUPPORT MCI/DISASTERS**

- Alameda County EMS staff members serve as both the Medical Health Operations Area Coordinator (MHAOC) for Alameda County and as Regional Disaster Medical Health Specialists (RDMHS) for California OES Mutual Aid Region II.

Role	Identified EMS Staff Member
Medical Health Operations Area Coordinator (MHAOC)	Jim Morrissey, Supervising EMS Coordinator
Regional Disaster Medical Health Specialists (RDMHS)	Andrew Sulyma, EMS Coordinator
Regional Disaster Medical Health Specialists (RDMHS)	Ryan Preston, EMS Coordinator

#### **REDUNDANT AND INTEROPERABLE COMMUNICATIONS SYSTEMS**

- Alameda County EMS utilizes the following communication systems:

o 700/800 Megahertz Radios – East Bay Regional Communications System (EBRCS)	o ReddiNet
o CAHAN	o Everbridge (AC Alert)
o MED1 – Disaster specific email notification	o CA DHV / MRC system
o Web Based Conference Call Platforms (TEAMS, Zoom, and other systems)	o Email, Phone and FAX
o ReddiNet Communications System	o

#### **REDDINET COMMUNICATIONS IN TRAINING and “REAL EVENTS”**

- ReddiNet training is ongoing to ensure practice and to test the Administration Portal customized profile options for notifications, MCI Initiation, Patient Tracking, HAVBED Polling, and Customized Assessment Polling.
- The Alameda County EMS ReddiNet Coordinator conducts customized training for partners and tests ReddiNet in quarterly exercises and/or “real events” including the CDPH required Medical Response Surge Exercise (MRSE) drills.
- Alameda County EMS ensures ongoing messages and status assessment polling within the healthcare system and ambulance providers as needed. During “real events” and exercises, the ReddiNet message module is frequently utilized for health system notification and the assessment module for customized polling as needed.

#### **REDDINET ACCESS AND UTILIZATION**

- Expanded “users” beyond existing partners including fire departments with hospitals, prehospital providers (911 transport and non-911 Emergency Permitted Transport Providers) OES, and behavioral health crisis service providers – including the Community Assessment & Transport Team (CATT).
- Facilitated ReddiNet Upgrades with HAVBED Surge modules and permissions for system disaster response partners; ensuring training and exercises for all Alameda County ReddiNet Users including FRALS, 911 transport and non-emergency Permitted Transport Providers

#### **DISASTER PREPAREDNESS HEALTH COALITION (DPHC)**

- Quarterly HCC - DPHC General Partner meetings focus on strengthening communications pathways and plans.

### **RADIOS – 700/800 MEGAHERTZ**

- Hospitals have received portable 700/800 Megahertz – East Bay Regional Communications System (EBRCS) radios for their Hospital Command Centers.

### **HAM RADIO COMMUNICATIONS**

- Alameda County EMS offers Ham Radio Communication Classes with an opportunity to participate in monthly ham radio checks.

### **NEED(S):**

Ensure consistent participation in communication “real events, exercises and drills with Alameda County OA Healthcare and EMS partners to ensure situation awareness in surge, MCI and other disaster events

### **OBJECTIVE:**

Continue outreach and training for all communication system current and new users. Ensure communications to multiple levels of Alameda County EMS System partners within health systems (to include regional hospital hubs, transfer centers, and pharmacists)

### **LONG-RANGE**

The goal is to leverage health care system partners to ensure effective timely and reliable disaster / surge preparedness and response notifications, communications and information management

- To ensure the ability to communicate in the event of a surge and/or disaster event with all EMS partners and stakeholders.
- Utilize ReddiNet for urgent messaging, to track patients in an MCI and customized assessment polling.

### **TIME FRAME FOR MEETING OBJECTIVE:**

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

### 3.07 9-1-1 PLANNING/COORDINATION

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

**CURRENT STATUS:** *MEETS MINIMUM STANDARD*

#### DISPATCH SYSTEM

- Alameda County maintains two IAED ACE Accredited EMD Centers of Excellence. OFD provides EMD services for the City of Oakland. ACRECC (Alameda County Regional Emergency Communications Center) provides EMD services for the remainder of the county.
- The EMD Centers provide pre-arrival instructions and drive MPDS based resource assignment and response
- 18 Public Safety Answering Points (PSAPs) in Alameda County receive 911 calls
- ACRECC also dispatches first responders and ambulance apparatus for several municipalities as well as our 9-1-1 ambulance contract provider Falck Alameda County.

#### PRIMARY QUALITY IMPROVEMENT PARTNERS

- All providers and dispatch centers
- All PSAPs
- All EOA provider contracts require radios and disaster communications including Falck Alameda County, FRALS, and the two dispatch centers (ACRECC) and Oakland Fire Dispatch.

#### QUALITY IMPROVEMENT PLAN

- Calls are reviewed for appropriateness and monitored.
- To coordinate and standardize emergency medical dispatch functions throughout the County, Alameda County EMS has established a Medical Dispatch Review Committee (MDRC) 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 the means to assess the effectiveness of MPDS implementation more accurately. EMS Dispatch QI, and Unusual Occurrence incidents are reviewed.

Refer to previous sections and plans:

- 1.12 (Review and Monitoring)
- 1.18 (QA/QI)
- 3.01 (Communications Plan)
- 3.04 (Dispatch Center)
- 3.07 (9-1-1 Planning Coordination)
- 5.01 (Assessment of Capabilities)
- 2024 QI PLAN

**NEED(S):** NONE CURRENTLY

#### OBJECTIVE:

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

### 3.08 9-1-1 PUBLIC EDUCATION

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: *MEETS MINIMUM STANDARD***

Educational events in partnership with first responder agencies and Falck Alameda County reach thousands of school aged children each year. Activities include EMS Week Kids Day, earthquake preparedness/safety, water safety, wheeled sports safety, fire prevention, and 911 education. Stop the Bleed training session in multiple Alameda County locations. Senior Injury Prevention Partnership Education Forum was held with education to assist with mobility, agility, balance, and mindfulness.

**STOP THE BLEED PROGRAM (FUNDED BY UASI AND SHSGP) 2023**

- Conducted 19 Stop the Bleed trainings to 276 participants
- Trained 10 Stop the Bleed instructors
- Assisted with trauma centers to teach Stop the Bleed at different schools and events

**COMMUNITY OUTREACH & INVOLVEMENT 2023**

- Provided CPR, Bleeding Control and First Aid Training to community members at Safe Kids Day, Mentors in Medicine, National Night Out, Piedmont Seniors
- Helped with set-up, safety, and tear down for Healthy Living Festival
- Participated with Domestic Violence Fatality Review Team (DVFRT)
- Participated with Homeless Mortality Review Team (HMRT)
- Developed EMS High Utilizer Workgroup (EMS agencies and community partners discussing cases to help coordinate appropriate care for individuals who frequently utilize emergency services for non-urgent needs)

**NEED(S):** NONE CURRENTLY

**OBJECTIVE:**

Develop public service announcements in collaboration with first responder and transport provider agencies. Provide information that educates the public on how to appropriately use 9-1-1 and how calls integrate into MPDS. The Alameda County EMS System will continually monitor and maintain an effective EMS resource deployment.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

### 3.09 DISPATCH TRIAGE

#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

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

#### CURRENT STATUS: ***MEETS MINIMUM STANDARD***

#### QUALITY IMPROVEMENT PLAN

- Calls are monitored and reviewed for appropriateness.
- To coordinate and standardize emergency medical dispatch functions throughout the County, Alameda County EMS has established a Medical Dispatch Review Committee (MDRC) 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 assess and improve the effectiveness of our MPDS implementation more accurately.
- ACRECC reviews all cardiac arrest calls to ensure accuracy and efficiency. ACRECC implements CPR instructions during call-taking to improve cardiac arrest outcomes.

#### DISPATCH SYSTEM AND QUALITY IMPROVEMENT

- 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.

#### Refer to Alameda County EMS system plan sections: •

- 1.12 (Review and Monitoring)
- 1.18 (QA/QI)
- 3.01 (Communications Plan)
- 3.04 (Dispatch Center)
- 5.01 (Assessment of Capabilities)

**NEED(S):** None.

#### OBJECTIVE:

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.

Schedule meetings for MPDS Committee and sustain quality improvement plan.

#### TIME FRAME FOR MEETING OBJECTIVE:

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

### 3.10 INTEGRATED DISPATCH

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

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

**CURRENT STATUS:      *MEETS MINIMUM STANDARD***

- Alameda County EMS system uses 700/800 Megahertz radios using P25 compliant communications and participates in regional communications via the East Bay Regional Communications System Authority (EBRCSA).
- 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.

**NEED(S): NONE CURRENTLY**

**OBJECTIVE:**

Continuously monitor mutual aid performance.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 4.01 SERVICE AREA BOUNDARIES

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

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

- Meets Minimum Standard

### COORDINATION WITH OTHER EMS AGENCIES:

- 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.

**NEED(S):** None

### OBJECTIVE:

Continuously monitor system compliance. The EMS agency shall determine the boundaries of emergency transportation service areas.

### TIME FRAME FOR MEETING OBJECTIVE:

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



## 4.02 MONITORING

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

- **Alameda County EMS monitors the 9-1-1 providers to ensure compliance with contracts, statutes, regulations, policies, and procedures.**
  - Pursuant to Section 1797.224 of the California Health and Safety Code, Alameda County EMS has established 5 exclusive operating areas (EOAs) for 9-1-1 ambulance transport services
    - 2018-2024 Emergency Medical Services Ambulance Transport Provider Agreements
- **Alameda County EMS monitors the Non-9-1-1 Permitted provider (with the Ambulance Ordinance for Non-9-1-1 Permitted Providers) to ensure compliance with statutes, regulations, policies, and procedures.**
  - In addition to 9-1-1 providers, Alameda County EMS, through the Ambulance Ordinance, permits eleven interfacility ambulance providers to operate within the County. These providers operate basic life support (BLS), critical care transport paramedic (CCT-P), and critical care transport registered nurse (CCT-RN) level resources.
- **Alameda County EMS monitors the meetFRALS compliance with executed agreements**
  - First Response Advanced Life Support (FRALS) Services are provided throughout all EOAs by Fire Departments or Districts within each Jurisdiction. All FRALS Providers have signed, Executed Agreements in place with Alameda County EMS Through June 30, 2024, and are eligible for a five-year extension
- **Alameda County EMS ensures ongoing QI and monitors emergency medical transportation services for compliance as follows:**
  - Alameda County EMS QA/QI Plan - Monthly Quality Council Meetings
  - Quarterly Meetings with Non-9-1-1 Permitted Providers to discuss any current issues or questions
    - Site Visits with Non-9-1-1 Permitted Providers to Audit Compliance
  - Quarterly Meetings with Receiving Hospitals to discuss any current issues or questions
  - Monthly meetings with 9-1-1 Contract Provider
  - Monthly EMS Section Meetings
  - Investigation of Unusual Occurrence Reports
  - Established County Wide Health Data Exchange (HDE) Program to Facilitate Training and Education
    - In 2021, Alameda County EMS, in partnership with ESO, began implementation of Health Data Exchange (HDE) project. The HDE project links prehospital electronic health records to the hospital patient care records in the hospital. Once linked, prehospital data will automatically be securely imported into the hospital data collection systems and hospital data such as outcome information will be securely exported out to the prehospital data system.
    - This exchange of data will facilitate improved and efficient access to prehospital records for the hospitals and provide valuable follow up information on patients to prehospital providers.
  - Ambulance Patient Offload Times (APOT) – Monthly Meetings with Receiving Hospitals and Transport Providers with the Goal of Shortening APOT times through teamwork and a shared understanding
    - Although ambulance patient offload times (APOT) have historically been a challenge in Alameda County, COVID-19 has created an environment where offload times have significantly increased and peaked as high as a ninetieth-percentile time of 69 minutes systemwide. To address this systemic concern, Alameda County EMS has engaged all of its transport providers and executive level management at all of the receiving facilities to participate in regular APOT meetings in order to actively work to lower APOT and share best practices across all stakeholders. The mission of the group is to strive to get APOT down to 30 mins or less ninety percent of the time systemwide.

- Standardized County-Wide Electronic Patient Care Reporting and Monitoring System is in place

**REFER TO EMS SYSTEM SECTIONS AND PLANS:**

- 1.12 (Review and Monitoring)
- 1.18 (QA/QI)
- 5.01 (Assessment of Capabilities)

**NEED(S):**

Review current Ambulance Ordinance for possible need for revision

Development of and facilitating RFP for upcoming system BID.

Update Alameda County EMS QA/QI plan to include BLS specific standards

**OBJECTIVE:**

Alameda County EMS will continue to monitor Emergency Medical Transportation Services to ensure compliance with statutes and regulations.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

### 4.03 CLASSIFYING MEDICAL REQUESTS

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:** *MEETS MINIMUM STANDARD*

The Alameda County EMS System continues to utilize EMD and MPDS in both of our ACE Accredited Dispatch Centers. Alameda County EMS implements 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 meets quarterly to review data and QI/QA directives.

Refer to Alameda County EMS System sections and plans:

- 1.12 (Review and Monitoring)
- 1.18 (QA/QI)
- 3.09 (Interfacility Transfer)
- 2024 QI PLAN

**NEED(S):**

**OBJECTIVE:**

Implement and maintain a fully tiered, MPDS based 9-1-1 response system that ensures the appropriate emergency resource.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 4.04 PRESCHEDULED

### MINIMUM STANDARDS:

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

**RECOMMENDED GUIDELINES:** None.

**CURRENT STATUS: MEETS MINIMUM STANDARD**

### Non-Emergency Ambulance Providers

- Currently, Alameda County EMS utilizes an Alameda County Emergency Medical Services Ambulance Ordinance. In Order to Transport within and from an Alameda County Facility, the Transport Provider is required to become an Alameda County Permitted Provider. To become Permitted by Alameda County EMS, the Provider is required to comply with this Ordinance and submit an application for review. If Approved, Certification of Operation and Ambulance Permits will be issued. Compliance is monitored. Refer to the Alameda County EMS Website links below:
- The organizations listed below are ambulance providers approved by the Alameda County EMS Agency to provide service requested outside of the 911 system. These services include requests such as transfers between medical facilities, and to and from medical appointments:
  - [American Medical Response](#)
  - [America West Medical Transportation](#)
  - [Arcadia Ambulance](#)
  - [Bay Medic Transportation](#)
  - [Eagle Ambulance](#)
  - [Falck Northern California](#)
  - [Falcon Critical Care Transport](#)
  - [LIFWest Ambulance Service](#)
  - [NorCal Ambulance](#)
  - [Pro Transport-1](#)
  - [Royal Ambulance](#)
  - [Westmed Ambulance](#)
- [Ambulance Ordinance Chapter 6.114](#)
- [Certificate of Operation Application](#)

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### CRITICAL CARE PARAMEDIC (CCP) INTER-FACILITY TRANSPORT

- California EMSA allows Critical Care Paramedic (CCP) Inter-Facility Transport of Patients and requires Alameda County EMS to monitor and regulate all Paramedic Prehospital Care providers. 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.

### INVESTIGATIONS

- Alameda County Unusual Occurrence (UO) Reports and Investigations are used to assist In addressing compliance Issues. All UO Reports are tracked and investigated.

### CRITICAL MEDICAL PATIENT TRANSFER POLICY

- Critical Medical Patient Transfer Policy- Provides Guidelines and Resources for use of Non-911 transport Providers.
  - [2024 Alameda County EMS Field Manual](#)
  - [The 2024 Alameda County EMS Field Manual is also available via an app.](#)

**NEED(S):** NONE

**OBJECTIVE:**

Review current Ambulance Ordinance for possible needs and revisions.

Expand Alameda County Quality Improvement Plan to be more inclusive of BLS providers.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

#### 4.05 RESPONSE TIME STANDARDS

##### MINIMUM STANDARDS:

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

##### RECOMMENDED GUIDELINES:

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

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

##### CURRENT STATUS: MEETS MINIMUM STANDARD

ALCO EMS has established response time requirements to which FRALS and 9-1-1 ambulance transport providers must adhere to and not exceed ninety percent of the time. These requirements are delineated within the executed provider agreements and are broken down by dispatch priority which is informed by MPDS and historical clinical and operational data under EMS Medical Director medical control, and for the private 9-1-1 ambulance provider by service areas or response zones. For FRALS or fire transport providers that do not utilize the priority system, all calls are held to the priority 1 standard, with the exception of ambulance response to priority 5, non-medical 5150, calls.

For the FRALS providers the response time standard, for ninety percent of emergency responses, shall not exceed:

DISPATCH PRIORITY	RESPONSE TIME
Priority 1	8 minutes 30 seconds
Priority 2	8 minutes 30 seconds
Priority 3	8 minutes 30 seconds
Priority 4	N/A
Priority 5 (5150)	N/A

For the fire 9-1-1 ambulance transport providers the response time standard, for ninety percent of emergency responses, shall not exceed:

DISPATCH PRIORITY	RESPONSE TIME
Priority 1	10 minutes
Priority 2	10 minutes
Priority 3	10 minutes
Priority 4	18 minutes
Priority 5	40 minutes

For the private 9-1-1 ambulance transport provider the response time standard, for ninety percent of emergency responses, shall not exceed:

DISPATCH PRIORITY	LEVEL OF CARE	METRO	SUBURBAN	RURAL/OPEN SPACE
Priority 1	ALS	10 minutes	14 minutes	16 minutes
Priority 2	ALS	12 minutes	16 minutes	20 minutes
Priority 3	ALS	14 minutes	18 minutes	20 minutes
Priority 4	ALS or BLS	20 minutes	30 minutes	40 minutes
Priority 5 (5150)	ALS, BLS, or Alt.	40 minutes	50 minutes	60 minutes

**COORDINATION WITH OTHER EMS AGENCIES:**

- Response time standards are not coordinated with other EMS agencies.

**NEED(S):**

Develop system for automated call priority review.

**OBJECTIVE:**

Actively working with vendor to develop automated call priority review platform.

Continually monitor prioritization system.

Continually monitor and report response time compliance for all providers.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 4.06 STAFFING

### MINIMUM STANDARDS:

All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

### RECOMMENDED GUIDELINES:

None.

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

- Meets minimum standard
  - Staffing requirements are in the “Staffing- ALS and BLS Providers” Policy
  - The 2024 EMS field policies define transport provider staffing and equipment requirements
    - Staffing requirements
    - Equipment requirements and inspection
    - Equipment list

Refer to the 2024 EMS field policies: [2024 Alameda County EMS Field Policies](#)

**NEED(S):** None

### OBJECTIVE:

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

### TIME FRAME FOR MEETING OBJECTIVE:

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



## 4.07 FIRST RESPONDER AGENCIES

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

None.

### CURRENT STATUS: **MEETS MINIMUM STANDARD**

Alameda County EMS System Providers are listed below:

### ALS GROUND TRANSPORT PROVIDERS

- City of Alameda
- City of Albany
- City of Berkeley
- City of Piedmont
- Falck Alameda County

### FIRST RESPONDER ALS (FRALS)

- Alameda County Fire Department (ACFD)
- City of Alameda
- City of Albany
- City of Berkeley
- City of Dublin (Contracts with ACFD)
- City of Emeryville (Contracts with ACFD)
- City of Fremont
- City of Hayward
- City of Livermore
- City of Newark (Contracts with ACFD)
- City of Oakland
- City of Piedmont
- City of Pleasanton
- City of San Leandro (Contracts with ACFD)
- City of Union City (Contracts with ACFD)

### RECEIVING FACILITIES

- Alta Bates Summit Medical Center – Berkeley Campus
- Alta Bates Summit Medical Center – Oakland Campus
- UCSF Benioff Children’s Hospital
- Kaiser Permanente Oakland Medical Center
- Alameda Hospital – Alameda Health System
- Highland Hospital – Alameda Health System
- San Leandro Hospital – Alameda Health System
- John George Psychiatric Pavilion
- Willow Rock
- Sutter-Eden Medical Center
- Stanford Healthcare Tri-Valley Medical Center, Pleasanton
- Kaiser Permanente – San Leandro Hospital
- Kaiser Permanente – Fremont Medical Center
- Washington Hospital

**AIR TRANSPORT PROVIDERS**

- Reach
- CALSTAR
- LifeFlight
- East Bay Regional Parks

**BASIC LIFE SUPPORT (BLS) INTERFACILITY TRANSPORT PROVIDERS**

- Eagle Ambulance
- AMR (responds in ALCO—based out of SF)
- Royal Ambulance
- NorCal Ambulance
- Falcon CCT
- Pro-Transport 1
- Arcadia Ambulance
- Bay Medic Ambulance
- WestMed Ambulance
- LifeWest Ambulance
- America West Transportation

**NEED(S): NONE CURRENTLY**

**OBJECTIVE:**

Continue to implement and sustain credentialing program as required by state regulation for Public Safety First Aid programs.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 4.08 MEDICAL & RESCUE AIRCRAFT

### MINIMUM STANDARDS:

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

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

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: ***MEETS MINIMUM STANDARD***

- 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.

### COORDINATION WITH OTHER EMS AGENCIES:

- Refer to EMS System Plan Section 4.09 (Air Dispatch Center)

### NEED(S):

Review and revise this policy in accord with current practice and standard

### OBJECTIVE:

Ensure EMS Aircraft Transport policy and protocol is updated.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 4.09 AIR DISPATCH CENTER

### MINIMUM STANDARDS:

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

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: *MEETS MINIMUM STANDARD*

- Refer to EMS System Plan Sections 4.08 (Medical & Rescue Aircraft) and 4.10 (Aircraft Availability)
- Refer to **2024 QI Plan**

- 
- 911 Aircraft requests are initiated by either first responding or transporting agencies via ACRECC in accordance with ALCO “EMS Aircraft Transport” Field Policy
    - [2024 FIELD PROTOCOLS](#)
      - [ALAMEDA COUNTY EMS FIELD MANUAL 2024](#) (Pages 95-98)
- ACRECC relays the request and coordinates the response of the appropriate Aircraft Provider.

### NEED(S):

Dispatch the closest aircraft to the emergency

### OBJECTIVE:

Review and update Alameda County EMS Dispatch policy to improve patient outcomes

### TIME FRAME FOR MEETING OBJECTIVE:

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

#### 4.10 AIRCRAFT AVAILABILITY

**MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:** None.

**CURRENT STATUS: *MEETS MINIMUM STANDARD***

- Refer to EMS System Plan Sections 4.08 (Medical and Rescue Aircraft) and 4.09 (Air Dispatch Center)
- Refer to the 2024 QI Plan - [Alameda County EMS QI Plan 2024](#)
- Refer to [2024 ALAMEDA COUNTY EMS FIELD PROTOCOLS](#)

**COORDINATION WITH OTHER EMS AGENCIES: YES**

**NEED(S):**

Review and revise current protocols and procedures for aircraft response. Update dispatch to closest available aircraft

**OBJECTIVE:**

Improve aircraft response to improve patient outcomes

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 4.11 SPECIALTY VEHICLES

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS: MEETS MINIMUM STANDARD

- **COORDINATION WITH OTHER AGENCIES:**

- ALCO Based Fire Departments,
- Local Law Enforcement Agencies,
- Coast Guard and
- Search and Rescue (SAR) has needed equipment and specialized vehicles.

### NEED(S): NONE

### OBJECTIVE:

Continue partnership with allied agencies

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 4.12 DISASTER RESPONSE

### MINIMUM STANDARDS:

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

**RECOMMENDED GUIDELINES:** None.

**CURRENT STATUS:** MEETS MINIMUM STANDARD

#### • ALAMEDA COUNTY EMS DISASTER RESPONSE PLANS

- Alameda County EMS coordinates with Alameda County OES and supports the Alameda County OA Emergency Operations Plan (EOP)

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- **Alameda County EMS response plans, policies, and annexes are listed below:**

- EMS Medical Surge Plan
- EMS Field Treatment Policy Manual 2024
- Disaster Preparedness Healthcare Coalition (DPHC) Response Plan and Annexes
- Pediatric Medical Surge Annex - Supports the Disaster Preparedness Healthcare Coalition (DPHC) Response Plan and integrates the Western Regional Alliance for Pediatric Emergency Management (WRAP-EM) PLAYBOOK
- Burn Surge Annex (Supports Disaster Preparedness Healthcare Coalition (DPHC) Response Coalition Plan
- Chemical and Radiological Surge Plan
- Medical Health Operational Area Coordinator (MHOAC) Manual (Integrated in HCSA EOP)

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- **Select plan links are provided below:**

- [DPHC Response Plan 2021](#)
- [HCC Medical Countermeasure Dispensing Plan](#)
- [HCC Burn Surge Annex](#)
- [HCC Pediatric Surge Annex - with WRAP-EM Pediatric Surge PLAYBOOK](#)
- [EMS Surge Plan](#)
- [Multiple Casualty Incident \(MCI\) Policy](#)
- [ReddiNet Utilization Policy](#)

Refer to the Alameda County EMS website:

[DISASTER](#)

- [Multiple Casualty Incident \(MCI\) Policy](#)
- [ReddiNet Utilization Policy](#)
- [Resource Request Form](#)
- [Pediatric Medical Surge Plan](#)
- [Situation Status Form](#)

- **VEOCI Disaster Situation Status and Request Forms are provided below:**

- Situation Status Form (All Participants): <https://veoci.com/v/p/230715/workflow/cybv485at8d7>
- Resource Request Form (All Participants): <https://veoci.com/v/p/230715/workflow/4mmnbpu7agcu>
- [Storefront for requesting PPE and Medical Supplies Specific for COVID-19](#) - This storefront is for EMS Provider Agencies and Healthcare Facilities based in Alameda

- **CALIFORNIA MEDICAL AND PUBLIC HEALTH EOM ANNEXES**

- Alameda County EMS contributed to development of the California Medical Health EOM annexes including Behavioral Health.

- **CALIFORNIA PATIENT MOVEMENT PLAN** (Alameda County EMS aligns and supports these plans)

- [https://emsa.ca.gov/wp-content/uploads/sites/71/2019/03/Patient-Movement-Plan\\_Final-3-6-19.pdf](https://emsa.ca.gov/wp-content/uploads/sites/71/2019/03/Patient-Movement-Plan_Final-3-6-19.pdf)

- California Perinatal, Neonatal, and Pediatric Surge Annex

- <https://emsa.ca.gov/wp-content/uploads/sites/71/2022/02/CA-Pediatric-Surge-Annex-9.30.21-FINAL.pdf>

- **MEDICAL HEALTH OPERATIONS AREA COORDINATOR (MHOAC) & REGIONAL DISASTER MEDICAL HEALTH SPECIALIST (RDMHS)**
  - Alameda County EMS staff members serve as both the Medical Health Operations Area Coordinator (MHOAC) for Alameda County and as Regional Disaster Medical Health Specialists (RDMHS) for California OES Mutual Aid Region II.

Role	Identified EMS Staff Member
Medical Health Operations Area Coordinator (MHOAC)	Jim Morrissey, Supervising EMS Coordinator
Regional Disaster Medical Health Specialists (RDMHS)	Andrew Sulyma, EMS Coordinator
Regional Disaster Medical Health Specialists (RDMHS)	Ryan Preston, EMS Coordinator

- **AMBULANCE STRIKE TEAMS (AST) Coordination**
  - Alameda County EMS supports the EMSA planning and response as needed

**NEED(S):**

**Ongoing Emergency / Surge Plan updates adapted to realtime current events, expanded regional partner integration, and multi-level training for the Alameda County EMS Health Care System**

**OBJECTIVE:**

**Continue strengthening current partnerships and build new ones appropriate to closing gaps in response - (Long-Range)**

- 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.
- Continue to develop and test framework to co-locate EMS treatment sites 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.

**Review and update Alameda County EMS Plans - (Short-Range and Long-Range)**

- Update Pediatric Surge Annex as needed
- Update EMS Surge Plan as needed
- Continue to test new VEOCI Status and Resource Request forms for ALL-Hazard events
- Support Ebola and Infectious Disease Preparedness for California Frontline Healthcare Facilities and EMS Providers. Update and test plans as needed.
- Support CDPH / EMSA MHCC RSV and Respiratory Illness response and update plans as needed

**Continue surge and disaster training with Alameda County OES, EMS transport providers, and other health system partners in exercises and “real events”**

- Plan annual Medical Response and Surge Exercise (MRSE). Held a MRSE Exercise April 17, 2024 (Short- Range)
- Conduct on-going Pediatric Readiness and Surge Site Visits with Alameda County Receiving Hospitals. Contract with UCSF Benioff Children’s Hospital to assess pediatric readiness with simulations and surge training. Integrate prehospital pediatric readiness.

**TIME FRAME FOR MEETING OBJECTIVE:**

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



## 4.13 INTERCOUNTY RESPONSE

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS: ***MEETS MINIMUM STANDARD***

- Refer to Alameda County EMS System Plan Section 4.07 First Responder Agencies  
-----
- Alameda County EMS has developed agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel. Alameda County EMS Ambulance Ordinance provides planning and regulations for EMS ambulance providers for inter-county response.
- 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

### Non-Emergency Ambulance Providers

The organizations listed below are ambulance providers approved by the Alameda County EMS Agency to provide service requested outside of the 911 system. These services include requests such as transfers between medical facilities, and to and from medical appointments:

- [American Medical Response](#)
- [America West Medical Transport](#)
- [Arcadia Ambulance](#)
- [Bay Medic Transportation](#)
- [Eagle Ambulance](#)
- [LIFEWest Ambulance Services](#)
- [Falcon Critical Care Transport](#)
- [Norcal Ambulance](#)
- [Pro Transport-1](#)
- [Royal Ambulance](#)
- [Westmed Ambulance](#)

Ambulance service provider approval requirements to operate in Alameda County

- [Ambulance Ordinance Chapter 6.114](#)
- [Certificate of Operation Application](#)

For additional information on Non-Emergency Transport, contact [Ambulance Ordinance Officer](#).

- 
- *Andrew Sulyma, Alameda County EMS Coordinator*
    - *Monitors EMS System Operations and Communications, EMS Dispatch Liaison, tests EBRCs Radio Communications and Unusual Occurrence Management as needed*
  - *Leslie Simmons, Alameda County EMS Coordinator*
    - *Oversees the Non-Emergency Permitted Ambulance Ordinance; IFT/BLS Communications Liaison; and ensures Unusual Occurrence Management; Continues to monitor compliance and overall performance by all EMS Non-911 Emergency Permitted transport providers.*

**NEED(S):**

Improve Inter-Agency Coordination

**OBJECTIVE:**

Continue to Work with Transportation Subgroup on mutual aid agreements between fire transport agencies and private contracted providers.

Continued integration of BLS Providers into the County surge/disaster plans to assist large-scale movement of patients

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 4.14 INCIDENT COMMAND SYSTEM

### MINIMUM STANDARDS:

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

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: *MEETS MINIMUM STANDARD*

- Refer to EMS Field Manual 2024 for the MCI Policy

### 2024 FIELD PROTOCOLS

- [2024 Alameda County Field Manual](#) (Refer to p. 153)
  - MCI NOTIFICATIONS: Incident Commanders shall make notifications through ACRECC.
  - For the duration of the MCI, the Transportation Unit Leader under ICS will determine transportation methods and destinations
- Alameda County EMS System MCI Policy and Procedures Include
  - Medical Group Supervisor
  - Transport Group Supervisor
  - Other MCI Roles Under Incident Command
- Refer to Alameda County EMS Website for training opportunities and links below:
  - [Bay Area UASI Training and Exercise Program](#)
  - [California Specialized Training Institute](#)
  - [FEMA Center for Domestic Preparedness](#)

### NEED(S):

Update MCI Policy and provide training as needed

### OBJECTIVE:

Promote appropriate MCI and ICS training amongst all Alameda County EMS providers

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 4.15 MCI PLANS

### MINIMUM STANDARDS:

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

**RECOMMENDED GUIDELINES:** None.

**CURRENT STATUS:** **MEETS MINIMUM STANDARD**

- Refer to EMS System Plan Section 4.14 Incident Command System

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

- Alameda County EMS completed the **Alameda County 2024 EMS Policy Manual focused on the MCI Policy** including:
  - Ambulance Strike Team (AST) Utilization
  - Mutual aid via SEMS
    - **Refer to the 2024 ALCO EMS Field Manual**
      - [PDF Version of the 2024 ALCO EMS Field Manual](#) (MCI Policy p. 159 – Resource Ordering table)
- Revised the Alameda County Pediatric Surge Annex which includes pediatric considerations and strategies for an MCI and the WRAP-EM Pediatric Surge PLAYBOOK
  - [HCC Pediatric Surge Annex](#)
- The Alameda County Health Care Services Agency HCSA EOP includes the MHOAC Program Manual with Incident Response guides aligned and supporting the state Medical and Public Health EOM.
  - Contact Alameda County EMS for HCSA EOP – MHOAC Program Manual Section (p.16 and 46)

### NEED(S):

The local EMS agency shall encourage all responding entities (including hospitals) to prepare for mass casualty response aligned with state standards / guidelines, and Alameda County EMS plans.

Provide ongoing Alameda County MCI Policy and Pediatric Surge Annex updates

### OBJECTIVE:

Continue to assess and revise the MCI policy consistent with state standards.

Continue to coordinate and plan for MCIs with Health Care Facilities and EMS providers

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 4.16 ALS STAFFING

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew member.

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

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

Meets minimum requirements

### NEED(S):

None.

### OBJECTIVE:

All ALS ambulances shall be staffed with at least one person certified at the advanced life support level. The other person may either be an EMT-1 or another person certified at the advanced life support level. On an emergency ALS unit which is not staffed with two ALS crew members, the second crew member must be trained to provide defibrillation, using available defibrillators.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 4.17 ALS EQUIPMENT

### MINIMUM STANDARDS:

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

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: *MEETS MINIMUM STANDARD*

- Refer to the Alameda County EMS 2024 QI Plan
- Written agreements with ALS transport providers ensure appropriate ALS vehicles with ALS/BLS equipment as specified in policy

#### 911 Emergency Medical Services Ambulance Transport Agreements:

- [Emergency Medical Services Ambulance Transport Agreement - City of Alameda](#)
- [Emergency Medical Services Ambulance Transport Agreement - City of Albany](#)
- [Emergency Medical Services Ambulance Transport Agreement - City of Berkeley](#)
- [Emergency Medical Services Ambulance Transport Agreement - City of Piedmont](#)
- [Emergency Medical Services Ambulance Transport Provider Agreement - Falck Northern California](#)

The Alameda County EMS Equipment and Supply Specifications Policy establishes the equipment that must be stocked on each BLS and ALS vehicle.

- Refer to the **Alameda County EMS Field Policy Manual 2024** “Equipment and Supply Specifications - ALS/BLS” (p, 99)

### NEED(S):

Review and revise policy for equipment for all vehicles including an updated comprehensive listing of equipment and supplies to be maintained.

### OBJECTIVE:

Revise and maintain a comprehensive policy for all equipment and supplies utilized in the county

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 4.18 TRANSPORT COMPLIANCE

### MINIMUM STANDARDS:

The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: MEETS MINIMUM STANDARD

Alameda County EMS has a mechanism to ensure that EMS transportation agencies comply with applicable policies and procedures. Refer to [Quality Improvement Plan 2023](#) and [911 Transport Agreements/Contracts](#) which focus on compliance with Alameda County EMS Policies.

### 911 Emergency Medical Services Ambulance Transport Agreements:

- [Emergency Medical Services Ambulance Transport Agreement - City of Alameda](#)
- [Emergency Medical Services Ambulance Transport Agreement - City of Albany](#)
- [Emergency Medical Services Ambulance Transport Agreement - City of Berkeley](#)
- [Emergency Medical Services Ambulance Transport Agreement - City of Piedmont](#)
- [Emergency Medical Services Ambulance Transport Provider Agreement - Falck Northern California](#)

### NEED(S):

Execute extension agreements prior to expiration of current agreement on 6/30/2024.

### OBJECTIVE:

Ensure EMS Transport Provider Compliance with Alameda County Policies and Agreements.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 4.19 TRANSPORTATION PLAN

### MINIMUM STANDARDS:

Any local EMS agency that desires to implement exclusive operating areas, pursuant to Section 1797.224, H&S Code, shall develop an EMS transportation plan which addresses: a) minimum standards for transportation services; b) optimal transportation system efficiency and effectiveness; and c) use of a competitive bid process to ensure system optimization.

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: MEETS MINIMUM STANDARD

#### 911 TRANSPORT – FALCK

- The Ambulance Transport Provider Agreement with Falck contains details of the Alameda County EMS Transportation Plan.
- Falck began 911 Emergency Ground Ambulance Service on July 1, 2019

#### 911 Emergency Medical Services Ambulance Transport Agreements:

- [Emergency Medical Services Ambulance Transport Agreement - City of Alameda](#)
- [Emergency Medical Services Ambulance Transport Agreement - City of Albany](#)
- [Emergency Medical Services Ambulance Transport Agreement - City of Berkeley](#)
- [Emergency Medical Services Ambulance Transport Agreement - City of Piedmont](#)
- [Emergency Medical Services Ambulance Transport Provider Agreement - Falck Northern California](#)

*In 1984, the Alameda County Board of Supervisors designated the EMS Agency as the Local Emergency Medical Services Agency (LEMSA) for the County of Alameda, as authorized by California Health & Safety Code section 1797.200. In this role, the EMS Agency has the exclusive authority over and sole responsibility for planning, implementing, and evaluating the County's EMS System. This authority includes the power to designate a 911 Ambulance service provider selected through a competitive procurement process.*

*Four of the EOAs are granted through an exclusive non-competitive process due to grandfathering city fire departments that provided ambulance services prior to The Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act of 1980. The four grandfathered EOAs are the cities of Alameda, Albany, Berkeley, and Piedmont. The city of Berkeley EOA includes the state property of UC Berkeley and the federal property at Lawrence Berkeley Lab. The fifth EOA encompasses the remainder of Alameda County and is granted through an exclusive competitive process. This EOA was last competitively bid in 2018 with the winning contractor, Falck, implementing service in July of 2019. Falck has been awarded the EOA for a 5-year term ending in June of 2024. Lawrence Livermore National Lab (LLNL) is federal property and is exempted from the EOAs. Ambulance transport services for LLNL is provided through a federal contract with Alameda County Fire District.*

Alameda County EMS has signed, executed transport agreements with all of the 9-1-1 ambulance providers with the exception of Alameda County Fire District which operates under a federal contract. All of the agreements are effective through June 30, 2024, and the fire transport providers are eligible for a five-year extension. ALCO EMS is currently in an RFP process to select and implement a contract for services to the Exclusive Operating Area (EOA) for the future.

### NEED(S):

Conclude the process of getting all of the first responder and transport provider agreements extended to allow for the time needed to complete the current competitive process to select a 911 EOA transport provider.

### OBJECTIVE:



**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 4.20 “GRANDFATHERING”

### MINIMUM STANDARDS:

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

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: MEETS MINIMUM STANDARD

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- Pursuant to Section 1797.224 of the California Health and Safety Code, Alameda County EMS has established 5 Exclusive Operating Areas (EOAs) for 9-1-1 Ambulance Transport Services.
  - Four of The EOAs are granted through an Exclusive Non-Competitive Process due to grandfathering City Fire Departments that provided Ambulance Services prior to the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act of 1980.
    - The four Grandfathered EOAs are the Cities of Alameda, Albany, Berkeley, and Piedmont.
    - The City of Berkeley EOA includes the State Property of UC Berkeley and the Federal Property at Lawrence Berkeley Lab.
  - The Fifth EOA Encompasses the remainder of Alameda County and is granted through an Exclusive Competitive Process. this EOA was last competitively Bid In 2018 with the winning Contractor, Falck, implementing service
    - In July Of 2019. Falck has Been awarded the EOA for 5-Year Term with a 2-Year extension ending in June of 2026.
  - Lawrence Livermore National Lab (LLNL) is Federal Property and is exempted from the EOAs.
    - Ambulance Transport Services for LNLL Is provided through a Federal Contract with Alameda County Fire District.
  - Alameda County EMS has Signed, Executed Transport Agreements with all of the 9-1-1 Ambulance Providers with the exception of Alameda County Fire District which operates under a Federal Contract.
    - All of the Agreements are Effective through June 30, 2024, and will be extended for 2 years until June 30, 2026 in alignment with the Falck agreement.

### NEED(S):

Execute extension agreements with 911 fire transport providers prior to June 30, 2024.

### OBJECTIVE:

Maintain current executed agreements with all 9-1-1 providers.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 4.21 EOA COMPLIANCE

### MINIMUM STANDARDS:

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

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: MEETS MINIMUM STANDARD

- Refer to the QI PLAN 2023

### QUALITY IMPROVEMENT (QI) AND MANAGEMENT OF DATA

- In 2021, Alameda County EMS, in partnership with ESO, began implementation of the **Health Data Exchange (HDE) project**. The HDE project links prehospital electronic health records to the hospital patient care records in the hospital. Once linked, prehospital data will automatically be securely imported into the hospital data collection systems and hospital data such as updated demographics, billing, and outcome information will be securely exported out to the prehospital data system. This exchange of data will facilitate improved and efficient access to prehospital records for the hospitals and provide valuable follow up information on patients to prehospital providers. Currently seven receiving hospitals are connected to HDE: Highland Medical Center, Alameda Hospital, San Leandro Hospital, John George Psychiatric Hospital, Washington Hospital, UCSF Benioff Children’s Hospital and St. Rose Hospital. The remaining in-county hospitals are working towards connecting their systems with the HDE, with the hope to have all receiving centers connected by end of fiscal year 2024-2025.

### AMBULANCE PATIENT OFFLOAD TIME (APOT)

- Ambulance patient offload times (APOT) continue to be a challenge in Alameda County. To address this systemic concern, Alameda County EMS has engaged all of its transport providers and executive level management at all of the receiving facilities to participate in regular APOT meetings in order to actively work to lower APOT and share best practices across all stakeholders. The mission of the group is to strive to get APOT down to 20 mins or less ninety percent of the time systemwide. Additionally, ALCO EMS is actively negotiating a contract with a consultant to provide an analysis of patient offloads in our system.

### RESPONSE TIME REQUIREMENTS

- ALCO EMS has established response time requirements to which FRALS and 9-1-1 ambulance transport providers must adhere to and not exceed ninety percent of the time. These requirements are delineated within the executed provider agreements and are broken down by dispatch priority which is informed by MPDS and historical clinical and operational data under EMS Medical Director medical control, and for the private 9-1-1 ambulance provider by service areas or response zones. For FRALS or fire transport providers that do not utilize the priority system, all calls are held to the priority 1 standard, with the exception of ambulance response to priority 5, non-medical 5150, calls.

Alameda County EMS has [PROVIDER AGREEMENTS & CONTRACTS](#) to ensure compliance with policies and procedures as follows:

#### 911 Emergency Medical Services Ambulance Transport Agreements:

- [Emergency Medical Services Ambulance Transport Agreement - City of Alameda](#)
- [Emergency Medical Services Ambulance Transport Agreement - City of Albany](#)
- [Emergency Medical Services Ambulance Transport Agreement - City of Berkeley](#)
- [Emergency Medical Services Ambulance Transport Agreement - City of Piedmont](#)
- [Emergency Medical Services Ambulance Transport Provider Agreement - Falck Northern California](#)

#### Emergency Medical Dispatch Services Agreement:

- [Emergency Medical Dispatch Service Agreement - Alameda County Fire Department](#)

**Emergency Medical Services First Responder Advanced Life Support (Paramedic) Services Agreements:**

- [Emergency Medical Services First Responder Advanced Life Support Services Agreement - City of Alameda](#)
- [Emergency Medical Services First Responder Advanced Life Support Services Agreement - City of Albany](#)
- [Emergency Medical Services First Responder Advanced Life Support Services Agreement - City of Berkeley](#)
- [Emergency Medical Services First Responder Advanced Life Support Services Agreement - City of Dublin](#)
- [Emergency Medical Services First Responder Advanced Life Support Services Agreement - City of Emeryville](#)
- [Emergency Medical Services First Responder Advanced Life Support Services Agreement - City of Fremont](#)
- [Emergency Medical Services First Responder Advanced Life Support Services Agreement - City of Hayward](#)
- [Emergency Medical Services First Responder Advanced Life Support Services Agreement - City of Livermore](#)
- [Emergency Medical Services First Responder Advanced Life Support Services Agreement - City of Newark](#)
- [Emergency Medical Services First Responder Advanced Life Support Services Agreement - City of Oakland](#)
- [Emergency Medical Services First Responder Advanced Life Support Services Agreement - City of Piedmont](#)
- [Emergency Medical Services First Responder Advanced Life Support Services Agreement - City of Pleasanton](#)
- [Emergency Medical Services First Responder Advanced Life Support Services Agreement - City of San Leandro](#)
- [Emergency Medical Services First Responder Advanced Life Support Services Agreement - City of Union City](#)

- Refer to the 2023 Alameda County Executive Summary and the EMS System Plan 4.01 Form.

**NEED(S):**

Extension of fire FRALS and transport agreements prior to the expiration of June 30, 2024

**OBJECTIVE:**

Maintain EOA standards and operations.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 4.22 EOA EVALUATION

### MINIMUM STANDARDS:

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

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: MEETS MINIMUM STANDARD

Pursuant to Section 1797.224 of the California Health and Safety Code, ALCO EMS has established 5 exclusive operating areas (EOAs) for 9-1-1 ambulance transport services. The EOAs, as currently configured, were implemented on June 29, 1990.

Four of the EOAs are granted through an exclusive non-competitive process due to grandfathering city fire departments that provided ambulance services prior to The Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act of 1980. The four grandfather EOAs are the city of Alameda, the city of Albany, the city of Berkeley, and the city of Piedmont. The city of Berkeley EOA includes the state property of UC Berkeley and the federal property at Lawrence Berkeley Lab. There has been no efforts or requests to re-evaluate these EOAs.

In 2019, post-implementation of the successful contractor from the last competitively bid process, the fifth EOA, which encompasses the remainder of Alameda County, except for the federal LLNL property, was re-evaluated by a LEMSA initiated work group comprised of system stakeholders which included representatives from ambulance providers, fire departments, hospitals, and elected officials from both the cities and county. The work group determined that it was important to maintain the EOA as is to provide equitable and consistent delivery of high-quality EMS services to our communities.

*The fifth EOA was last competitively bid in 2018 with the winning contractor, Falck, implementing service in July of 2019. Falck has been awarded the EOA for a 5-year term and a 2-year extension ending in June of 2026.*

*Alameda County EMS is now planning for the next 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.*

### NEED(S):

2019 evaluation is informing development of current RFP. No needs at this time.

### OBJECTIVE:

Alameda County EMS evaluates the design of exclusive operating area. (LONG-RANGE)

- Periodic evaluation of EOAs.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 5.01 ASSESSMENT OF CAPABILITIES

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS: MEETS MINIMUM STANDARDS

The Alameda County EMSC and pediatric readiness project update is provided below:

- All Alameda County Receiving hospitals participated in the pediatric readiness site visits scheduled through June 2023. In 2024, all ALCO Receiving hospitals are or will be scheduled to participate in the post site visit follow-up call with UCSF Benioff Children’s Hospital and ALCO EMS. Each hospital received the pediatric readiness feedback summary reports (including the ImPACT simulation results) and customized pediatric readiness packets. These feedback reports are reviewed on the post visit calls.
- Alameda County EMS is preparing for a new UCSF Benioff Children’s Hospital Contract with UCSF Benioff Children’s Hospital Mission Bay and Oakland. The new contract will ensure pediatric readiness site visits every two years and integration of the prehospital pediatric readiness project.
- Alameda County is planning biannual Pediatric Receiving Center (PedRC) / EMSC meetings with health system partners in 2024. The pediatric QI data metrics and EMSC Regulation requirements will be reviewed at these meetings.

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### Specialty Center Designations and MOUs (Trauma, Stroke, and STEMI Center)

- All Receiving Hospitals with Specialty Center Designations have current MOUs In Place.
  - Alameda County Receiving Hospitals designated as Specialty Centers must comply with the following in orders:
    - California Code of Regulations Title 22. Social Security, Division 9. Prehospital Emergency Medical Services, Chapter 7. Trauma Care Systems
    - California Code of Regulations Title 22. Social Security, Division 9. Prehospital Emergency Medical Services, Chapter 7.2 Stroke Critical Care System
    - California Code of Regulations Title 22. Social Security, Division 9. Prehospital Emergency Medical Services, Chapter 7.1 St-Elevation Myocardial Infarction Critical Care System

### Receiving Facilities (Hospitals)

The Alameda County EMS Agency works closely with the receiving hospital facilities to assure the continuum of medical care and assists them with integration of specialized care programs including trauma, stroke, and cardiac services into the EMS System.

- [Alameda Hospital](#) | Basic Emergency Services, Primary Stroke Center
- [Alta Bates Summit Medical Center- Ashby Campus](#) | Basic Emergency Services, Labor and Delivery
- [Alta Bates Summit Medical Center- Summit Campus](#) | Basic Emergency Services, Primary Stroke Center, STEMI Center
- [Eden Medical Center](#) | Basic Emergency Services, Level II Adult Trauma Center, Primary Stroke Center, Labor and Delivery
- [Highland Hospital](#) | Basic Emergency Services, Level I Adult Trauma Center, STEMI Center, Labor and Delivery
- [Kaiser Oakland](#) | Basic Emergency Services, Primary Stroke Center, STEMI Center, Labor and Delivery
- [Kaiser Fremont](#) | Basic Emergency Services, Primary Stroke Center, STEMI Center
- [Kaiser San Leandro](#) | Basic Emergency Services, Primary Stroke Center, Labor and Delivery
- [St. Rose Hospital](#) | Basic Emergency Services, STEMI Center, Labor and Delivery
- [San Leandro Hospital](#) | Basic Emergency Services
- [Stanford Health Care Tri-Valley](#) | Basic Emergency Services, STEMI Center, Primary Stroke Center, Labor and Delivery

- [John George Psychiatric Hospital](#) | Psychiatric Emergency Services for Adults
- [UCSF Benioff Children’s Hospital- Oakland](#) | Basic Emergency Services, Level I Trauma Center, and Psychiatric Emergency Services for Children
- [Washington Hospital](#) | Basic Emergency Services, Primary Stroke Center, STEMI Center, Labor and Delivery
- [Willow Rock Center](#) | Psychiatric Emergency Services for Adolescents and Teens

*Refer To Previous Sections and Plans:*

- 1.07 (Trauma Planning)
- 1.27 (Pediatric System Plan)
- 5.04 Specialty Care Facilities

**REAL EVENTS AND EXERCISES IMPACTING CHILDREN - Pediatric Surge Response**

- Given the National RSV and Respiratory Illness impact on pediatric surge, a weekly ALCO surge pulse check was conducted to determine pediatric capability and capacity for all ALCO Receiving hospitals. Pediatric Surge expansion resources were provided to strengthen the pediatric capacity and capability in real time (starting in 11/2022).
- To increase situation awareness, the ReddiNet bed capacity module was updated to include Surge capability for all receiving hospitals including pediatrics.
- The ALCO Pediatric Surge Lead and EMS for Children Coordinator facilitated the Surge Group for the Western Regional Alliance for Pediatric Emergency Management. Ongoing assessment tools and resources are provided by CDPH and WRAP-EM to ALCO health system partners
- The ALCO EMS Pediatric Surge Lead is the EMS liaison to the National Pediatric Disaster Coalition (NPDC)

**NEED(S): NONE**

Ongoing hospital pediatric surge and readiness assessments to strengthen pediatric capability and capacity

**OBJECTIVE:**

Alameda County EMS conducts assessments and reassessments of acute care facilities to increase system-wide pediatric capability.

Continue ALCO hospital “real event” pediatric surge pulse checks as needed and ED Pediatric Readiness Site Visits in 2024

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 5.02 TRIAGE & TRANSFER PROTOCOLS

### MINIMUM STANDARDS:

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

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: MEETS MINIMUM STANDARDS

#### ALAMEDA COUNTY EMS FIELD PROTOCOLS

- Alameda County EMS has established pre-hospital protocols and assists hospitals with the establishment of transfer protocols and agreements. The 2024 Alameda County EMS Field Manual provides policies include transport guidelines and address specialty care as follows:
  - Assault/Abuse/Domestic Violence
  - Burn Patient Criteria
  - Transport Guidelines
  - Trauma Patient Criteria
  - Acute Stroke
  - Chest Pain – Suspected Cardiac/STEMI
  - Psychiatric Evaluation-5150
  - Psychiatric and Behavioral Emergencies
  - Interfacility Transfer
  - Critical Medical Patient Transfer
  - Multi-Casualty Incident-EMS Response
  - Hazardous Materials
  - Crush Injury

Refer to the Alameda County EMS website:

- [2024 FIELD PROTOCOLS](#)
- [2024 Alameda County Field Manual](#)

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#### TRAUMA RETRIAGE POLICIES

- Alameda County EMS Administrative Policies include Trauma Retriage procedures for adult and pediatric patients who have arrived at an inappropriate facility considering their injuries and require transport to a trauma center.

Refer to the Alameda County EMS System Plan Sections and Plans:

- 1.07 (Trauma Planning)
- 1.19 (Policies, Procedures, Protocols)
- 1.23 (Inter-Facility Transfer)
- 1.26 (Trauma System Plan)
- 1.27 (Pediatric System Plan)
- 5.01 (Assessment of Capabilities)

- 
- 2024 QI Plan
- 

#### COMMUNITY ASSESSMENT AND TRANSPORT TEAM (CATT)

- In July of 2020, the Community Assessment and Transport Team (CATT) officially launched in Alameda County. CATT is the synergy of behavioral health and EMS, pairing a licensed clinical social worker with an EMT in order to respond to behavioral health related incidents in the 9-1-1 system. CATT is staffed by a community-based behavioral health organization, Bonita House, and Falck. These units have the ability to complete advanced mental health assessments, link individuals with resources, and transport to a wide variety of services and facilities that are not



available to a 9-1-1 ambulance. CATT is a collaborative program with Alameda County Behavioral Health, Alameda County EMS and the current 9-1-1 Transport Provider (Falck) to provide this assessment and transport service for Behavioral Health Patients in Alameda County. CATT MOUs, Policies, Procedures, and training curriculum are in place.

**COORDINATION WITH OTHER EMS AGENCIES:**

Alameda County EMS coordinates with other EMS agencies, MHOACs/RDMHS, hospitals, and transfer centers during hospital surge “load leveling” to facilitate transfer support as needed.

**NEED(S): NONE**

**OBJECTIVE:**

Continue to review and revise trauma triage, transport and transfer, and MCI protocols as needed.

Monitor for compliance and issues using Unusual Occurrence Reports or issues brought forward during reoccurring meetings with Alameda County Receiving Facilities, 9-1-1 Transport Agencies and Non 9-1-1 Transport Providers.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 5.03 TRANSFER GUIDELINES

### MINIMUM STANDARDS:

The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

### RECOMMENDED GUIDELINES:

Refer to California Code of Regulations / Local Policies:

- California Code of Regulations Title 22. Social Security, Division 9. Prehospital Emergency Medical Services, Chapter 7. Trauma Care Systems
- California Code of Regulations Title 22. Social Security, Division 9. Prehospital Emergency Medical Services Chapter 7.2 Stroke Critical Care System
- California Code of Regulations Title 22. Social Security, Division 9. Prehospital Emergency Medical Services Chapter 7.1 ST-Elevation Myocardial Infarction Critical Care System

### CURRENT STATUS: MEETS MINIMUM STANDARDS:

Alameda County EMS Administrative Policies - **Transfer of Care** Focus – Refer to list below:

- Inter-facility Transfer Guidelines
- CCT-Program Standards – Updated 2019
- Emergency Re-Triage to Trauma Centers
  - Alameda County Critical Medical Patient Hospital Transfers for Specialty and/or Higher Level of Care Policy
  - Trauma Re-Triage/Transfer Policy

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Alameda County EMS Disaster / Surge Plans

- Completed EMS Surge Plan 2019
- Updated Disaster Preparedness Healthcare Coalition (DPHC) Pediatric Surge Annex to Coalition Plan 2021

Pediatric Transfer Policy Education

- Providing pediatric transfer protocol education at Hospital Pediatric Site visits; aligning and supporting CA EMSC Regulations

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Refer to Alameda County EMS System Plan sections and policies/plans (compliant with current CA State Trauma, Stroke, STEMI Regulations):

- 1.07 (Trauma Planning)
- 1.19 (Policies, Procedures, Protocols)
- 1.23 (Inter-facility Transfer)
- 1.26 (Trauma System Plan)
- 1.27 (Pediatric System Plan)

- 
- Trauma System of Care Plan
  - STEMI System of Care Plan
  - Stroke System of Care Plan

**COORDINATION WITH OTHER EMS AGENCIES:**

- Development and implementation of regional Trauma Re-Triage and Transfer policy/plan:
- Coordination/collaboration with Contra Costa County EMS and John Muir Medical Center, (adjacent ACS verified adult level-2 trauma center), through participation in quarterly bi-county Trauma Audit Committee (TAC) meetings.
- Coordination/collaboration with Bay Area Regional LEMSAs (Solano, Contra Costa, San Francisco, San Mateo, Santa Clara, Santa Cruz, San Benito, Monterey, Marin) through participation in bi-monthly (every two months) Regional Trauma Coordinating Committee (RTCC) meetings.

**NEED(S):**

Education on transfer guidelines to ensure patients are identified for transfer to higher capability of acute care.

**OBJECTIVE:**

Continue education on transfer guidelines to ensure patients are identified for transfer to higher capability of acute care.

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**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 5.04 SPECIALTY CARE FACILITIES

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

The local EMS agency should designate appropriate facilities and execute agreements with those specialty care facilities in other jurisdictions.

CALIFORNIA CODE OF REGULATIONS TITLE 22. SOCIAL SECURITY, DIVISION 9. PREHOSPITAL EMERGENCY MEDICAL SERVICES, CHAPTER 7. TRAUMA CARE SYSTEMS

California Code of Regulations Title 22. Social Security, Division 9. Prehospital Emergency Medical Services Chapter 7.2 Stroke Critical Care System

California Code of Regulations Title 22. Social Security, Division 9. Prehospital Emergency Medical Services Chapter 7.1 ST-Elevation Myocardial Infarction Critical Care System

### CURRENT STATUS:

Meets minimum standards (compliant with current CA State Regulations: Trauma, Stroke, STEMI):

### Receiving Hospitals and Designated Specialty Centers:

- Alameda County EMS has 13 designated Receiving Hospitals including Specialty Centers:
  - Receiving Hospitals
  - Trauma Centers
  - Base Hospital
  - Pediatric Critical Care Center
  - 5150 Psychiatric Facilities
  - STEMI / Cardiac Arrest Centers
  - Stroke Centers
  - Pediatric Receiving Centers (PEDRC) \*

### Pediatric Receiving Centers

- \* PEDRC - All Alameda County Receiving hospitals have a pediatric readiness capability and capacity to receive pediatric patients consistent and aligned with CA EMSC Regulations.
- Alameda County EMS generates a contract with UCSF Benioff Children's hospital in Oakland and Mission Bay to conduct pediatric readiness site visits and simulation training.

### Trauma Receiving Centers

- Alameda County EMS ensures that patients who have experienced traumatic injury are clinically assessed using current 2022 ACS Field Trauma Triage criteria (implemented January 2024) and transported to an EMS designated Trauma Receiving Center for specialty diagnostics and treatment.
- Meets minimum standards through active executed agreements (expire 6/30/24) with three EMS designated American College of Surgeons (ACS) verified (required) Trauma Receiving Centers (compliant with current CA State Trauma Regulations):
  - Alameda Health System-Highland Hospital (Adult level-1)
  - UCSF Benioff Children's Hospital (Pediatric level 1)
  - Sutter Eden Medical Center (Adult level 2)

### Stroke Receiving Centers

- 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 Primary

Stroke Receiving Center for specialty diagnostics and treatment: CT / CTA / CTP, and if needed, IV fibrinolytic and or transfer to a thrombectomy capable center for IR services.

- Meets minimum standards through active executed agreements with eight EMS designated Joint Commission (JC) certified (required) Primary Stroke Receiving Centers (compliant with current CA State Stroke Regulations):
  - Alameda Health System-Alameda Hospital
  - Alta Bates Summit Medical Center
  - Eden Medical Center
  - Kaiser-Fremont
  - Kaiser-Oakland
  - Kaiser-San Leandro
  - Stanford Health Care – Tri-Valley
  - Washington Hospital

### **STEMI / Cardiac Arrest Receiving Centers (CARC)**

- 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 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. Both STEMI and Cardiac Arrest patients are transported to an SRC/CARC since these patients frequently need common interventions.
- Meets minimum standards through active executed agreements with seven EMS designated STEMI/Cardiac Arrest Receiving Centers (compliant with current CA State STEMI Regulations):
  - Alameda Health System-Highland Hospital
  - Alta Bates Summit Medical Center
  - Kaiser-Fremont
  - Kaiser-Oakland
  - St. Rose Hospital
  - Stanford Health Care Tri-Valley
  - Washington Hospital

### **COORDINATION WITH OTHER EMS AGENCIES:**

- Coordination/collaboration with Contra Costa County EMS regarding
- Coordination/collaboration with Contra Costa County EMS and John Muir Medical Center, (adjacent ACS verified adult level-2 trauma center), through participation in quarterly bi-county Trauma Audit Committee (TAC) meetings.
- Coordination/collaboration with Bay Area Regional LEMSAs (Solano, Contra Costa, San Francisco, San Mateo, Santa Clara, Santa Cruz, San Benito, Monterey, Marin) through participation in bi-monthly (every two months) Regional Trauma Coordinating Committee (RTCC) meetings.

### **NEED(S):**

Real time bi-directional Healthcare Data Exchange (HDE)

Establish Bi-directional Healthcare Data Exchange (HDE) with ALCO facilities that are not yet connected: Stanford, Sutter, and Kaiser.

Establish a third ACS Verified Adult Level 2 trauma receiving center within the next 4 years.

Establish and complete an EMS pre-designation review process for Washington Hospital (future ALCO Adult Level 2 TC) prior to them receiving EMS patients.

**OBJECTIVE(S):**

Collaboration with Washington Hospital to ensure safe, efficient and effective implementation of trauma services.

Complete EMS pre-designation review/assessment, and ensure Washington Hospital (future ALCO Adult Level 2 TC) is compliant with all minimum current CA State Trauma Regulation requirements regarding a Level 2 adult trauma receiving center.

All specialty care facilities be certified/verified by credible/recognized third-party authority (content experts): Trauma-ACS, Stroke-JC, STEMI-JC/AHA or equivalent.

Continuous monitoring and evaluation of specialty care system performance for needed policy/protocol modification to improve system operations, quality/continuity of care, and optimize patient outcomes.

Continuous pediatric readiness “day to day” and in surge events to ensure pediatric capacity and capability. Ensure pediatric surge assessment, education, and training for all Alameda County Receiving Hospitals

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 5.05 MASS CASUALTY MANAGEMENT

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS: MEETS MINIMUM STANDARD

#### MASS CASUALTY MANAGEMENT PLANNING

- Alameda County (ALCO) 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.
    - The Alameda County OA receiving hospitals participated in the Disaster Preparedness Healthcare Coalition (DPHC) Medical Surge Response Exercise (MRSE) held 4/17/2024. The scenario was a “Transportation Radiological Event” which required hospital ReddiNet Message Communications, MCI patient tracking, surge bed availability, and MCI customized polling.
    - The Alameda County receiving hospitals also participated the UCSF Benioff Children’s Hospital and Pediatric Pandemic Network Chemical Surge MCI tabletop exercise held Feb. 29, 2024.
  - ALCO EMS developed the Co-Location Framework (EMS Treatment Site at Community Health Center) to mitigate surge at emergency departments to increase acute care capability.
  - Health Emergency Preparedness & Response (HEPR) within ALCO EMS supports development of mass casualty management plans and exercises that are succinct, actionable, and easily utilized by the ALCO healthcare system (including hospitals and EMS transport providers).
    - HEPR includes the HPP program which developed the Disaster Preparedness Healthcare Coalition (DPHC) Pediatric Surge and Burn Annex to support DPHC Response Plan. Refer to the resource links: <https://acphd.org/dphc/>; [HCC Burn Surge Annex](#); and [HCC Pediatric Surge Annex](#)
    - The HPP program under HEPR provides benchmarks and goals for medical surge and mass casualty planning. The HCC - Disaster Preparedness Health Coalition (DPHC) meets every quarter with monthly training webinars.
    - ReddiNet communications and hospital bi-directional situation awareness is a priority in the DPHC plans and training programs. – Refer to the Alameda County ReddiNet Administrative Policy: [Alameda County EMS ReddiNet Policy](#)
  - ALCO EMS supports and collaborates with local ALCO emergency departments to prepare for sudden medical surge events
    - The Pediatric Readiness and Surge Project provides ED pediatric education with mass casualty management resources.
  - The Alameda County Health Care Services Agency (HCSA) EOP includes the Medical/Health Emergency Operations Manual with the Mass Casualty Incident Response Guide (IRG)
- The 2024 Alameda County EMS Field Manual includes the MCI Policy: [2024 Alameda County EMS Field Manual](#) (p. 153)

#### MASS CASUALTY DISASTER / SURGE TRAINING

- **MHOCSA Training** - The Region 2 RDMHS developed and conducted CSTI Medical Health Operations Center Support Activities (MHOCSA) Courses in 2023
- **EOM Training** – The Region 2 RDMHS conducted several Emergency Operations Manual (EOM) training classes. Hospitals participated in the training.

- **Western Regional Alliance for Pediatric Emergency Management (WRAP-EM) and the Pediatric Pandemic Network Training** - conducts regional remote table-top exercises (TTX) with mass casualty management scenarios. DPHC Coalition members participated in the exercises in 2023 and 2024.

Refer to the Alameda County EMS System Plan Sections:

- 4.12 (Disaster Response)
- 4.15 (MCI Plans)

**NEED(S):**

**OBJECTIVE:**

Continue hospital mass casualty management and communication outreach, planning, education, and training for hospital partners

**TIME FRAME FOR MEETING OBJECTIVE:**

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



## 5.06 HOSPITAL EVACUATION

### MINIMUM STANDARDS:

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

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: *MEETS MINIMUM STANDARD*

- All Alameda County receiving hospitals have evacuation plans in accordance with accreditation standards
- During an evacuation, Alameda County OA EMS transport by EMS providers and other agencies is coordinated through the Alameda County OA MHOAC program and the EMS Duty Officer.
- The Alameda County Health Care Services Agency EOP includes the MHOAC Program Manual and Incident Response Guides relevant to hospital evacuations.
- The Health Emergency Preparedness & Response (HEPR) unit within ALCO EMS supports development of hospital evacuations plans and conducts exercises that are operational, actionable, and easily customized by the ALCO healthcare system partners (including hospitals and EMS transport providers).
  - Alameda County EMS - HEPR includes the HPP program which developed the Disaster Preparedness Healthcare Coalition (DPHC) Pediatric Surge and Burn Annex to support the DPHC Response Plan. Refer to the resource links: <https://acphd.org/dphc/>; [HCC Burn Surge Annex](#); and [HCC Pediatric Surge Annex](#)
    - The TRAIN (Triage Resource Allocation for Inpatient) Model is an option for hospital evacuations and included in the Pediatric Surge Annex.
- The HPP program under HEPR provides planning benchmarks and goals for potential hospital evacuations.
  - The HCC - Disaster Preparedness Health Coalition (DPHC) meets every quarter with monthly training webinars including topics relevant to evacuations.
- ReddiNet communications and hospital bi-directional situation awareness is a priority in the DPHC plans and training programs. – Refer to the Alameda County ReddiNet Utilization Policy: [Reddinet Utilization](#)
- ALCO EMS supports and collaborates with local ALCO emergency departments to prepare for hospital evacuations
  - The Pediatric Readiness and Surge Project provides ED pediatric education with evacuation resources including the TRAIN (Triage Resource Allocation for Inpatient) Model

Refer to the Alameda County EMS System plan sections for additional information below:

- 4.12 (Disaster Response) Form
- 4.14 (Incident Command System) Form
- 5.05 (Mass Casualty Management) Form

### NEED(S):

### OBJECTIVE:

Continue to support hospital and EMS transport provider evacuation planning and exercises to strengthen and test evacuation plans.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 5.07 BASE HOSPITAL DESIGNATION

### MINIMUM STANDARDS:

The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of pre-hospital personnel.

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: *MEETS MINIMUM STANDARD*

- Alameda Health System – Highland Hospital continues to be the single base hospital for all of Alameda County.
- Alameda County EMS continues to have online medical direction provided by Alameda Health System – Highland Hospital by contractual agreement through 2024 and that contract is currently be updated.
- Refer to the Alameda County EMS System Plan – Sections 1.25 and 2.07
- Refer to the 2024 QI Plan (Quality Improvement Responsibilities – Base Hospital)

**COORDINATION WITH OTHER EMS AGENCIES:** Yes

### NEED(S):

Update and renew base hospital contract

### OBJECTIVE:

Continue to monitor Base Hospital and support strengthened capability to improve patient outcomes

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 5.08 TRAUMA SYSTEM DESIGN

### MINIMUM STANDARDS:

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

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

### RECOMMENDED GUIDELINES:

CALIFORNIA CODE OF REGULATIONS TITLE 22. SOCIAL SECURITY, DIVISION 9. PREHOSPITAL EMERGENCY MEDICAL SERVICES, CHAPTER 7. TRAUMA CARE SYSTEMS

### CURRENT STATUS: MEETS MINIMUM STANDARDS

Refer to the Alameda County EMS System Plan Sections and local policies/plans (compliant with current CA State Trauma Regulations):

- 1.07 (Trauma Planning)
- 1.19 (Policies, Procedures, Protocols)
- 1.23 (Inter-facility Transfer)
- 1.26 (Trauma System Plan)
- 1.27 (Pediatric System Plan)
- 5.05 (Specialty Care Facilities)

- 
- 2023 Trauma System Plan
  - Alameda County Critical Medical Patient Hospital Transfers for Specialty and/or Higher Level of Care Policy
  - Trauma Re-Triage/Transfer Policy

Alameda County EMS Meets minimum standards through active executed agreements with five transporting ALS agencies/departments (compliant with current CA State Trauma Care Systems Regulations) as follows:

- Falck Ambulance
- Berkeley FD
- Alameda City FD
- Albany FD
- Piedmont FD

Nine first responder ALS fire departments include:

- Berkeley FD
- Alameda City FD
- Alameda County FD
- Albany FD
- Piedmont FD
- Oakland FD
- Hayward FD
- Fremont FD

- Livermore/Pleasanton FD

All ALS agencies/departments, first response and transport, use ALCO EMS trauma triage (CDC criteria) and transport protocols, providers must maintain ITLS, PHTLS, or equivalent trauma education/training certification.

- Alameda County EMS ensures that patients who have experienced traumatic injury are clinically assessed using current 2022 ACS Field Trauma Triage criteria (implemented January 2024) and transported to an EMS designated Trauma Receiving Center for specialty diagnostics and treatment.

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Alameda County EMS meets minimum standards through active executed agreements (expire 6/30/24) with three EMS designated American College of Surgeons (ACS) verified (required) Trauma Receiving Centers (compliant with current CA State Trauma Regulations) as follows:

- Alameda Health System-Highland Hospital-Oakland (Adult level-1)
- UCSF Benioff Children’s Hospital-Oakland (Pediatric level 1)
- Sutter Eden Medical Center-Castro Valley (Adult level 2)

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On June 14, 2022, Alameda County Emergency Medical Services Agency (ACEMSA) approved Washington Hospital Healthcare System (WHHS) to be designated as the county’s next level II Adult Trauma Center Within five years. While this decision follows an extensive year-long evaluation of the county’s current trauma system and trauma needs, Washington Hospital has been preparing to become a trauma center for over two decades. The study commissioned by ACEMSA found that Alameda County’s trauma system is currently functioning well. The County will need one additional level II trauma center in the next five years based on projected population growth and trauma volume, and to minimize the number of patients sent to another county for trauma care. WHHS’s trauma-ready facilities and decades of preparation to become a trauma center are well-positioned to meet the needs of trauma victims in the South County Area within five years. WHHS will be Alameda County’s fourth trauma center, joining Highland Hospital, Eden Medical Center, and UCSF Benioff Children’s Hospital Oakland. This new proposed South Alameda County trauma service area covers Hayward south of Industrial Blvd., Union City, Fremont, Newark, Sunol, and the southern portion of the Tri-Valley Area. This change to the countywide trauma system is the first since ACEMSA designated the current trauma centers in 1987.

**NEED(S):**

Alameda County EMS Trauma System ongoing assessment and support for Washington Hospital transition to a Level II Trauma Center.

Establish Bi-directional Healthcare Data Exchange (HDE) with the one TC not yet connected: Eden

Establish and complete an EMS pre-designation review/evaluation process for Washington Hospital prior to them receiving EMS trauma patients.

**OBJECTIVE:**

Continued evaluation of the trauma system design and support for the Washington Hospital transition to a Level II Trauma Center.

Collaboration with Washington Hospital to ensure safe, efficient and effective implementation of trauma services.

Complete EMS pre-designation review / evaluation and ensure Washington Hospital is compliant with all minimum current CA State Trauma Regulation requirements regarding a Level 2 adult trauma receiving center.

Continue to work with ALCO receiving facilities and ESO to broaden bidirectional HDE availability to all facilities, including existing and future trauma receiving centers.

Continuous monitoring and evaluation of trauma care system performance for needed policy/protocol modification to improve system operations, quality/continuity of care, and optimize patient outcomes.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 5.09 PUBLIC INPUT

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

CALIFORNIA CODE OF REGULATIONS TITLE 22. SOCIAL SECURITY  
DIVISION 9. PREHOSPITAL EMERGENCY MEDICAL SERVICES  
CHAPTER 7. TRAUMA CARE SYSTEMS.  
ARTICLE 4. QUALITY IMPROVEMENT

### CURRENT STATUS: MEETS MINIMUM STANDARDS

Alameda County EMS ensures input from both pre-hospital and hospital providers as follows:

- Meet and confer with Alameda County Trauma Centers (TC) as well as Contra Costa County EMS and John Muir Medical Center (Contra Costa County) through participation in quarterly bi-county Trauma Audit Committee (TAC). These multidisciplinary meetings include EMS, TC and at times, Law Enforcement/Coroner personnel.
- Coordination/collaboration with Bay Area Regional LEMSAs (Solano, Contra Costa, San Francisco, San Mateo, Santa Clara, Santa Cruz, San Benito, Monterey, Marin) through participation in bi-monthly (every two months) Regional Trauma Coordinating Committee (RTCC) meetings. These multidisciplinary meetings include EMS and TC personnel.
- ALCO EMS Trauma Coordinator works closely with the Trauma Program Medical Director, Manager and Process Improvement Nurses and attends monthly internal trauma center multidisciplinary quality oversight/improvement meetings as well as clinical morbidity/mortality meetings at all Alameda County designated trauma centers.

Refer to Alameda County EMS System Plan Sections and plans:

- 1.07 (Trauma Planning)
- 1.19 (Policies, Procedures, Protocols)
- 1.23 (Inter-facility Transfer)
- 1.26 (Trauma System Plan)
- 1.27 (Pediatric System Plan)
- 5.09 (Specialty Care Facilities)
- 2023 Trauma Plan

### NEED(S):

Ongoing monitoring and evaluation of trauma care system performance for needed policy/protocol modification to improve system operations, quality/continuity of care, and optimize patient outcomes.

### OBJECTIVE:

Continuous monitoring and evaluation of trauma care system performance for needed policy/protocol modification to improve system operations, quality/continuity of care, and optimize patient outcomes.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 5.10 PEDIATRIC SYSTEM DESIGN

### MINIMUM STANDARDS:

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

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

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: ***MEETS MINIMUM STANDARD***

Refer to sections and plans:

- 1.07 (Trauma Planning)
- 1.19 (Policies, Procedures, Protocols)
- 1.23 (Inter-facility Transfer)
- 1.26 (Trauma System Plan)
- 1.27 (Pediatric System Plan)
- 5.01 (Assessment of Capabilities)

### **CA EMSC REGULATIONS AND EMSC SYSTEM PLAN**

- Planning to submit EMSC System plan in 2024
- Implementing Pediatric System Design changes to strengthen EMSC program.
- Preparing new 2024 contract with UCSF Benioff Children’s Hospital Oakland and SF Mission Bay for continued Pediatric Readiness Site visits, IMPACT Simulation training, and “just in time” pediatric clinical expertise with pediatric resource packets
- Scheduling bi-annual ALCO EMS PedRC / EMSC meeting with healthcare system partners

### **PEDIATRIC SURGE PREPAREDNESS AND EXERCISES**

- Developed and revised the Alameda County Pediatric Surge Annex with the Western Regional Alliance for Pediatric Emergency Management (WRAP-EM) Pediatric Surge PLAYBOOK 2023. ALCO EMS Coordinator is a contributor author to the WRAP-EM Surge PLAYBOOK
- Provided training to the ALCO DPHC on the Pediatric Surge Annex, WRAP-EM Pediatric Surge PLAYBOOK & CA CDPH Pediatric Surge Annex to Patient Movement Plan.
- Leveraging partnerships with pediatric experts including WRAP-EM, Pediatric Pandemic Network (PPN), and National Pediatric Disaster Coalition (NPDC). ALCO EMSC Coordinator is the EMS Liaison to NPDC
- ALCO EMS Surge Lead presented the Pediatric Surge PLAYBOOK poster at the October 22, 2023 AAP Conference in Washington DC and at the CDPH Emergency Preparedness Training Workshop 2023.
- Completed, disseminated, and tested pediatric surge annex components with healthcare system partners in the 2/29/2024 Chemical / Pediatric Surge VTTX and Medical Response Surge Exercise (MRSE).

### **RECEIVING HOSPITAL PEDIATRIC READINESS AND SURGE CAPABILITY**

- *Pediatric Critical Care Trauma Center – Level 1 – UCSF Benioff Children’s Hospital is the designated Trauma Center*
- Hospitals – Required to have pediatric receiving center readiness capability (PedRC) aligned with the CA EMSC regulations
- All receiving hospital pediatric site visits were conducted in 2023 with UCSF Benioff Children’s Hospital Oakland and Mission Bay. The feedback reports and customized pediatric resource packets were disseminated to all participating

hospitals. In 2024, follow-up conference calls have been or will be scheduled in 2024 to provide feedback and to identify pediatric needs

- Preparing new contract with UCSF Benioff Children’s Hospital, Oakland and Mission Bay, San Francisco, for Hospital Site Visits and ImpACT simulation training. Planning to integrate EMSC regulation requirements and prehospital assessments with PECC designations
- Shared CA EMSC Regulations EMSA implementation plan with Receiving Hospital partners
- All receiving hospitals completed the National Pediatric Readiness Project (NPRP) Survey in 2023
- Pediatric Site Visits will provide data on trauma re-triage. Education provided on Trauma Re-triage policy.

**PEDIATRIC QI - CQI DATA COLLECTION**

- CHILDREN INTEGRATED IN EMS QI DATA COLLECTION:

- Refer to ALCO EMSC System Plan for pediatric data metrics (to be submitted in 2024\_
- Pediatric Hospital and Prehospital QI Data includes:

Alameda County EMS Pre-Hospital Metrics_Pediatric (≤14yrs)		
Category	Metric Name	Metric Description
Cardiac	PCAR -1	Cardiac Arrest Survival - Non-Traumatic Arrest
	PCAR -2	Cardiac Arrest Hospital Admissions - Non-Traumatic Arrest
Respiratory / Airway	PRESP-1	Respiratory Assessment for Respiratory Distress
	PRESP-2	Bronchodilator Administration for Bronchospasm (Transports Only)
	PRESP-3	Supraglottic Airway Device - i-GEL Success Rates
Trauma	PTRA-1	90th Percentile Scene Times for Trauma Alerts
	PTRA-2	Trauma Alerts Transported to a Pediatric Trauma Receiving Center
	PTRA-3	Patients Meeting Critical Trauma Criteria documented as a Trauma Alert
	PTRA-4	Appropriate Use of Pediatric Trauma Re-Triage
Medication Administration	PMED-1	Accuracy for all Weight-Based Pediatric Medication Administrations
Seizures	PSEIZ-1	Midazolam Administration for Active Seizures
Pain	PPAIN-1	Fentanyl Administered for Pain ≥ 7
Other	PEDS-1	Treatment Administered for Hypoglycemia with Altered Mental Status
	PEDS-2	Blood Pressure Assessment for Patients < 3 years of age
	PEDS-3	Weight or Pedatape Color for all Patients Receiving a Weight-Based Medication
	PEDS-4	Blood Glucose Level Assessment for Altered Mental Status
	PEDS-5	Appropriate Destination for Pediatric’s on an Involuntary Psychiatric Hold (5685) (≤17yrs)

- Other pediatric data systems, metrics and reports include:
  - APOT Report and Change in Wall time- control chart
  - QI Reports = Pediatric Destinations/Transports (by Primary Impression); Trauma Reports and Psych patients
  - ED Pediatric Readiness Site Visit Reports
  - First Watch

**ALAMEDA COUNTY EMS POLICIES AND PROCEDURES**

EMSC AUDIT PROCESS INTEGRATED IN EMS QI ACTIVITIES

- Alameda County QI Plan 2024 (Pediatric System of Care integrated in EMSC and QI Plans)
- PedRC recommendations aligns with EMSC Regulations
- ALCO EMS Administrative Policies include:
  - Hospital Responsibilities and Policy and Skills Competency
  - Trauma Audit Process Policy
  - Unusual Occurrence Policy
- National Pediatric Readiness Project (NPRP) Reports and Hospital Pediatric Site Visit Reports

**ALCO EMS QI**

Activities with focus on children and pediatric transports include:

- Contract compliance monitoring – UCSF Benioff Children’s Hospital Pediatric Readiness Project.
  - Hospital Assessment and QI provided by Pediatric Readiness Project with UCSF Benioff Children’s Hospital and Mission Bay Hospital
- Review – Unusual occurrence impacting children process
- 

**INVESTIGATIONS**

- Contract compliance monitoring – UCSF Benioff Children’s Hospital Pediatric



- 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

#### **PEDIATRIC COMMUNICATIONS - REDDINET**

- Developed customized assessment polls with pediatrics
- Conducted remote virtual training with multiple hospital sites during the real events and exercises.
- Prepared to implement pediatric bed polling and customized assessments.

#### **PEDIATRIC INTEGRATION DURING “REAL EVENT” RESPONSE**

- The goals included ALCO EOC to Hospital Command Center coordination, pediatric medical surge, and communications with cross sector healthcare partners.
- EMSC Coordinator facilitated COVID-19 Therapeutic allocation including with UCSF Benioff Children’s Hospital, Oakland and will support in future if needed

#### **ALAMEDA COUNTY EMS POLICIES**

- 2024 EMS Field Manual – Reviewed and updated pediatric policies as needed

#### **TRAIN – TRIAGE RESOURCE ALLOCATION FOR INPATIENT**

- Promoting the Triage by Resource Allocation for In-patients (TRAIN) project. Supporting Sutter Hospital TRAIN implementation project in Alameda County

#### **PEDIATRIC INTEGRATION - COMMITTEES**

- EMSC and Pediatric Readiness integration in quarterly Receiving Hospital Meetings
- UCSF Benioff Children’s Hospital & Mission Bay, San Francisco Pediatric Readiness Project Contract meeting occurs quarterly
- Updated Pediatric Resources and ensure access with system partners via ED Receiving Hospital Committee, HCC - Disaster Preparedness Coalition (DPHC), QI Meetings, EMSC, and Hospital Disaster Preparedness Committees
- Ensure pediatric issues are addressed in all EMS programs and committees: Quality Improvement, Trauma, Disaster, Injury Prevention, IFT, Falck 911, and Region II ABAHO Projects

#### **PEDIATRIC RESOURCES AND LOGISTICS**

- EMS and MHOAC Procurement Center (established during COVID-19) continues to include pediatric resource procurement to meet operational needs

#### **NEED(S):**

Implement the new UCSF Pediatric Readiness Contract and Project Site Visits.

Facilitate Health Data Exchange (HDE) with UCSF Benioff Children’s Hospital, Oakland

#### **OBJECTIVE:**

#### **ALAMEDA COUNTY EMS FOR CHILDREN BENCHMARKS:**

- Implementation EMSC Regulations with PedRC benchmarks
- 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 Pediatric Surge Annex to the HCC Pediatric Response Plan Annex

- Ensure pediatric resources are disseminated to healthcare partners via Alameda County EMS Website; google list 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
- Strengthen HDE with all hospitals with pediatric benchmarks

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 5.11 EMERGENCY DEPARTMENTS

### MINIMUM STANDARDS:

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

- Staffing,
- Training,
- Equipment,
- Identification of patients for whom consultation with a pediatric critical care center is appropriate,
- Quality assurance/quality improvement, and
- Data reporting to the local EMS agency.

### RECOMMENDED GUIDELINES:

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

### CURRENT STATUS: MEETS MINIMUM STANDARD

Alameda County EMS has identified minimum standards for pediatric capability for hospital 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. Alameda County is facilitating the planned 2024 National Prehospital Pediatric Readiness Project (NPPRP) Assessment. Refer to the projects below:

### ALCO ED Pediatric Readiness Project and CA EMS for Children Regulations

Alameda County EMS aligns and supports CA EMSC Regulations to strengthen pediatric capacity and capability as follows:

- The EMS for Children Coordinator is facilitating an EMSC and Pediatric Surge Work Plan with focus on strengthening pediatric capability and capacity in the EDs and compliance with state EMS for Children Standards. The EMSC System plan will be submitted to EMSA in 2024.
- Alameda County (ALCO) is supporting and aligning with the CA EMSA Regulations <https://emsa.ca.gov/ems-for-children/>
  - **Chapter 14. Emergency Medical Services for Children**
    - [Article 1. Definitions](#)
    - [Article 2. Local EMS Agency EMSC Program Requirements](#)
    - [Article 3. Pediatric Receiving Centers](#)
    - [Article 4. Data Management, Quality Improvement and Evaluations](#)
- Alameda County EMS implemented a Pediatric Readiness Contract with UCSF Benioff Children’s Hospital Oakland and Mission Bay (Jan. 2021 – Dec. 31, 2023)
  - The contract is titled “Improving Pediatric Acute Care through Simulation ImPACTS / Pediatric Readiness Preparedness, Assessment, Education, and Partnership Project”
  - Per the contract, the UCSF and ALCO EMS assessment team conducted ED Pediatric Readiness and Surge Site Visits with pediatric simulations for 12 hospitals. All hospitals participated in the 2023 pediatric readiness site visits. Each hospital received the feedback reports and a customized pediatric resource packet. In 2024, each hospital has or will participate in a post site visit conference call to discuss summary reports and identify pediatric needs moving forward.
  - *Each hospital is required to complete the National Pediatric Readiness Project (NPRP) pediatric assessment and have an on-site visit every two years to evaluate and provide training on pediatric staffing; training; equipment; identification of patients for whom consultation with a pediatric critical care center is appropriate; quality assurance/quality improvement, and data reporting.*
- Alameda County EMS is developing a new UCSF Benioff Children’s Hospital with SF Mission Bay and Oakland to continue the pediatric readiness site visits starting in 2024. The new contract will integrate requirements to comply with the CA EMSC regulations, pediatric data metric requirements, and integration of the prehospital provider pediatric readiness project.

- Hospital Pediatric Emergency Care Coordinators (PECCs) are invited to the EMSC, QI, and DPHC Quarterly Meetings. Pediatric issues are integrated in the ALCO Receiving Hospital Committee and QI Meetings. PedRC / EMSC meetings will be conducted bi-annually with hospital and prehospital provider partners.
- Alameda County Receiving Hospitals participated in the 2/29/2024 UCSF Chemical / Pediatric Surge Virtual Tabletop Exercise (VTTX) and the 2024 Medical Response Surge Exercises (MRSEs).

For additional information, refer to the Alameda County EMS System Plan Sections and Plans:

- 1.07 (Trauma Planning)
- 1.19 (Policies, Procedures, Protocols)
- 1.23 (Inter-facility Transfer)
- 1.26 (Trauma System Plan)
- 1.27 (Pediatric System Plan)
- 5.01 (Assessment of Capabilities)
- 5.10 (Pediatric System Design)

- 
- Alameda County Pediatric Surge Annex to support Disaster Preparedness Healthcare Coalition (DPHC) Response Plan
  - 2024 Trauma Plan
  - Alameda County Administrative Policies – Hospital ReddiNet Administrative Policy
  - 2024 Alameda County EMS Field Manual - [2024 Alameda County EMS Field Manual](#)
  - 2024 Alameda County QI Plan - [2024 Alameda County EMS QI Plan](#)
  - Pediatric Re-Triage Policy
- 

**REAL EVENT AND EXERCISE PEDIATRIC SURGE PREPAREDNESS AND RESPONSE**

- All Receiving hospitals are expected to share pediatric data (ie via ReddiNet) for situation awareness and “real time” polling metrics. Refer to the Administrative ReddiNet Utilization Policy and the Alameda County DPHC Pediatric Surge Annex
- The Receiving Hospitals have received training on the ALCO Pediatric Surge Annex and the WRAP-EM Pediatric Surge PLABOOK.

**NEED(S):**

PLAN FOR NEW UCSF BENIOFF CHILDREN’S HOSPITAL PEDIATRIC READINESS CONTRACT (EXPECTED TO BEGIN JULY 2024).

SUBMIT 2024 EMS FOR CHILDREN SYSTEM PLAN

**OBJECTIVE:**

To strengthen pediatric readiness capability to care for children for Alameda County Hospitals and Prehospital providers aligned with and in compliance with the state EMS for Children regulations

**SHORT AND LONG -RANGE GOALS - PEDIATRIC READINESS PROJECT**

- To conduct ALCO Receiving Hospital pediatric readiness and surge assessments to strengthen ED pediatric capabilities including: 1) review the site-visit self-assessment tool from the NPRP pediatric readiness project; 2) provide an ED on-site simulation training with expert feedback, post site visit hospital specific customized feedback reports which includes recommendations on strategies for improvement and resource packets; and 3) facilitate on-going collaboration and future training for PECCs with UCSF Benioff Children’s Hospital and ALCO EMS.
- To facilitate prehospital provider pediatric readiness assessments and identify PECCs.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 5.12 PUBLIC INPUT

### MINIMUM STANDARDS:

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

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: MEETS MINIMUM STANDARDS

Alameda County EMS ensures pediatric emergency care and critical care public input with receiving hospitals and EMS provider representation. Ongoing committee collaborations include: Alameda County EMS Quality Council; Emergency Medical Oversight Committee (EMOC); Receiving Hospital Committee; Trauma Audit Committee; Regional Trauma Audit Committee; Data Steering Committee; ePCR Change Committee; EMS Section Chiefs Committee; Alameda County Fire Chiefs Committee; EMSAAC/EMDAAC; CA EMS for Children TAC Committee; LEMSA PedRC / EMSC Meeting; Western Regional Pediatric Alliance for Emergency Management (WRAP-EM), and other ad-hoc committees (i.e. ReddiNet and Association of Bay Area Health Officers (ABAHO) Workgroup Committee)

Alameda County EMS has developed the EMS for Children System Plan. The PedRC / EMSC meeting will be held biannually to ensure input from prehospital and hospital providers and stakeholders. UCSF Benioff Children's Hospital is a pivotal stakeholder in the pediatric emergency medical and critical care system.

Alameda County EMS ensure public input for planning the DPHC pediatric surge annex. Hospital and prehospital partners participated in the 2/29/24 WRAP-EM Chemical / Pediatric Surge VTTX and the 3/13/24 DPHC Radiological tabletop exercise to provide plan and exercise feedback.

New committees and tasks forces are developed to address the adult and pediatric emergency medical and critical care system needs. These working groups include the UCSF Children's Hospital Pediatric Readiness Site Visit Team, Therapeutics Group, exercise planning committees, and other ad hoc groups.

Alameda County EMS identified WRAP-EM, Pediatric Pandemic Network (PPN), and the National Pediatric Disaster Coalition (NPDC) Pediatric Subject Matter Experts across the country as advisors to address immediate pediatric EMS and critical surge needs. The Alameda County EMSC and HPP LEMSA Liaison is the EMS Liaison for NPDC.

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

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

**5.13 SPECIALTY SYSTEM DESIGN**

**MINIMUM STANDARDS:**

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

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

**RECOMMENDED GUIDELINES:**

- CALIFORNIA CODE OF REGULATIONS, TITLE 22. SOCIAL SECURITY

DIVISION 9. PREHOSPITAL EMERGENCY MEDICAL SERVICES, CHAPTER 7. TRAUMA CARE SYSTEMS

- California Code of Regulations, Title 22. Social Security

Division 9. Prehospital Emergency Medical Services, Chapter 7.2 Stroke Critical Care System

- California Code of Regulations, Title 22. Social Security

Division 9. Prehospital Emergency Medical Services, Chapter 7.1 ST-Elevation Myocardial Infarction Critical Care System

**CURRENT STATUS: MEETS MINIMUM STANDARDS:**

Refer to Alameda County EMS System Plan sections and local policies/plans (compliant with current CA State Trauma, Stroke, STEMI, and EMSC Regulations):

• 1.07 (Trauma Planning)	• 1.19 (Policies, Procedures, Protocols)
• 1.23 (Inter-facility Transfer)	• 1.26 (Trauma System Plan)
• 1.27 (Pediatric System Plan)	• 5.01 (Assessment of Capabilities)
• 5.04 (Specialty Care Facilities)	• 5.10 (Pediatric System Design)
• 5.13 (Specialty System Design)	• 2024 Trauma Care System Plan
• 2024 Stroke Critical Care System Plan	• 2024 STEMI Critical Care System Plan

Alameda County EMS meets minimum standards through active executed agreements with five **transporting ALS agencies/departments:**

• Falck Ambulance	• Berkeley FD
• Alameda City FD	• Albany FD
• Piedmont FD	

Nine first responder **ALS fire departments:**

• Berkeley FD	• Alameda City FD
• Alameda County FD	• Albany FD
• Piedmont FD	• Oakland FD
• Hayward FD	• Fremont FD
• Livermore/Pleasanton FD	

**TRAUMA RECEIVING CENTERS**

- Alameda County EMS ensures that patients who have experienced traumatic injury are clinically assessed using current 2022 ACS Field Trauma Triage criteria (implemented January 2024) and transported to an EMS designated Trauma Receiving Center for specialty diagnostics and treatment.

Alameda County EMS meets minimum standards through active executed agreements (expire 6/30/24) with three EMS designated American College of Surgeons (ACS) verified (required) **Trauma Receiving Centers** (compliant with current CA State Trauma Regulations):

- Alameda Health System-Highland Hospital (Adult level-1)
- UCSF Benioff Children’s Hospital (Pediatric level 1)
- Sutter Eden Medical Center (Adult level 2)

The fourth trauma center, Washington Hospital, is in the process of putting their services in place to receive provisional designation in 2024.

**STROKE RECEIVING CENTERS**

- 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 Primary Stroke Receiving Center for specialty diagnostics and treatment: CT / CTA / CTP, and if needed, IV fibrinolytic and or transfer to a thrombectomy capable center for IR services.
- Alameda County EMS meets minimum standards through active executed agreements (expire 12/31/25) with eight EMS designated Joint Commission (JC) certified (required) **Primary Stroke Receiving Centers** (compliant with current CA State Stroke Regulations):

• Alameda Health System-Alameda Hospital	• Alta Bates Summit Medical Center
• Eden Medical Center	• Kaiser-Fremont
• Kaiser-Oakland	• Kaiser-San Leandro
• Stanford Valley Care	• Washington Hospital

**STEMI / CARDIAC ARREST RECEIVING CENTERS (CARC)**

- 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 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. Both STEMI and Cardiac Arrest patients are transported to an SRC/CARC since these patients frequently need common interventions.

Alameda County EMS meets minimum standards through active executed agreements (expire 12/31/2025) with seven EMS designated **STEMI/Cardiac Arrest Receiving Centers** (compliant with current CA State STEMI Regulations):

- Alameda Health System-Highland Hospital
- Alta Bates Summit Medical Center
- Kaiser-Fremont
- Kaiser-Oakland
- St. Rose Hospital
- Stanford Health Care Tri-Valley
- Washington Hospital

## PEDIATRIC RECEIVING CENTERS

- The ALCO 13 Receiving Hospitals support the CA EMS for Children Regulations and ALCO Pediatric Readiness Surge Workplan
- Alameda County (ALCO) EMS is implementing the ALCO Pediatric Readiness Site Visit assessments with UCSF Benioff Children’s Hospital Oakland and SF Mission Bay for all ALCO Receiving hospitals
  - The project design and methodology are aligned with and supporting the CA EMSC Regulations and the National Pediatric Readiness Project (NPRP)
  - All 13 ALCO Receiving hospitals participate in the Pediatric Readiness Site Visit project
  - Each participating hospital receives a comprehensive post site visit report with recommendations for improvement and a pediatric resource packet.
- ALCO Receiving hospitals (Trauma centers) are required to have pediatric readiness assessments and site visits every two years
  - Pediatric Critical Care Trauma Center – Level 1 – UCSF Benioff Children’s Hospital is the designated Trauma Center

- 
- ALCO EMS completed the ALCO Pediatric Surge Annex to support the DPHC Coalition response plan consistent with and aligned with the CA Neonatal, OB, Pediatric Surge Annex. The Western Regional Alliance for Pediatric Emergency Management (WRAP-EM) Pediatric Surge PLAYBOOK was added to the annex.
  - ALCO EMS is implementing Pediatric System Design changes to strengthen the EMS for Children program to support the CA EMSC regulations, the CA Neonatal, OB, Pediatric Surge Annex, and the lessons learned from the 2022-23 RSV/Resp. Illness pediatric surge event.

### **NEED(S):**

On-going monitoring and evaluation of specialty care systems performance for needed policy/protocol modification to improve system operations, quality/continuity of care, and optimize patient outcomes.

### **OBJECTIVE:**

Continuous monitoring and evaluation of specialty care systems performance for needed policy/protocol modification to improve system operations, quality/continuity of care, and optimize patient outcomes.

### **TIME FRAME FOR MEETING OBJECTIVE:**

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



## 5.14 PUBLIC INPUT

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

California Code of Regulations Title 22. Social Security  
Division 9. Prehospital Emergency Medical Services  
Chapter 7.2 Stroke Critical Care System  
Article 5. Data Management, Quality Improvement and Evaluations

California Code of Regulations Title 22. Social Security  
Division 9. Prehospital Emergency Medical Services  
Chapter 7.1 ST-Elevation Myocardial Infarction Critical Care System  
Article 5. Data Management, Quality Improvement and Evaluations

### CURRENT STATUS: MEETS MINIMUM STANDARDS:

Refer to previous sections and local policies/plans (compliant with current CA State Trauma, Stroke, STEMI, and EMSC Regulations):

ALCO EMS Specialty Systems of Care Coordinator hosts three multidisciplinary meetings per year, for both STEMI and Stroke Receiving Centers in collaboration with system stakeholders, these include EMS and Specialty Care Facility personnel. (Compliant with current CA State STEMI and Stroke Regulations):

ALCO EMS Specialty Systems of Care Coordinator (STEMI and Stroke) works closely with the STEMI and Stroke Program Medical Director, Manager and Process Improvement (QA/QI) personnel, as well attends scheduled internal multidisciplinary quality oversight/improvement meetings and clinical morbidity/mortality meetings at Alameda County designated STEMI and Stroke Receiving Centers.

ALCO EMS has instituted two new stakeholder meetings to discuss pediatric care and cardiac arrest systems of care.

### NEED(S):

### OBJECTIVE:

Continuous monitoring and evaluation of specialty care systems performance with multidisciplinary stakeholder input for needed policy/protocol modification to improve system operations, quality/continuity of care, and optimize patient outcomes.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 6.01 QA/QI PROGRAM

### MINIMUM STANDARDS:

The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all pre-hospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols, and identification of preventable morbidity and mortality, and shall utilize state standards and guidelines. The program shall use provider-based QA/QI programs and shall coordinate them with other providers.

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS: MEETS MINIMUM STANDARD

Refer to the 2024 Quality Improvement Plan - [2024 Quality Improvement Plan - Alameda County EMS](#)

### NEED(S):

Continuous quality improvement

### OBJECTIVE:

Our purpose is to reduce pain and suffering and improve health of our patients

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 6.02 PREHOSPITAL RECORDS

### MINIMUM STANDARDS:

Pre-hospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: MEETS MINIMUM STANDARD

Refer to the Alameda County EMS Standard Sections and plans below:

- 1.12 (Review and Monitoring)
- 1.18 (QA/QI)
- 5.01 (Assessment of Capabilities)
- 6.01 (QA/QI Program)
- 6.03 (Prehospital Care Audits)

2024 Quality Improvement Plan (QI) PLAN - [2024 Quality Improvement Plan - Alameda County EMS](#)

### DEFINITIVE NETWORKS INCORPORATED

- Zoll legacy data hosting
- Data Analytics
- Agreement till 2024

Pre-hospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency

### NEED(S):

Improve data entry into structured fields and improve data analytics

### OBJECTIVE:

Through scientific data collection and analysis, measurably assess prehospital impact on reducing pain and suffering

### SHORT RANGE PLAN:

- Establish various reports that assess the effect of prehospital interventions
- Expand analysis of MPDS
- Expand Tableau ad hoc reporting capability for EMS
- Expand use of ESO Insights platform
- Compliance monitoring
- First Watch/First Pass analytics

### SHORT AND LONG RANGE PLAN:

- Alameda Health Systems and St. Rose are connected to ESO prehospital data via ESO Health Data Exchange (HDE). HDE will be expanded with other hospitals to assess patient outcomes and the effect of prehospital interventions.

Refer to 6.01 (QA/QI) and 6.03 (Prehospital Care Audits)

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 6.03 PREHOSPITAL CARE AUDITS

### MINIMUM STANDARDS:

Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS: MEETS MINIMUM STANDARD

Refer to the standards below:

- 1.12 (Review and Monitoring)
- 1.18 (QA/QI)
- 5.01 (Assessment of Capabilities)
- 6.01 (QA/QI Program)
- 6.03 (Prehospital Records)
- 2023 QI PLAN

#### All Plans are Short and Long Range

#### Health Data Exchanges (HDE):

- To date, ALCO EMS HDE has been established with Alameda Health System (Highland Hospital, Alameda Hospital, San Leandro Hospital, John George Psychiatric), St. Rose Hospital, Washington Hospital, and UCSF Benioff Children's Hospital-Oakland, seven remaining acute care facilities to be established.

#### Data Metric Tools and Reviews:

- First Watch/First Pass used to assess critical bundles of care
- Tableau, First Watch and ESO analytic tools in place to audit prehospital care
- Monthly Base Call Reviews occur

### NEEDS:

Utilize call reviews, audits and data analysis to assess provider intervention effectiveness

### OBJECTIVE:

To assess and improve patient outcomes, 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.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 6.04 MEDICAL DISPATCH

### MINIMUM STANDARDS:

The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival / post dispatch directions.

Refer to the Alameda County EMS System plan sections, plans, and website:

- 1.12 (Review and Monitoring)
- 1.18 (QA/QI)
- 3.04 (Dispatch Center)
- 5.01 (Assessment of Capabilities)
- 6.01 (QA/QI Program)
- 6.04 (Prehospital Records)
- 2024 QI PLAN

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: MEETS MINIMUM STANDARD

- Alameda County EMS Calls are monitored and reviewed for appropriateness.
- Alameda County EMS Agency has established and continues to facilitate the Medical Dispatch Review Committee (MDRC) 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.

### NEED(S):

Bi-directional computer aided dispatch communications between ACRECC and OFD dispatch centers.

Consider medical provider at RN level or higher into the dispatch centers to assist with alternative destinations for EMS responses where an ambulance or an ED is required.

### OBJECTIVE:

Ensure ongoing communication between FRALS, ALS, BLS/IFT, LE, and LEMSA partners

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 6.05 DATA MANAGEMENT SYSTEM

### MINIMUM STANDARDS:

The local EMS agency shall establish a data management system that supports its system-wide planning and evaluation (including identification of high-risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

### RECOMMENDED GUIDELINES:

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

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

#### CALIFORNIA CODE OF REGULATIONS TITLE 22. SOCIAL SECURITY DIVISION 9. PREHOSPITAL EMERGENCY MEDICAL SERVICES CHAPTER 7. TRAUMA CARE SYSTEMS

California Code of Regulations Title 22. Social Security  
Division 9. Prehospital Emergency Medical Services  
Chapter 7.2 Stroke Critical Care System

California Code of Regulations Title 22. Social Security  
Division 9. Prehospital Emergency Medical Services  
Chapter 7.1 ST-Elevation Myocardial Infarction Critical Care System

### CURRENT STATUS:

Refer to previous sections and local policies/plans (compliant with current CA State Trauma, Stroke, STEMI, and EMSC Regulations):

- 1.12 (Review and Monitoring)
- 1.18 (QA/QI)
- 5.01 (Assessment of Capabilities)
- 6.01 (QA/QI Program)
- 6.05 (Prehospital Records)
- 2024 QI PLAN
- Trauma Care Plan
- Stroke Care Plan
- STEMI Care Plan
- EMSC System Plan

Meets minimum standards through active executed agreements with six transporting ALS agencies/departments, ALL use ESO Solutions for ePCR platform:

- Falck Ambulance
- Berkeley FD
- Alameda City FD
- Albany FD
- Piedmont FD

Nine first responder ALS fire departments, ALL use ESO Solutions EHR platform:

- Berkeley FD
- Alameda City FD
- Alameda County FD
- Albany FD
- Piedmont FD
- Oakland FD

- Hayward FD
- Fremont FD
- Livermore/Pleasanton FD

### **Trauma Receiving Centers**

Meets minimum standards through active executed agreements (expire 6/30/24) with three EMS designated American College of Surgeons (ACS) verified (required) Trauma Receiving Centers (compliant with current CA State Trauma Regulations), ALL use Lancet Trauma-1 database (required for EMS designation):

- Alameda Health System-Highland Hospital (Adult level-1)
- UCSF Benioff Children’s Hospital (Pediatric level 1)
- Sutter Eden Medical Center (Adult level 2)

### **Stroke Receiving Centers**

Meets minimum standards through active executed agreements (expire 12/31/25) with eight EMS designated Joint Commission (JC) certified (required) Primary Stroke Receiving Centers (compliant with current CA State Stroke Regulations), ALL use AHA Get With The Guidelines-Stroke registry (required for EMS designation):

- Alameda Health System-Alameda Hospital
- Alta Bates Summit Medical Center
- Eden Medical Center
- Kaiser-Fremont
- Kaiser-Oakland
- Kaiser-San Leandro
- Stanford Valley Care
- Washington Hospital

### **STEMI / Cardiac Arrest Receiving Centers**

Meets minimum standards through active executed agreements (expire 12/31/25) with seven EMS designated STEMI/Cardiac Arrest Receiving Centers (compliant with current CA State STEMI Regulations), ALL use AHA Get With The Guidelines-CAD registry for STEMI and Cardiac Arrest Registry to Enhance Survival for out-of-hospital cardiac arrest (required for EMS designation):

- Alameda Health System-Highland Hospital
- Alta Bates Summit Medical Center
- Kaiser-Fremont
- Kaiser-Oakland
- St. Rose Hospital
- Stanford Health Care Tri-Valley
- Washington Hospital

### **COORDINATION WITH OTHER EMS AGENCIES:**

#### **NEEDS:**

Real time bi-directional Healthcare Data Exchange (HDE)

#### **OBJECTIVE:**

The purpose of this HDE initiative is to enhance continuity of care between Alameda County Emergency Medical Services (EMS) and system receiving hospitals, provide patient outcomes to EMS providers, and optimize billing practices to reduce insurance claim issues that could financially impact the patient through connecting EMS data with receiving facility data. The platform design is on an encounter specific basis to allow timely bi-directional digital sharing of information pertinent to patient demographics, billing, and clinical care.

Establishment of the HDE would allow EMS patient care reports (PCR) to be digitally transferred in the hospital data systems and subsequently into the patient's Electronic Medical Record (EMR) in either a PDF format or by populating established fields within the system as soon as they are completed by the EMS provider. In addition, patient demographics and insurance information would be shared bi-directionally to help assure that both the EMS provider and the receiving facility both have accurate information.

Clinically, beyond the transferring of information into the hospital data collection system, patient outcome information such as diagnosis, admission/discharge status and interventions can be automatically shared with the EMS care providers involved with that specific patient encounter so that they can compare against their evaluations, assessments, interventions and treatments in order to enhance their skills as a clinical provider.

Furthermore, the bi-directional sharing of information will allow for more timely and efficient collection and reporting of program specific registry data for both EMS and specialty receiving centers. Additionally, this initiative will enhance system oversight as well as future quality and process improvement strategies.

To date, ALCO EMS HDE has been established with Alameda Health System (Highland Hospital, Alameda Hospital, San Leandro Hospital, John George Psychiatric), St. Rose Hospital, Washington Hospital, and UCSF Benioff Children's Hospital-Oakland, seven remaining acute care facilities to be established.

Continuous monitoring and evaluation of specialty care systems performance data for needed policy/protocol modification, with the intention to improve system operations, quality/continuity of care, and optimize patient outcomes.

**TIME FRAME FOR MEETING OBJECTIVE:**

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



## 6.06 SYSTEM DESIGN EVALUATION

### **MINIMUM STANDARDS:**

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

**RECOMMENDED GUIDELINES:** None.

### **CURRENT STATUS: MEETS MINIMUM STANDARDS**

Pursuant to Section 1797.224 of the California Health and Safety Code, ALCO EMS has established 5 exclusive operating areas (EOAs) for 9-1-1 ambulance transport services. The EOAs, as currently configured, were implemented on June 29, 1990.

Four of the EOAs are granted through an exclusive non-competitive process due to grandfathering city fire departments that provided ambulance services prior to The Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act of 1980. The four grandfather EOAs are the city of Alameda, the city of Albany, the city of Berkeley, and the city of Piedmont. The city of Berkeley EOA includes the state property of UC Berkeley and the federal property at Lawrence Berkeley Lab. There has been no efforts or requests to re-evaluate these EOAs.

In 2019, post-implementation of the successful contractor from the last competitively bid process, the fifth EOA, which encompasses the remainder of Alameda County, except for the federal LLNL property, was re-evaluated by a LEMSA initiated work group comprised of system stakeholders which included representatives from ambulance providers, fire departments, hospitals, and elected officials from both the cities and county. The work group determined that it was important to maintain the EOA as is to provide equitable and consistent delivery of high-quality EMS services to our communities. In addition, Alameda County EMS held further stakeholder meetings to inform our next RFP. Organizations have been cross-sectional and inclusive. The original stakeholder group included the LEMSA, fire departments, hospital leadership, city managers, representatives from labor, staff members from the Board of Supervisor districts, ambulance providers, and more. After those stakeholders met, the vision of the group was presented to community groups for feedback including access and functional needs communities, senior care providers, Public Health Commission, Mayors Conference, Board of Supervisors, at-large community meetings, and more.

The EOA was last competitively bid in 2018 with the winning contractor, Falck, implementing service in July of 2019. Falck has been awarded the EOA for a 5-year term and a 2-year extension ending in June of 2026.

Pursuant to the efforts listed above, Alameda County EMS is currently conducting an 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.

### **NEED(S):**

Continue working with RFP process for 911 EOA Emergency Ambulance Services and evaluate system recommendations. Continue to incorporate the feedback from the community listening sessions and EMS partner stakeholders.

### **OBJECTIVE:**

Use evidence-based data to develop an RFP that moves away from the single service delivery model of a call to 911 results to a transport to a hospital. It is clear that design does not deliver the best patient care or perpetuate sustainable use of resources. Innovation and use of an alternate continuum of care is needed.

There are many hurdles to overcome to reach this envisioned system including legislation, regulations, and funding, but there are movements in all areas in the EMS efforts that may make this envisioned system a reality in the future.

Further, there needs to be a shift away from response time compliance as many well-regarded studies have found in the majority of cases, code 3 responses do not make a difference in patient outcome and, in fact, needlessly endanger the public and our field health care providers. Clinical metrics should be the performance indicators by which we measure the success of our prehospital care.

Refer to the Alameda County EMS Sections and plans:

- 1.12 Review and Monitoring
- 1.18 QA/QI
- 5.01 Assessment of Capabilities
- 6.01 QA/QI Program
- 2024 QI Plan

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 6.07 PROVIDER PARTICIPATION

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

CALIFORNIA CODE OF REGULATIONS TITLE 22. SOCIAL SECURITY  
DIVISION 9. PREHOSPITAL EMERGENCY MEDICAL SERVICES  
CHAPTER 7. TRAUMA CARE SYSTEMS

California Code of Regulations Title 22. Social Security  
Division 9. Prehospital Emergency Medical Services  
Chapter 7.2 Stroke Critical Care System

California Code of Regulations Title 22. Social Security  
Division 9. Prehospital Emergency Medical Services  
Chapter 7.1 ST-Elevation Myocardial Infarction Critical Care System

California Code of Regulations  
Title 22. Social Security  
Division 9. Prehospital Emergency Medical Services  
Chapter 14. Emergency Medical Services for Children (EMSC)

### CURRENT STATUS:

Refer to previous sections and local policies/plans (compliant with current CA State Trauma, Stroke, STEMI, and EMSC Regulations):

- 2024 QI Plan
- Trauma Care Plan
- Stroke Care Plan
- STEMI Care Plan
- EMSC System Plan

### NEED(S):

System-wide evaluation of specialty care systems performances

### OBJECTIVE:

Continuous monitoring and evaluation of specialty care systems performance for needed policy/protocol modification, with the intention to improve system operations, quality/continuity of care, and optimize patient outcomes.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 6.08 REPORTING

### MINIMUM STANDARDS:

The local EMS agency shall, at least annually, report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

**RECOMMENDED GUIDELINES: None.**

### CURRENT STATUS: Meets Minimum Standards

There are many ways in which we keep our stakeholders informed of our system design and operations. Below are examples:

- Publish EOA provider compliance on our EMS website
- Publish APOT data on our EMS website
- Meet regularly with the Board of Supervisors in total as well as the following subcommittees:
  - Health Committee
  - Public Protection Committee
- Meet regularly with EMS partners (monthly or quarterly)
  - Ambulance Providers (BLS and ALS)
  - STEMI Programs
  - Stroke Programs
  - Dispatch Centers
  - Receiving Hospitals
  - APOT Committee
  - EMS Quality Council
  - EMS Section Chiefs
  - Fire Chiefs

We engaged our stakeholders in future planning that resulted in the current RFP for the 911 EOA transport provider.

### NEEDS:

Education for our community members and stakeholders regarding the updated system design that is reflected in the aforementioned RFP..

### OBJECTIVE:

Continue reporting on the EMS system but look to the future collaboratively to implement and monitor a system that more effectively meets the needs of our communities.

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 6.09 ALS AUDIT

### MINIMUM STANDARDS:

The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and pre-hospital activities.

### RECOMMENDED GUIDELINES:

The local EMS agency's integrated data management system should include pre-hospital, base hospital, and receiving hospital data.

### CURRENT STATUS: MEETS MINIMUM STANDARD

- Audit process is defined within EMS CQI Plan.
- Unusual Occurrence process established which can trigger an audit if warranted.
- All 9-1-1 providers utilize a single unified data collection system (ESO).
- Routine auditing of Base Hospital use and outcomes
- FirstPass is utilized by all 9-1-1 providers
- ESO Insights is utilized by all 9-1-1 providers.
- Refer to the 2024 EMS QI Plan - [2024 Alameda County EMS QI Plan](#)

### NEED(S):

Improve and enhance data integration, data analysis and unusual occurrence reporting processes.

Expand HDE to all receiving facilities.

Complete development and roll out of Patient Centric FirstPass which allows providers to see full continuum of care from fire first response through transport.

### OBJECTIVE:

Improve patient care and outcomes

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 6.10 TRAUMA SYSTEM EVALUATION

### MINIMUM STANDARDS:

The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a trauma registry, a mechanism to identify patients whose care fell outside of established criteria, and a process for identifying potential improvements to the system design and operation.

### RECOMMENDED GUIDELINES:

CALIFORNIA CODE OF REGULATIONS TITLE 22. SOCIAL SECURITY  
DIVISION 9. PREHOSPITAL EMERGENCY MEDICAL SERVICES  
CHAPTER 7. TRAUMA CARE SYSTEMS

### CURRENT STATUS: MEETS MINIMUM STANDARDS,

Refer to previous sections and local policies/plans (compliant with current CA State Trauma Regulations):

- 1.07 (Trauma Planning) Form
  - 1.26 (Trauma System Plan) Form
  - 5.01 (Assessment of Capabilities) Form
  - 5.04 (Specialty Care Facilities) Form
  - 6.10 (Specialty System Design) Form
  - 6.11 (Trauma Center Data) Form
  - Trauma System Plan \*\*
- 
- Alameda County EMS participates in the scheduled internal Trauma Center (TC) system and clinical oversight committee meetings (ALL). This helps to ensure inclusive representation from the stakeholders involved with care of the trauma patient.
  - The Trauma Program Coordinator for Alameda County works closely with all TC Medical Directors, 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.
  - Continuous monitoring and evaluation of trauma care system performance with multidisciplinary stakeholder input for needed policy/protocol modification to improve system operations, quality/continuity of care, and optimize patient outcomes.
  - Comprehensive review and evaluation of Alameda County Trauma System completed in 2022 by Bishop + Associates. Recommendation of additional trauma center within the next 5 years and earliest need for a second additional trauma center would be in 10 years.

### NEED(S):

EMS Agency will work collaboratively with Washington Hospital to ensure successful ACS approval and LEMSA designation as a Level II Adult Trauma Center within the next 4 years.

Alameda County EMS continuous Trauma System monitoring/evaluation and on-going support for Washington Hospital's transition to a Level II Adult Trauma Center.

Establish and complete an EMS pre-designation review/evaluation process for Washington Hospital prior to them receiving EMS trauma patients.

Continuous monitoring/evaluation of trauma system after designating an additional Level II Adult Trauma Center.

**OBJECTIVES:**

Continued evaluation of the trauma system design and support for the Washington Hospital transition to an EMS designated and ACS Verified Level II Adult Trauma Center.

Collaboration with Washington Hospital to ensure safe, efficient and effective implementation of trauma services.

Complete EMS pre-designation review / evaluation and ensure Washington Hospital is compliant with all minimum current CA State Trauma Regulation requirements regarding a Level 2 adult trauma receiving center.

Continue to work with ALCO receiving facilities and ESO to broaden bidirectional HDE availability to all facilities, including existing and future trauma receiving centers.

Continuous monitoring and evaluation of trauma care system performance for needed policy/protocol modification to improve system operations, quality/continuity of care, and optimize patient outcomes.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 6.11 TRAUMA CENTER DATA

### MINIMUM STANDARDS:

The local EMS Agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information that is required for quality assurance/quality improvement and system evaluation.

### RECOMMENDED GUIDELINES:

The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their QA/QI and system evaluation program.

California Code of Regulations

TITLE 22. SOCIAL SECURITY

DIVISION 9. PREHOSPITAL EMERGENCY MEDICAL SERVICES

CHAPTER 7. TRAUMA CARE SYSTEMS

### CURRENT STATUS: MEETS MINIMUM STANDARDS

Meets minimum standards through active executed agreements (expire 6/30/24) with three EMS designated American College of Surgeons (ACS) verified (required) Trauma Receiving Centers (compliant with current CA State Trauma Regulations), ALL use Lancet Trauma-1 database (required for EMS designation):

- Alameda Health System-Highland Hospital (Adult level-1)
- UCSF Benioff Children's Hospital Oakland (Pediatric level 1)
- Sutter Eden Medical Center (Adult level 2)

- 
- EMS monitors current active contracts and data requirements and participates in quarterly Trauma Audit Committee (TAC) meetings.
  - TAC has Implemented the use of the American College of Surgeons Trauma Quality Improvement Program (ACS TQIP®) data for TC PI.
  - Ensure appropriate feedback and action taken if / when trauma patients are transported to non-trauma center hospitals.
  - Continued enhancement of quality improvement programs 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.
  - EMS reviews all pediatric trauma activations transported to adult TCs

Refer to previous sections and local policies/plans (compliant with current CA State Trauma Regulations):

- 1.07 (Trauma Planning) Progress Update Form 2023-24
- 1.26 (Trauma System Plan) Progress Update 2023-24
- 5.01 (Assessment of Capabilities) Progress Update Form 2023-24
- 5.04 (Specialty Care Facilities) Progress Update Form 2023-24 \*\*
- 6.10 (Specialty System Design) Progress Update Form 2022-23 \*\*
- 6.11 (Trauma Center Data) Progress Update Form 2023-24 \*\*
- Trauma System Plan \*\*

### NEED(S):

Establish real time bi-directional Healthcare Data Exchange (HDE) (EMS PCR-Hospital EMR including patient outcomes) for all acute care receiving hospitals in Alameda County, which include existing and future Trauma Centers.



**OBJECTIVE:**

To date, ALCO EMS HDE has been established with Alameda Health System (Highland Hospital, Alameda Hospital, San Leandro Hospital, John George Psychiatric), St. Rose Hospital, Washington Hospital, and UCSF Benioff Children's Hospital-Oakland, seven remaining acute care facilities to be established.

Continuous monitoring and evaluation of trauma care system performance data for needed policy/protocol modification, with the intention to improve system operations, quality/continuity of care, and optimize patient outcomes.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 7.01 PUBLIC INFORMATION MATERIALS

### MINIMUM STANDARDS

The local EMS agency shall promote the development and dissemination of information materials for the public that addresses: understanding of EMS system design and operation; proper access to the system; self-help (e.g., CPR, first aid, etc.); patient and consumer rights as they relate to the EMS system; health and safety habits as they relate to the prevention and education of health risks in target areas; and appropriate utilization of emergency departments.

**RECOMMENDED GUIDELINES:** None

### CURRENT STATUS: MEETS MINIMUM STANDARDS

#### Information Dissemination

Alameda County EMS continues to develop and disseminate county-wide EMS information materials at community events and training programs. (Refer to Alameda County EMS Website).

The Alameda County EMS website includes:

- 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](http://www.youstopthebleed.org))
- Emergency Preparedness and Response resources
- EMS for Children (Emergency School Guidelines and ED Pediatric Readiness Site Visit Resources)
- Childhood and Senior Injury Prevention Information and resources

#### Social Media

- Alameda County EMS's Injury Prevention Program utilizes a variety of social media platforms to disseminate Childhood Injury Prevention information and notify the public of regulation changes, product recalls, special community events, and to promote information from community partners.

#### Covid-19 Response

- Alameda County EMS, in conjunction with other local governmental agencies and community based organizations, was at the forefront of information dissemination during the COVID-19 Pandemic.
- EMS provided clear and consistent communication with EMS providers, local hospitals, and skilled care facilities on best practices, CDC and local health guidelines
- Many EMS staff were deployed for the County's COVID-19 response. Positions filled by EMS staff were: Resource Request Unit, Personnel Unit, Public Health liaison, Public Health DOC Director, Med/Health Branch Director, and MOHAWK. In addition to these roles, EMS also assisted in staffing the EOC Public Information lines (emails and phone calls)

**NEED(S):**

#### **OBJECTIVES:**

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.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

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

## 7.02 INJURY CONTROL

### MINIMUM STANDARDS

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

### RECOMMENDED GUIDELINES

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

### CURRENT STATUS: MEETS MINIMUM STANDARD

#### **Real Event Surge Response and Medical Response Surge Exercises (MRSE)**

EMSC Coordinator supports OA EOC Medical Health Branch and MHOAC as needed. When issues or questions arise, collaboration continues to be vital between the EMSC Coordinator and IPP to disseminate information.

#### **Community Based AEDs HeartSAFE project**

- Continuing the 3-year contract with Via Heart Foundation until September 2024, which replaced ICE Safety Solutions. Alameda County EMS is planning to continue a contract with Via in 2024-2025.
- Via Heart Foundation provides oversight and maintain 92 community-based AEDs

#### **Stop the Bleed Campaign**

- Continued Stop the Bleed public awareness and information campaign
- Continued work with CBOs who provide services for older adults to identify older adult patients from 911 system who may benefit from fall prevention programs

#### **Alameda County Care Connect**

- Assisted by access to Community Health Record, collaborate with community partners to develop strategies to connect high 911 utilizers with appropriate care

#### **Assess and Refer**

- Developed and implemented Assess and Refer policy for EMS system providers
- Collaborate with community partners to assist with referrals, develop care plans and standard messaging
- Continue outreach to relative stakeholders
- Continue education and training with EMS providers

#### **Youth Alive Trauma Violence Intervention Program**

- 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.

#### **Childhood Injury Prevention Program**

##### **Safe Kids Alameda County**

- Facilitated by Injury Prevention Program (IPP) staff, Coalition focuses on prevention of unintentional injuries to children/youth
- Coalition members include: East Oakland Health Center, Brighter Beginnings, Alameda Health Systems (Highland Hospital), Eden-Sutter Hospital, Oakland Police Department, California Highway Patrol, UCSF Benioff Children's Hospital Oakland, Asian Health Services, Alameda County Lead Program, Safe Routes to School, and numerous non-profit and community-based organizations
- The Coalition meets bi-monthly to share expertise, invite guest speakers and coordinate educational classes, public outreach, and community events

### **Child Passenger Safety**

- Holds monthly Car Seat Inspection Station
- Hosts/participates in car seat check-up events with community partners such as CHP, UCSF Benioff Children's Hospital Oakland, West Oakland Health, Livermore Head Start, and many others
- Provides training opportunities to professionals utilizing the Nationally Standardized Child Passenger Safety Technician Training Program
- Provides a minimum of 6 units of Continuing Education to Certified Child Passenger Safety Technicians annually
- Continues to host Safe Kids Day. 250 booster seats and helmets are distributed at no cost to low-income Alameda County residents along with a robust health and safety fair connecting residents to services
- EMS IPP staff coordinates with Alameda County Social Services Agency to provide car seat education to newly hired social workers.
- EMS IPP staff coordinates with multiple Head Start agencies to provide car seat, pedestrian and wheeled sports safety trainings to staff and parents/caregivers

### **Walk to School Day**

- Program continues to participate in International Walk to School Day

### **Child Care Emergency Plan**

- EMS for Children Coordinator is part of the California EMS for Children Technical Advisory Committee
- Injury Prevention is inserted in the Alameda County Pediatric Surge Annex

### **Senior Injury Prevention Program**

#### **Senior Injury Prevention Partnership (SIPP)**

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, Spectrum, CityServe of the Tri-Valley, Sutter Health Systems; City of Fremont, St. Mary's Health Center, Institute on Aging, and other community based and non-profit organizations
- In addition to their networking and advocacy, SIPP plans and facilitates an annual Senior Injury Prevention Educational Forum for senior services providers.

### **Community Based Presentations**

IPP staff conducts the following sessions for older adults in Alameda County:

- Fall Prevention Presentations
- Emergency Preparedness Presentations

#### **Grant Funded, Evidence Based Falls Prevention Classes**

- EMS IPP was awarded a 3-year grant from the Partners in Care Foundation to implement several evidence-based fall prevention programs. Grant objectives have been met prior to the conclusion of the full grant cycle which includes a one-year extension
- Classes were held in both in-person and on-line formats.
  - Matter of Balance
  - Tai Chi for Arthritis
  - Bingocize
- EMS IPP provides the following trainings for professionals and program volunteers
  - Tai Chi for Arthritis Instructor Training
  - Matter of Balance Coach Update Class
  - Matter of Balance Coach Training

- Individual Bingocize Instructor Training

**Community Outreach**

- EMS IPP staff assists in planning and day-of coordination of the Healthy Living Festival, sponsored by the United Seniors of Alameda County and County Supervisor Nate Miley
- EMS IPP staff participates in health fairs and community events at the request of event organizers

**NEED(S):**

**OBJECTIVES**

Based upon quantitative and qualitative data, continue outreach to low-income, racially/ethnically diverse populations

Educate and advocate for the creation of appropriate legislation improving services for and safety of children and older adults

Engage in community partnerships facilitating intervention and more comprehensive service delivery to at-risk populations to include Children, Older Adults, and Functional Needs; (connect case managers and mental health teams)

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

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 7.03 DISASTER PREPAREDNESS

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

### CURRENT STATUS: MEETS MINIMUM STANDARD

- Stop the Bleed awareness and information campaign
- Community Stop the Bleed training
- Promote volunteer participation for local disaster preparedness activities
- Collaborate with 2-1-1 for disaster messaging and training
- Collaborate with community partners and facilitate disaster preparedness training for special populations
- EMS Coordinator serves as the DHV administrator for Alameda County

### Stop the Bleed Program (funded by UASI and SHSGP)

- Conducted 19 Stop the Bleed trainings to 276 participants
- Trained 10 Stop the Bleed instructors
- Assisted with Trauma Centers to teach Stop the Bleed at different schools and events
- Community Outreach & Involvement
- Provided CPR, bleeding control and first aid training to community members at Safe Kids Day, Mentors in Medicine, National Night Out, and Piedmont Seniors
- Helped with interviews for MACRO team candidates
- Helped with set-up, safety, and tear down for Healthy Living Festival
- Participated with Domestic Violence Fatality Review Team (DVFRT)
- Participated with Homeless Mortality Review Team (HMRT)
- Developed EMS High Utilizer Workgroup (EMS agencies and community partners discussing cases to help coordinate appropriate care for individuals who frequently utilize emergency services for non-urgent needs)

### NEED(S):

### OBJECTIVE:

Continue outreach and collaboration with community partners

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 7.04 FIRST AID & CPR TRAINING

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high risk groups.

### CURRENT STATUS: MEETS MINIMUM STANDARD

#### AED/PAD Program

- A contract was implemented in October 2021 with **Via Heart Project** to manage 92 Community AEDs across the county.
  - The Via Heart Project contractor deliverables include performs site visits; replaces all community AED pads and batteries; ensure an AED coordinator has been identified at each location; and requires AED inspections tracked at each community site
  - The VIA Heart Project also tracks Alameda County EMS vehicle AEDS with required inspection checks and pad and battery replacement.
  - The VIA Heart Project offers CPR and AED training to the Alameda Community AED locations under their contract if requested. The Alameda County EMS contract with VIA Heart Project does not include the training requirement.
  - Agreement with Via Heart Project has a term of 3 years ending September 30<sup>th</sup>, 2024, at which point terms, service, and performance will be reviewed. Given the VIA Heart project vendor meets the contract deliverable requirements, the contract with Alameda County EMS is anticipated to be renewed.

#### CPR 9

- State legislation requires ninth graders that take health science be trained in CPR as a graduation requirement. Alameda County EMS has transitioned formerly used resources for CPR 7 to support the ongoing CPR 9 efforts.
  - Select CPR 7 sites decided to keep their programs, which Alameda County EMS continues to support if needed.

#### Stop the Bleed Program (funded by UASI and SHSGP)

- Conducted 19 Stop the Bleed trainings to 276 participants
- Trained 10 Stop the Bleed instructors
- Assisted with trauma centers to teach Stop the Bleed at different schools and events
- Partnership with the Alameda County Office of Emergency Services and 211 to conduct Stop the Bleed Trainings

#### Community Outreach & Involvement

- Provided CPR, bleeding control and first aid training to community members at Safe Kids Day, Mentors in Medicine, National Night Out, and Piedmont Seniors
- Helped with set-up, safety, and tear down for Healthy Living Festival
- Participated with Domestic Violence Fatality Review Team (DVFRT)
- Participated with Homeless Mortality Review Team (HMRT)
- Developed EMS High Utilizer Workgroup (EMS agencies and community partners discussing cases to help coordinate appropriate care for individuals who frequently utilize emergency services for non-urgent needs)

### NEED(S):

Continue to support community outreach and training

### OBJECTIVE:

Community resiliency particularly among high risk groups

**TIME FRAME FOR MEETING OBJECTIVE:**

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



## 8.01 DISASTER MEDICAL PLANNING

### MINIMUM STANDARDS:

In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: MEETS MINIMUM STANDARD

- The ALCO EMS MHOAC and RDMHS coordinates medical and health planning and response activities with Alameda County OA OES.
- The ALCO EMS Medical / Health Branch is activated in the OA EOC when needed with ALCO OES.
- Alameda County EMS ensures coordination with OES and contributes to the catastrophic disaster planning and testing of the OA County EOP.
- ALCO EMS ensures maintenance of inventory for all-hazards resources at the Alameda County EMS Logistics Warehouse.
- Health Emergency Preparedness and Response (HEPR) division of EMS Agency actively involved with disaster medical plan development in coordination with OES and Public Health.
  - Alameda County EMS conducted the Transportation Radiological Medical Response Surge Exercise (MRSE) on April 17, 2024.
  - Alameda County participated in the UCSF Children’s Hospital and Pediatric Pandemic exercise Feb. 29, 2024. The scenario tested a mass casualty chemical surge event.
  - HEPR developed the Disaster Preparedness Healthcare Coalition (DPHC) catastrophic plans and annexes which includes the Radiological and chemical surge and pediatric surge plans.
  - ALCO OES is represented in the ALCO DPHC. ALCO EMS has regular weekly interface with OES emergency coordination staff.
- The ALCO EMS Co-Location Project is updated and tested. Refer to the EMS System Plan sections: 5.05 (Mass Casualty Management) and 5.06 (Hospital Evacuation) for additional information.
- Alameda County EMS manages the CHEMPACK Program.
- Tactical Medical Training included coordination with ALCO OES:
  - Conducted 40-hour Tactical Medical Technician course (including Tactical Emergency Casualty Care (TECC) and Police Officer Standards and Training (POST) administration)
  - San Leandro PD active shooter training
  - Dublin (ACSO) active shooter training
  - Albany PD active shooter training
  - Cal State EB & EMS Corps active shooter exercise
- Other Disaster Preparedness & Exercises included coordination and planning with ALCO OES.
  - Oakland Airport FAA TTX
  - EMSA Maritime FSE
  - HEPR Shelter Exercise
  - Assisted with getting responder resilience program (Anticipate, Plan & Deter: PsySTART) to Cal OES Region II/SF UASI Region

**NEED(S):**

### OBJECTIVE:

Continue to strengthen and broaden partnerships and collaboration while socializing plans and updating as needed

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 8.02 RESPONSE PLANS

### MINIMUM STANDARDS:

Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS: MEETS MINIMUM STANDARD

Alameda County Fire Department has a HazMat response team for any incidents involving toxic substances.

Alameda County Emergency Operations Plan outlines a multitude of different catastrophic disaster types with specific annexes focused on incident specific guidance.

The Alameda County Disaster Preparedness Healthcare Coalition Plans include Radiological and Chemical Surge plans aligned with the ALCO EOP and the state Public Health / Medical EOM.

The Alameda County EMS Field Manual includes policies and protocols for MCI response and protocols for a variety of hazards.

### 2024 FIELD PROTOCOLS

[2024 Alameda County EMS Field Manual](#)

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Additionally, refer to the following forms within the System Plan:

- o 3.06 (MCI/Disasters)
- o 4.12 (Disaster Response)
- o 4.15 (MCI Plans)
- o 5.05 (Mass Casualty Management)
- o 8.01 (Disaster Medical Planning)

### NEED(S):

### OBJECTIVE:

Socialize plans and update as needed

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 8.03 HAZMAT TRAINING

### MINIMUM STANDARDS:

All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: MEETS MINIMUM STANDARD

- ALCO EMS Providers are trained to HAZMAT standards according to their response roles
- 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 Field Manual). Nearly all public safety providers have received HazMat training in at least the **“First Responder Awareness Level.”** Many firefighter personnel trained to the first responder level.
- ALCO EMS Providers participated in HAZMAT exercises as follows:
  - The ALCO EMS Medical Surge Response Exercise held April 17, 2024
  - The UCSF Benioff children’s Hospital and Pediatric Pandemic Network (PPN) held Feb. 29, 2024.
- The ALCO EMS Field Manual includes HAZMAT policy requirements:
  - [2024 FIELD PROTOCOLS](#)
  - [2024 Alameda County EMS Field Manual](#) – p.151

**NEED(S):**

### OBJECTIVE:

Update plans and training as needed

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 8.04 INCIDENT COMMAND SYSTEM

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS: MEETS MINIMUM STANDARD

- Provider contracts require ICS 100, 200, 700, and 800b for all field level personnel. Leadership is required to have ICS 300 and 400.
- ICS and SEMS are leveraged during local, regional, state, and federal disasters.
- All disaster plans utilize ICS as the basis for incident management.

### NEED(S):

### OBJECTIVE:

Test and update plans with ICS as needed

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 8.05 DISTRIBUTION OF CASUALTIES

### MINIMUM STANDARDS:

The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS: MEETS MINIMUM STANDARD

- The Alameda County EMS Field Manual 2024 provides guidance on first round patient distribution for multicausality events.
  - Refer to the ALCO EMS Field Manual 2024 MCI Policy [ALCO EMS Field Manual 2024](#)
- ReddiNet is leveraged for facility polling in order to aid in destination decisions.
  - Refer to new ReddiNet Administration Policy - [Alameda County ReddiNet Administrative Policy 2024](#)
- Larger scale events would engage the ALCO EMS Duty Officer, MHOAC or RDMHSs if broader distribution outside of our county was required.
  - Refer to the ALCO EMS website disaster section - [Alameda County EMS Website- Disaster Preparedness Section](#)
- Refer to the following forms within the 2024 EMS System Plan:
  - 4.12 Disaster Response
  - 4.15 MCI Plans
  - 5.05 Mass Casualty Management
  - 5.06 Hospital Evacuation
- Refer to the emergency and surge plans for specialized patient distribution
  - [HCC Radiation Surge Annex](#)
  - [HCC Burn Surge Annex](#)
  - [HCC Pediatric Surge Annex](#)

### NEED(S):

### OBJECTIVE:

Continue to socialize plans, test and update as needed

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 8.06 NEEDS ASSESSMENT

### MINIMUM STANDARDS:

The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS: MEETS MINIMUM STANDARD

- Alameda County EMS has a web-based ordering platform for requesting of PPE and other resources. Additionally, an electronic resource request form is available for medical/health partners to communicate their needs.
- Salesforce is leveraged for any requests that cannot be satisfied within our County so that they can be sourced at either the regional, state, or federal level.
- During significant incidents or disasters electronic SitStat and Flash Report forms are requested for situational awareness and to assist in anticipating any needs that may arise.
- ReddiNet is also utilized for facility communications – using either messaging or polling functionality.
- Also refer to the following forms within the EMS System Plan:
  - 3.06 MCI/Disasters
  - 4.12 Disaster Response
  - 8.07 Disaster Communications

### NEED(S):

### OBJECTIVE:

Socialize, test, and update plans as needed

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 8.07 DISASTER COMMUNICATIONS

### MINIMUM STANDARDS:

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

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: MEETS MINIMUM STANDARD

- East Bay Regional Communication System (EBRCS) and Alameda County Regional Emergency Communication Center (ACRECC) is utilized for disaster communications.
  - During a large-scale incident ACRECC can assign a TAC channel specific to the event or patch multiple channels together so that they can be leveraged across disciplines – Fire, Ambulance, and others.
- CALCORD is leveraged for all air ambulance communications.
- Additionally, communications can occur through ReddiNet as well as [Med1@acgov.org](mailto:Med1@acgov.org) which is an email address created for the sole purpose of disaster communications with Alameda County EMS or the OA Medical/Health Branch of the County EOC which EMS operates when activated.

### NEED(S):

### OBJECTIVE:

Ensure regular training, testing and system updates for all vital disaster communications with partners

### TIME FRAME FOR MEETING OBJECTIVE:

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



## 8.08 INVENTORY OF RESOURCES

### MINIMUM STANDARDS:

The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS: MEETS MINIMUM STANDARD

- Alameda County EMS maintains open and consistent communication regarding available and deployable disaster resources with OES, Social Services, and other County agencies.
- Alameda County EMS has been operating a PPE warehouse since the onset of the pandemic and maintains meticulous records of inventory utilizing Operative IQ software.
- Alameda County EMS has communicated with state disaster warehousing to share best practices.
- Alameda County EMS acquired a 2-acre 21,000 sq. foot high security warehouse with emergency back-up power in San Leandro. This location supports combined operations of warehousing and disaster support needs. The location houses several response trailers for various types of needs for EMS and is the home of the Alameda County EMS Mass Casualty response vehicle. This location is staffed by two full time personnel and serves as the back-up Emergency Department of Operations Center (DOC
- A second full time employee is being onboarded to assist with inventory and warehouse management.

### NEED(S):

### OBJECTIVE:

Update and maintain inventories of disaster medical resources

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 8.09 DMAT TEAMS

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS: MEETS MINIMUM STANDARD

- Alameda County supports the Region II DMAT teams with other Bay Area Counties.
- Additionally, two staff members from the EMS Agency, an EMS Coordinator and our Medical Director, are active DMAT team members. They are actively supported to attend trainings and deployments as needed.

**NEED(S):** None noted

### OBJECTIVE:

Continue outreach, support and partnership building

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 8.10 MUTUAL AID AGREEMENTS

### MINIMUM STANDARDS:

The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, that ensure sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: MEETS MINIMUM STANDARD

- Alameda County EMS currently serves as the RDMHS for Region II
- RDMHS facilitated signed Mutual Support Agreements with all Region II operational areas which include:
  - Alameda, Contra Costa, Del Norte, Humboldt, Lake, Marin, Mendocino, Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, and Sonoma Counties.
- 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.

**NEED(S):**

### OBJECTIVE:

Encourage signing of mutual aid (mutual support) agreement with remaining Region II counties

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 8.11 CCP DESIGNATION

### MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate Field Treatment Sites (FTS).

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: MEETS MINIMUM STANDARD

- Developed Co-Location Framework (refer to 5.05 Mass Casualty Management)

### COORDINATION WITH OTHER EMS AGENCIES:

- Inclusion of advanced and basic life support transport agencies
- Inclusion of local fire departments

### NEED(S):

### OBJECTIVE:

Continue outreach, planning, education and training with community stakeholders

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 8.12 ESTABLISHMENT OF CCP

### MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES, shall develop plans for establishing Casualty Collection Points (CCP) and a means for communicating with them.

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: MEETS MINIMUM STANDARD

- CCP generally are established specific to each incident depending on accessibility, size of incident, any hazards or safety concerns.
- For large scale disaster the Co-Location Framework exists which pairs an EMS resource with a clinic to expand care for low acuity patients. Communication is facilitated through EMS provider radios on EBRCS.
- Refer to the following forms in the Table 1 section of the EMS System Plan:
  - 3.06 MCI / Disasters
  - 4.12 Disaster Response
  - 4.15 MCI Plans
  - 5.05 Mass Casualty Management
  - 8.07 Disaster Communications
  - 8.11 CCP Designation

**NEED(S):**

### OBJECTIVE:

Continue socializing, testing, and updating plans as needed

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 8.13 DISASTER MEDICAL TRAINING

### MINIMUM STANDARDS:

The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

### RECOMMENDED GUIDELINES:

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

### CURRENT STATUS: MEETS MINIMUM STANDARD

Alameda County EMS regularly conducts exercises in partnership with allied agencies to review and refresh disaster medical training and management of casualties. Additionally, guidance is contained within the MHOAC manual, the Alameda County EOP and the Alameda County EMS Field Manual.

Refer to the following forms in the EMS System Plan:

- 4.12 Disaster Response
- 4.14 Incident Command System
- 4.15 MCI Plans
- 8.03 HazMat Training
- 8.04 Incident Command System
- 8.05 Distribution of Casualties

Refer to the HCC Radiation Plan to support the ALCO Disaster Preparedness Healthcare Coalition (DPHC) Plans

Alameda County EMS conducted a Radiological Training webinar on 3/7/24 with EMS system partners. The Medical Surge Response Exercise (MRSE) Radiological event tabletop is scheduled for 3/13/24 and the functional exercise is schedule for 4/17/24. EMS provider responders will be participating.

Alameda County EMS participated in the UCSF Chemical and Pediatric Surge Exercise with EMS transport providers and hospitals on 2/29/24.

### NEED(S):

### OBJECTIVE:

Continue to socialize, test, and update plans as needed

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 8.14 HOSPITAL PLANS

### MINIMUM STANDARDS:

The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

### RECOMMENDED GUIDELINES:

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and pre-hospital medical care agencies.

### CURRENT STATUS: MEETS MINIMUM STANDARD

Alameda County EMS actively involves facilities in exercises, trainings, and drills to ensure continuity of care and mutual understanding between pre-hospital and in-hospital providers.

Hospitals participated in multiple medical and health exercises as follows:

- UCSF Benioff Children's Hospital and the National Pediatric Pandemic Network (PPN) "Chemical and Pediatric" Table-top Exercise was held 2/29/2024 with the Northern California Bay Area Healthcare Coalitions. ALCO hospitals discussed and tested the Chemical, MCI, and pediatric surge plans and policies.
- The Alameda County Medical Response Surge Exercise (MRSE) was held 4/17/2024. The functional exercise utilized a transportation radiological incident scenario to test bi-directional situation status reports with updates, MCI patient tracking, customized polling, and communications. Hospital Command Centers (HCCs) tested coordination with the ALCO OA EOC Medical/Health Branch (including testing ReddiNet and VEOCI communications). The MRSE exercise with hospitals and other health system-wide partners is conducted annually and facilitated by the ALCO Disaster Preparedness Hospital Coalition (DPHC). ALCO EMS ensures a robust AAR improvement plan after each exercise.

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When unusual occurrences arise at facilities, EMS Duty Officers engage with the facility to have situational awareness of mitigation and preventative measures and will facilitate an after action and continuity of operations plan review when appropriate.

Additionally, refer to the following sections in the EMS System Plan:

- 4.15 (MCI Plans)
- 5.05 (Data Management System)
- 5.06 (System Design Evaluation)

### NEED(S):

### OBJECTIVE:

Continue reviewing, validating, testing, and updating Alameda County healthcare system wide disaster and surge plans as needed

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 8.15 INTERHOSPITAL COMMUNICATIONS

### MINIMUM STANDARDS:

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

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: MEETS MINIMUM STANDARD

Alameda County EMS has multiple redundant and interoperable communication systems and operational procedures.

- **ReddiNet:** All receiving hospitals and transport providers (9-1-1 and non-9-1-1) have ReddiNet capabilities which ensure bi-directional information, emergency notifications, MCI activations, and hospital bed availability polling. ReddiNet is continually monitored daily by Alameda County EMS Duty Officers. ReddiNet systems are actively utilized daily and tested in exercises and drills. An Alameda County EMS ReddiNet policy has been developed. Refer to the link: [ReddiNet Utilization Policy 2024](#)
- **Portable Radios:** All receiving hospitals have portable radios and/or base radios with the current EBRCS programming installed. Periodic radio tests are performed monthly for the portable radios.
- **Med1** – (Alameda County EMS designated a disaster email)
- **AC ALERT** - Mass notification (Everbridge system customized for Alameda County EMS; hosted by Alameda County Officer of Homeland Security and Emergency services) and the Healthcare Emergency Preparedness and Response (HEPR) Unit
- **VEOCI** – ALCO OES and EMS oversees the VEOCI system. VEOCI is used for situation status report form submission.
- **Ham Radios** – Annual trainings are offered in Alameda County
- **CAHAN** –Healthcare Emergency Preparedness and Response (HEPR) Unit, Alameda County EMS is the primary CAHAN coordinator for ALCO EMS.
- **Cell phones**
- **Healthcare Facility (HCF) Conference Calls** via Teams, Zoom, and other platforms
- **Social Media**

### POLICIES/PROCEDURES

#### OPERATIONAL POLICIES

- ReddiNet Utilization Policy. Refer to link: [ReddiNet Utilization Policy 2024](#)
- Ambulance Rerouting Policy. Refer to link: [Ambulance Rerouting](#)

### NEED(S):

### OBJECTIVE:

Monitor for compliance with continued radio tests. Continue ReddiNet training and testing in exercises.

### TIME FRAME FOR MEETING OBJECTIVE:

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



## 8.16 PREHOSPITAL AGENCY PLANS

### MINIMUM STANDARDS:

The local EMS agency shall ensure that all prehospital medical response agencies and acute care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

### RECOMMENDED GUIDELINES:

The local EMS agency should ensure the availability of training in management of significant medical incidents for all prehospital medical response agencies and acute-care hospital staff in its service area.

### CURRENT STATUS: MEETS MINIMUM STANDARD

All providers in the Alameda County EMS System have been trained in ICS, involved in disaster exercises, and are familiar with the MCI Plan as well as all Alameda County EMS Field Protocols.

- [2024 FIELD PROTOCOLS - 2024 Alameda County EMS Field Manual](#)

Additionally, real events and exercises have provided opportunity to discuss and test surge / disaster response guidelines, plans and annexes. Alameda County EMS exercises include testing roles/functions and systems to include: situational status assessment; polling of facilities; MCI activation, and bi-directional communications.

Alameda County EMS has developed ALL-Hazard plans, annexes, and guidelines to include emerging infectious disease response, chemical / radiological disasters, and complex simultaneous MCIs with pediatric considerations.

Planning activities with Receiving Hospitals and EMS prehospital providers are listed below:

- Health Emergency Preparedness and Response (HEPR) division of EMS Agency actively involved with disaster medical plan development in coordination with OES, Public Health, hospitals, and prehospital providers.
- The ALCO EMS HEPR Unit developed the Disaster Preparedness Healthcare Coalition (DPHC) catastrophic plans and annexes which includes the Radiological and chemical surge and pediatric surge plans.
- Alameda County EMS manages the CHEMPACK Program.

ALCO EMS coordination with the DPHC partners, OES and EMS providers occurred in training activities listed below:

- Alameda County EMS conducted the Transportation Radiological Medical Response Surge Exercise (MRSE) on April 17, 2024.
- Alameda County participated in the UCSF Children's Hospital and Pediatric Pandemic Network (PPN) exercise Feb. 29, 2024. The scenario tested a mass casualty chemical surge event.
- Other Tactical Training and exercises provided by ALCO EMS
  - Conducted 40-hour Tactical Medical Technician course (including Tactical Emergency Casualty Care (TECC) and Police Officer Standards and Training (POST) administration)
  - San Leandro PD active shooter training
  - Dublin (ACSO) active shooter training
  - Albany PD active shooter training
  - Cal State EB & EMS Corps active shooter exercise
  - Oakland Airport FAA TTX
  - EMSA Maritime FSE
  - HEPR Shelter Exercise
  - Assisted with getting responder resilience program (Anticipate, Plan & Deter: PsySTART) to Cal OES Region II/SF UASI Region
- The ALCO EMS Co-Location Project is updated and tested.
- ALCO EMS promotes disaster related training provided by the Urban Area Security Initiative Bay Area Training and Exercise Program (UASI BATEP)
- ALCO EMS promotes pediatric education and training through the Hospital Pediatric Readiness and Surge Project and WRAP-EM/PPN Networks.

### NEED(S):

**OBJECTIVE:**

Continue promotion and facilitation of disaster related education and training with healthcare system partners

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 8.17 ALS POLICIES

### MINIMUM STANDARDS:

The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: MEETS MINIMUM STANDARD

EMS FIELD MANUAL-

- 2023-2024 updates Implemented as of January 2024
- Refer to Alameda County EMS website.
  - [Field Treatment Protocols](#)
  - [2024 Alameda County EMS Protocols](#)

### EMERGENCY PLANS

The Alameda County emergency plans that address mutual aid for ALS providers include:

- Alameda County EMS Surge Plan
- Alameda County Emergency Operations Plan
- Alameda County MHOAC Manual
- EMS and Clinic Field Treatment Site Co-Location Project
- ALCO Pediatric Surge Annex with WRAP-EM Pediatric Surge PLAYBOOK
- CA Medical Health EOM and Patient Movement Plan
- Radiological Plan to support the Disaster Preparedness Healthcare Coalition (DPHC) Plans

### NEED(S):

### OBJECTIVE:

*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.*

- Ensure EMS has policies and procedures are updated as needed 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.
- Continue to strengthen the DPHC Response Plans (including the Pediatric Surge Annex) with patient movement plan and / or policy consistent with California Patient Movement Plan as needed

### TIME FRAME FOR MEETING OBJECTIVE:

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

## 8.18 SPECIALTY CENTER ROLES

### MINIMUM STANDARDS:

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

### RECOMMENDED GUIDELINES:

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.

#### CALIFORNIA CODE OF REGULATIONS

##### TITLE 22. SOCIAL SECURITY

##### DIVISION 9. PREHOSPITAL EMERGENCY MEDICAL SERVICES

##### CHAPTER 7. TRAUMA CARE SYSTEMS

##### California Code of Regulations

##### Title 22. Social Security

##### Division 9. Prehospital Emergency Medical Services

##### Chapter 7.2 Stroke Critical Care System

##### California Code of Regulations

##### Title 22. Social Security

##### Division 9. Prehospital Emergency Medical Services

##### Chapter 7.1 ST-Elevation Myocardial Infarction Critical Care System

##### California Code of Regulations

##### Title 22. Social Security

##### Division 9. Prehospital Emergency Medical Services

##### Chapter 14. Emergency Medical Services for Children (EMSC)

### CURRENT STATUS: MEETS MINIMUM STANDARDS:

Refer to previous sections and local policies/plans (compliant with current CA State Trauma, Stroke, STEMI, and EMSC Regulations):

For specialty centers, relevant policies and plans that include disaster provisions are listed below:

- EMS Surge Plan
- EMS Field Manual – MCI Policy; CHEMPACK Deployment
- EMS Administration Policies – Operations: Census Reporting; ReddiNet Utilization
- EMS Administrative Policies - Programs
- EMS Operations Policies
- Alameda County Emergency Operations Plan
- Alameda County MHOAC Manual (Alameda County DMOP and Medical Surge Plan now integrated in MHOAC Manual and Disaster Preparedness Health Coalition Response Plan).
- Alameda County Pediatric Surge Annex to support Disaster Preparedness Healthcare Coalition (DPHC) Response Plan
- Alameda County Trauma Plan
- Alameda County Pediatric System Plan
- 700/800 Megahertz EBRCSA Radio Policy
- California Medical/Health EOM – New Attachments (MHOAC Program)
- California Patient Movement Plan (Including the CA Perinatal, Neonatal and Pediatric Surge Annex)

### Trauma Receiving Centers

- Alameda County EMS ensures that patients who have experienced traumatic injury are clinically assessed using current 2022 ACS Field Trauma Triage criteria (implemented January 2024) and transported to an EMS designated Trauma Receiving Center for specialty diagnostics and treatment.

- Meets minimum standards through active executed agreements (expire 6/30/24) with three EMS designated American College of Surgeons (ACS) verified (required) Trauma Receiving Centers (compliant with current CA State Trauma Regulations):
  - Alameda Health System-Highland Hospital (Adult level-1)
  - UCSF Benioff Children’s Hospital Oakland (Pediatric level 1)
  - Sutter Eden Medical Center (Adult level 2)

**STROKE RECEIVING CENTERS**

- 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 Primary Stroke Receiving Center for specialty diagnostics and treatment: CT / CTA / CTP, and if needed, IV fibrinolytic and or transfer to a thrombectomy capable center for IR services.

Meets minimum standards through active executed agreements (expire 12/31/25) with eight EMS designated Joint Commission (JC) certified (required) Primary Stroke Receiving Centers (compliant with current CA State Stroke Regulations):

- Alameda Health System-Alameda Hospital
- Alta Bates Summit Medical Center
- Eden Medical Center
- Kaiser-Fremont
- Kaiser-Oakland
- Kaiser-San Leandro
- Stanford Health Care Tri-Valley
- Washington Hospital

**STEMI / CARDIAC ARREST RECEIVING CENTERS (CARC)**

- 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 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. Both STEMI and Cardiac Arrest patients are transported to an SRC/CARC since these patients frequently need common interventions.

Meets minimum standards through active executed agreements (expire 12/31/25) with seven EMS designated STEMI/Cardiac Arrest Receiving Centers (compliant with current CA State STEMI Regulations):

- Alameda Health System-Highland Hospital
- Alta Bates Summit Medical Center
- Kaiser-Fremont
- Kaiser-Oakland
- St. Rose Hospital
- Stanford Health Care Tri-Valley
- Washington Hospital

**NEED(S):**

Establish a standardized process for review/evaluation of existing STEMI Receiving Centers using “Heart Attack” or “Cardiac” center certification by American Heart Association/ The Joint Commission (AHA/TJC). AHA/TJC

**OBJECTIVE:**

Establish and execute a standardized process for review/evaluation of existing STEMI Receiving Centers using “Heart Attack” or “Cardiac” center certification by American Heart Association/ The Joint Commission (AHA/TJC). AHA/TJC

Continuous monitoring and evaluation of specialty care system performance for needed policy/protocol modification to improve system operations, quality/continuity of care, and optimize patient outcomes.

**TIME FRAME FOR MEETING OBJECTIVE:**

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

## 8.19 WAIVING EXCLUSIVITY

### MINIMUM STANDARDS:

Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

**RECOMMENDED GUIDELINES:** None.

### CURRENT STATUS: MEETS MINIMUM STANDARD

Pursuant to Section 1797.224 of the California Health and Safety Code, ALCO EMS has established 5 exclusive operating areas (EOAs) for 9-1-1 ambulance transport services.

Four of the EOAs are granted through an exclusive non-competitive process due to grandfathering city fire departments that provided ambulance services prior to The Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act of 1980. The four grandfather EOAs are the city of Alameda, the city of Albany, the city of Berkeley, and the city of Piedmont. The city of Berkeley EOA includes the state property of UC Berkeley and the federal property at Lawrence Berkeley Lab.

The fifth EOA encompasses the remainder of Alameda County and is granted through an exclusive competitive process. This EOA was last competitively bid in 2018 with the winning contractor implementing service in July of 2019. The current contractor has been awarded the EOA for a 5-year term and 2-year extension ending in June of 2026.

In the provider agreement for the competitively bid EOA, there are provisions which allow the EMS Director to waive or suspend exclusivity in the event of a disaster or significant medical event. Provisions are in Section 3.5 of the private 9-1-1 ambulance transport agreement. The process and ability to waive or suspend exclusivity in the grandfathered non-competitive process EOAs does not exist.

### NEED(S):

Competitively bid EOA has existing process. No need at this time.

### OBJECTIVE:

Maintain process in future agreements.

### TIME FRAME FOR MEETING OBJECTIVE:

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**A. SYSTEM ORGANIZATION AND MANAGEMENT**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Agency Administration:</b>						
1.01	LEMSA Structure		✓		✓	
1.02	LEMSA Mission		✓		✓	✓
1.03	Public Input		✓		✓	✓
1.04	Medical Director		✓			
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		✓		✓	✓
1.12	Review & Monitoring		✓		✓	✓
1.13	Coordination		✓			✓
1.14	Policy & Procedures Manual		✓		✓	✓
1.15	Compliance w/Policies		✓			✓
1.16	Funding Mechanism		✓			✓
1.17	Medical Direction*		✓		✓	✓
1.18	QA/QI		✓		✓	✓
1.19	Policies, Procedures, Protocols		✓		✓	✓



**A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

		<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
1.20	DNR Policy		✓			
1.21	Determination of Death		✓		✓	
1.22	Reporting of Abuse		✓			
1.23	Interfacility Transfer		✓		✓	
<b>Enhanced Level: Advanced Life Support</b>						
1.24	ALS Systems		✓		✓	✓
1.25	On-Line Medical Direction		✓		✓	✓
<b>Enhanced Level: Trauma Care System:</b>						
1.26	Trauma System Plan		✓		✓	✓
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
1.27	Pediatric System Plan		✓		✓	✓
<b>Enhanced Level: Exclusive Operating Areas:</b>						
1.28	EOA Plan		✓			✓

**B. STAFFING/TRAINING**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Local EMS Agency:</b>						
2.01	Assessment of Needs		✓		✓	✓
2.02	Approval of Training		✓			✓
2.03	Personnel		✓		✓	✓
<b>Dispatchers:</b>						
2.04	Dispatch Training		✓		✓	✓
<b>First Responders (non-transporting):</b>						
2.05	First Responder Training		✓			✓
2.06	Response		✓		✓	✓
2.07	Medical Control		✓		✓	✓
<b>Transporting Personnel:</b>						
2.08	EMT-I Training		✓			
<b>Hospital:</b>						
2.09	CPR Training		✓		✓	✓
2.10	Advanced Life Support		✓			✓
<b>Enhanced Level: Advanced Life Support:</b>						
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
<b>Communications Equipment:</b>						
3.01	Communication Plan*		✓			✓
3.02	Radios		✓			
3.03	Interfacility Transfer*		✓		✓	
3.04	Dispatch Center		✓			
3.05	Hospitals		✓		✓	
3.06	MCI/Disasters		✓			✓
<b>Public Access:</b>						
3.07	9-1-1 Planning/Coordination		✓			
3.08	9-1-1 Public Education		✓			
<b>Resource Management:</b>						
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
<b>Universal Level:</b>					
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	✓			✓
<b>Enhanced Level: Advanced Life Support:</b>					
4.16	ALS Staffing	✓			
4.17	ALS Equipment	✓		✓	✓
<b>Enhanced Level: Ambulance Regulation:</b>					
4.18	Compliance	✓		✓	
<b>Enhanced Level: Exclusive Operating Permits:</b>					
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
<b>Universal Level:</b>						
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*		✓			✓
<b>Enhanced Level: Advanced Life Support:</b>						
5.07	Base Hospital Designation*		✓		✓	✓
<b>Enhanced Level: Trauma Care System:</b>						
5.08	Trauma System Design		✓		✓	✓
5.09	Public Input		✓		✓	✓
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
5.10	Pediatric System Design		✓		✓	✓
5.11	Emergency Departments		✓		✓	✓
5.12	Public Input		✓			
<b>Enhanced Level: Other Specialty Care Systems:</b>						
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
<b>Universal Level:</b>						
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		✓		✓	✓
<b>Enhanced Level: Advanced Life Support:</b>						
6.09	ALS Audit		✓			✓
<b>Enhanced Level: Trauma Care System:</b>						
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
<b>Universal Level:</b>						
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
<b>Universal Level:</b>						
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		✓		✓	
<b>Enhanced Level: Advanced Life Support:</b>						
8.17	ALS Policies		✓			✓
<b>Enhanced Level: Specialty Care Systems:</b>						
8.18	Specialty Center Roles		✓			✓
<b>Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:</b>						
8.19	Waiving Exclusivity		✓			✓



**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT**

**SYSTEM ORGANIZATION AND MANAGEMENT-BUDGET – 2023:**

Reporting Year: 2023

**NOTE:** Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:  
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: Alameda County

A. Basic Life Support (BLS)	0%
B. Limited Advanced Life Support (LALS)	0%
<b>C: Advanced Life Support (ALS)</b>	<b>100%</b>
<b>TOTAL</b>	<b>100%</b>

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 operations 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)	<u>Yes</u>
Designation of Trauma Centers/Trauma Care System Planning	<u>Yes</u>
Designation/Approval of Pediatric Facilities	<u>Yes</u>
Designation of Other Critical Care Centers	<u>Yes</u>
Development of Transfer Agreements	<u>No</u>
Enforcement of Local Ambulance Ordinance	<u>Yes</u>
Enforcement of Ambulance Service Contracts	<u>Yes</u>

Operation of Ambulance Service	No
Continuing Education	Yes
Personnel Training	Yes
Operation or Oversight of EMS Dispatch Center	Yes
Non-medical Disaster Planning	Yes
Administration of Critical Incident Stress Debriefing Team (CISD)	No
Administration of Disaster Medical Assistance Team (DMAT)	No
Administration of EMS Fund [Senate Bill (SB) 12/612]	No
Other: _____	N/A
Other: _____	N/A
Other: _____	N/A

**5. EXPENSES**

Salaries and Benefits (All but Contracted Personnel)	\$ 6,203,196
Contract Services (e.g. Medical Director)	\$ -
Operations (e.g. copying, postage, facilities)	\$ 3,407,913
Travel	\$ 10,000
Fixed Assets	\$ -
Indirect Expenses (Overhead)	\$ 2,409,700
Subsidies (Ambulance & Fire Dept First Responder Pass Thru)	\$ -
EMS Fund Payments to Physicians/Hospital	\$ 9,231,343
Dispatch Center Operations (Non-Staff)	\$ 4,151,405
Training Program Operations	\$ -
Other: _____	\$ -
Other: _____	\$ -
Other: _____	\$ -
<b>TOTAL EXPENSES</b>	<b>\$ 25,413,557</b>

**6. SOURCES OF REVENUE**

Special Project Grant(s) [from EMSA]	\$ -
Preventative 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)	\$ 25,301,622
County Contracts (e.g. Multi-County Agencies)	\$ -
Certification Fees	\$ -
Training Program Approval Fees	\$ -

Training Program Tuition/Average Daily Attendance Funds	\$ -
Job Training Partnership Act (JTPA) Funds/Other Payments	\$ -
Base Hospital Application Fees	\$ -
Trauma Center Application Fees	\$ -
Trauma Center Designation Fees	\$ -
Pediatric Facility Approval Fees	\$ -
Pediatric Facility Designation Fees	\$ -
Other Critical Care Center Application Fees	\$ -
Other Critical Care Center Designation Fees	\$ -
Ambulance Service/Vehicle Fees	\$ -
Contributions	\$ -
Other: Ambulance Response Time Penalties	\$ -
Other: County Health Tax Subsidy	\$ -
Other: Refunds from Prior Overpayment	\$ -
Other: Grants/Donations	\$ -
Other: Use of Available Fund Balance	\$ 91,935
Other: Interest	\$ 20,000
<b>TOTAL REVENUE</b>	<b>\$ 25,413,557</b>

TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES. IF THEY DON'T, PLEASE EXPLAIN.

**7. Fee Structure**

A: We Do Not Charge Any Fees

**B: Our Fee Structure is:**

First Responder Certification	N/A
EMS Dispatcher Certification	N/A
EMT-I Certification	\$ 140
EMT-I Recertification	\$ 102
EMT-Defibrillation Certification	N/A
EMT-Defibrillation Recertification	N/A
AEMT Certification	N/A
AEMT Recertification	N/A
EMT-P Accreditation	\$ 100
Mobile Intensive Care Nurse/Authorized RN Certification	N/A
MICN/ARN Recertification	N/A
EMT-I Training Program Approval	\$ 3,000
* By Agencies of Government, Hospitals, Colleges	\$ 1,500
AEMT Training Program Approval	N/A

EMT-P Training Program Approval	\$ 4,500
* By Agencies of Government, Hospitals, Colleges	\$ 2,250
MICN/ARN Training Program Approval	N/A
Base Hospital Application	N/A
Base Hospital Designation	N/A
Trauma Center Application	N/A
Trauma Center Designation	N/A
Pediatric Facility Approval	N/A
Pediatric Facility Designation	N/A
Other Critical Care Center Application	N/A
Other Critical Care Center Designation	N/A
Ambulance Service License (Biennial)	\$ 3,000
Ambulance Vehicle Permits	\$ 250
Public Safety First Aid	\$ 3,000
* By Agencies of Government	\$ 1,500
Other: _____	N/A

**SYSTEM ORGANIZATION AND MANAGEMENT-POSITIONS – 2023:**

<b>CATEGORY</b>	<b>ACTUAL TITLE</b>	<b>FTE (EMS ONLY)</b>	<b>TOP SALARY (HRLY EQ)</b>	<b>BENEFITS (% Salary)</b>	<b>COMMENTS</b>
EMS Admin./ Coord./Director	EMS Director	1	\$92.13	N/A	
Asst. Admin./ Admin. Asst ./ Admin. Mgr.	EMS Deputy Director	1	\$79.81		
Asst. Admin./ Admin. Asst ./ Admin. Mgr.	Retired Annuitant II	1	\$157.78		Former Medical Director
Operations & Regulatory Compliance	EMS Coordinator	5	\$71.64		
Operations & Regulatory Compliance	Information Systems Analyst	1	\$64.65		
Clinical Systems of Care	Physician IV	2	\$157.58		Medical Director & Deputy Medical Director
Clinical Systems of Care	EMS Coordinator	2	\$71.64		
Strategic & Specialized Response	Supervising Prehospital Care Coordinator	1	\$75.91		MHOAC
Strategic & Specialized Response	EMS Coordinator	4	\$71.64		RDMHS (2) EMSC (1)
Strategic & Specialized Response	Program Services Coordinator	1	\$56.26		Warehouse Operations
Strategic & Specialized Response	Supply Clerk II	1	\$34.58		Warehouse Operations
Administrative & Financial Support	Administrative Specialist II	2	\$48.13		
Administrative & Financial Support	Secretary II	1	\$41.61		
Administrative & Financial Support	Specialist Clerk I	4	\$33.33		
Administrative & Financial Support	Specialist Clerk II	1	\$35.70		

CATEGORY	ACTUAL TITLE	FTE (EMS ONLY)	TOP SALARY (HRLY EQ)	BENEFITS (% Salary)	COMMENTS
Injury Prevention	Supervising Program Specialist	1	\$60.89		
Injury Prevention	Program Specialist	2	\$54.64		
Injury Prevention	Associate Program Specialist	1	\$45.90		
Injury Prevention	Community Outreach Worker II	1	\$37.96		
Health Emergency Preparedness & Response	Supervising Program Specialist	1	\$60.89		
Health Emergency Preparedness & Response	Management Associate I	1	\$36.64		Vacant (1)
Health Emergency Preparedness & Response	Finance Services Specialist II	1	\$48.13		
Health Emergency Preparedness & Response	Specialist Clerk II	1	\$35.70		
Health Emergency Preparedness & Response	Program Specialist	3	\$54.64		
Health Emergency Preparedness & Response	Associate Program Specialist	1	\$45.90		



**TABLE 3: STAFFING/ TRAINING – 2023**

**STAFFING/ TRAINING – 2023**

Reporting Year: 2023

**NOTE:** Table 3 is to be reported by agency.

	EMT-Is	EMT-IIIs	EMT-Ps	MICNs
Total Certified	929			
Number Newly Certified This Year	443			
Number Recertified This Year	559			
Total Number of Accredited Personnel (On July 1 of Reporting Year)			54	
<b>Number of Certification Reviews Resulting In:</b>				
A) Formal Investigations	27			
B) Probation	0			
C) Suspensions	0			
D) Revocations	0			
E) Denials	0			
F) Denials or Renewal	0			
G) No Action Taken	11			

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, Los Positas College



**Staffing/Training - 2022:**

Reporting Year: 2022

**NOTE:** Table 3 is to be reported by agency.

	EMT-Is	EMT-IIs	EMT-Ps	MICNs
Total Certified	903			
Number Newly Certified This Year	391			
Number Recertified This Year	512			
Total Number of Accredited Personnel (On July 1 of Reporting Year)			84	
<b>Number of Certification Reviews Resulting In:</b>				
A) Formal Investigations	23			
B) Probation	1			
C) Suspensions	2			
D) Revocations	0			
E) Denials	0			
F) Denials or Renewal	0			
G) No Action Taken	6			

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, Los Positas College

**TABLE 4: COMMUNICATIONS – 2023**

County: Alameda County

Reporting Year: 2023

- 1. Number of primary Public Service Answering Points (PSAP) 18
- 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 2
- 6. Who is your primary dispatch center for day-to-day emergencies?  
Alameda County Regional Emergency Communications Center (ACRECC)
- 7. Who is your primary dispatch agency for a disaster?  
Alameda County Regional Emergency Communications Center (ACRECC)
- 8. Do you have an operational area disaster communication system (DCS)? Yes
  - A: Radio Primary Frequency 700 MHz Trunked
  - B. Other Methods 800 MHz Trunked VHF
  - C: Call all medical response units communicate on the same DCS? Yes
  - D: Do you participate in the Operational Area Satellite Information System (OASIS)? Yes
  - E. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a backup communication system? Yes
    - 1) Within the Operational Area (OA)? Yes
    - 2) Between OA and the region and/or state? Yes

**TABLE 5: RESPONSE/ TRANSPORTATION – 2023**

Reporting Year: 2023

**Note:** Table 5 is to be reported by agency.

**Early Defibrillation Providers**

All Providers are required to have EMT-Is who have had an AHA (or equivalent) BCLS course that includes defibrillation with AED.

1.Number of EMT-Defibrillation providers: 11

- [American Medical Response](#)
- [Arcadia Ambulance](#)
- [Bay Medic Transportation](#)
- [Eagle Ambulance](#)
- [Falck Northern California](#)
- [Falcon Critical Care Transport](#)
- [LifeWest Ambulance](#)
- [Norcal Ambulance](#)
- [Pro Transport-1](#)
- [Royal Ambulance](#)
- [Westmed Ambulance](#)

**SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)**

Enter the response times in the appropriate boxes:

<b>Falck Northern California</b>			
<b>MPDS Category</b>	<b>Metro</b>	<b>Suburban</b>	<b>Rural/Open Space</b>
<b>Priority 1</b>	10:00 min.	14:00 min.	16:00 min.
<b>Priority 2</b>	12:00 min.	16:00 min.	20:00 min.
<b>Priority 3</b>	14:00 min.	18:00 min.	20:00 min.
<b>Priority 4</b>	20:00 min.	30:00 min.	40:00 min.
<b>Non-Medical 5150</b>	40:00 min.	50:00 min.	60:00 min.

<b>Fire Department Advanced Life Support</b>						
<b>MPDS CATEGORY:</b>	<b>Metro</b>		<b>Suburban</b>		<b>Rural/Open Space</b>	
	<b>First Responders</b>	<b>Transport</b>	<b>First Responders</b>	<b>Transport</b>	<b>First Responders</b>	<b>Transport</b>
<b>Priority 1</b>	08:30 min.	10:00 min.	08:30 min.	14:00 min.	08:30 min.	16:00 min.
<b>Priority 2</b>	08:30 min.	12:00 min.	08:30 min.	16:00 min.	08:30 min.	20:00 min.
<b>Priority 3</b>	08:30 min.	14:00 min.	08:30 min.	18:00 min.	08:30 min.	20:00 min.
<b>Priority 4</b>	N/A	20:00 min.	N/A	30:00 min.	N/A	40:00 min.
<b>Non-Medical</b>	N/A	40:00 min.	N/A	50:00 min.	N/A	60:00 min.

**TABLE 6: FACILITIES/CRITICAL CARE NEW**

Reporting Year: 2023

NOTE: Table 6 is to be reported by agency

**Trauma**

Trauma Patients:

- 1. Number of patients meeting (major) trauma triage criteria 1294
  
- 2. Number of major (anatomic/physiologic) trauma victims transported directly to a trauma center by ambulance 1194

Total # Trauma Activations by Facility	
Facility Name	#
UCSF Benioff Children's Hospital Oakland	965
Sutter Eden Medical Center	1711
Alameda Health System - Highland Hospital	3252
<b>TOTAL</b>	<b>5928</b>

- 3. Number of major trauma patients transferred to a trauma center N/A
  
- 4. Number of patients meeting (major) trauma criteria who weren't treated at a trauma center 100

**Emergency Departments**

- Total number of emergency departments 13
  - 1. Number of Referral Emergency Services 0
  - 2. Number of Standby Emergency Services 0
  - 3. Number of Basic Emergency Services 13
  - 4. Number of Comprehensive Emergency Services 0

**Receiving Hospitals**

- 1. Number of Receiving Hospitals with Written Agreements 11
  
- 2. Number of Base Hospitals with Written Agreements 1

## TABLE 7: DISASTER MEDICAL

Reporting Year: 2023

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? Incident Specific
  - b. How are they staffed? Agency and Provider Staff as needed
  - 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 2024 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
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

**TABLE 8: RESPONSE/TRANSPORTATION PROVIDERS**

**ALAMEDA COUNTY FIRE DEPARTMENT - 2023**

County: Alameda County Response Zone: Alameda County

Provider: Alameda County Fire Department

Address: 6363 Clark Ave., Dublin, CA 94568

Phone #: 510-632-3473 # of Ambulances in Fleet: 4

Average Number of Ambulances on Duty at 12:00PM (Noon) on Any Given Day: 1

Written Contract		Medical Director		System Available 24hrs		Ownership	
Yes	●	Yes	●	Yes	●	Public	●
No		No		No		Private	

Level of Service							
Transport		Level of Care		Type of Service		Mode of Response	
Yes	●	ALS	●	9-1-1	●	Ground	●
No	●	BLS		7-Digit		Air	
				CCT		Water	●
				IFT			

If Public:				If Air:			
Fire	●	City		Rotary		ALS Rescue	
Law		County	●	Fixed Wing		BLS Rescue	
Other:		Fire District	●			Auxiliary Rescue	
		State				Air Ambulance	
		Federal					

TRANSPORTING AGENCIES - 2023			
# of Emergency Responses	33,164	# of Emergency Transports	113
# of Non-Emergency Response	358	# of Non-Emergency Transports	265
<b>Total Number of Responses</b>	<b>33,522</b>	<b>Total Number of Transports</b>	<b>378</b>

AIR AMBULANCE SERVICES - 2023			
# of Emergency Responses		# of Emergency Transports	
# of Non-Emergency Response		# of Non-Emergency Transports	
<b>Total Number of Responses</b>	<b>0</b>	<b>Total Number of Transports</b>	<b>0</b>

**TABLE 8: RESPONSE/TRANSPORTATION PROVIDERS**

**ALAMEDA (CITY) FIRE DEPARTMENT - 2023**

County: Alameda County Response Zone: City of Alameda

Provider: Alameda Fire Department

Address: 1300 Park St., Alameda, CA 94501

Phone #: 510-337-2100 # of Ambulances in Fleet: 4

Average Number of Ambulances on Duty at 12:00PM (Noon) on Any Given Day: 3

Written Contract		Medical Director		System Available 24hrs		Ownership	
Yes	●	Yes	●	Yes	●	Public	●
No		No		No		Private	

Level of Service							
Transport		Level of Care		Type of Service		Mode of Response	
Yes	●	ALS	●	9-1-1	●	Ground	●
No	●	BLS		7-Digit		Air	
				CCT		Water	●
				IFT			

If Public:				If Air:			
Fire	●	City	●	Rotary		ALS Rescue	
Law		County		Fixed Wing		BLS Rescue	
Other:		Fire District	●	Auxiliary Rescue			
		State		Air Ambulance			
		Federal					

TRANSPORTING AGENCIES - 2023			
# of Emergency Responses	5,679	# of Emergency Transports	529
# of Non-Emergency Response	21	# of Non-Emergency Transports	4,194
<b>Total Number of Responses</b>	<b>5,700</b>	<b>Total Number of Transports</b>	<b>4,723</b>

AIR AMBULANCE SERVICES - 2023			
# of Emergency Responses		# of Emergency Transports	
# of Non-Emergency Response		# of Non-Emergency Transports	
<b>Total Number of Responses</b>	<b>0</b>	<b>Total Number of Transports</b>	<b>0</b>



**TABLE 8: RESPONSE/TRANSPORTATION PROVIDERS**

**ALBANY FIRE DEPARTMENT - 2023**

County: Alameda County Response Zone: City of Albany

Provider: Albany Fire Department

Address: 1000 San Pablo Ave., Albany, CA 94706

Phone #: 510-528-5770 # of Ambulances in Fleet: 2

Average Number of Ambulances on Duty at 12:00PM (Noon) on Any Given Day: 1

Written Contract		Medical Director		System Available 24hrs		Ownership	
Yes	●	Yes		Yes	●	Public	●
No		No	●	No		Private	

Level of Service							
Transport		Level of Care		Type of Service		Mode of Response	
Yes	●	ALS	●	9-1-1	●	Ground	●
No	●	BLS		7-Digit		Air	
				CCT		Water	
				IFT			

If Public:				If Air:			
Fire	●	City	●	Rotary		ALS Rescue	
Law		County		Fixed Wing		BLS Rescue	
Other:		Fire District		Auxiliary Rescue			
		State		Air Ambulance			
		Federal					

TRANSPORTING AGENCIES – 2023			
# of Emergency Responses	1,282	# of Emergency Transports	57
# of Non-Emergency Response	10	# of Non-Emergency Transports	805
<b>Total Number of Responses</b>	<b>1,292</b>	<b>Total Number of Transports</b>	<b>862</b>

AIR AMBULANCE SERVICES – 2023			
# of Emergency Responses		# of Emergency Transports	
# of Non-Emergency Response		# of Non-Emergency Transports	
<b>Total Number of Responses</b>	<b>0</b>	<b>Total Number of Transports</b>	<b>0</b>

**TABLE 8: RESPONSE/TRANSPORTATION PROVIDERS**

**BERKELEY FIRE DEPARTMENT - 2023**

County: Alameda County Response Zone: City of Berkeley

Provider: Berkeley Fire Department

Address: 2100 Martin Luther King Jr Way, Berkeley, CA 94704

Phone #: 510-981-3473 # of Ambulances in Fleet: 10

Average Number of Ambulances on Duty at 12:00PM (Noon) on Any Given Day: 4

Written Contract		Medical Director		System Available 24hrs		Ownership	
Yes	●	Yes	●	Yes	●	Public	●
No		No		No		Private	

Level of Service							
Transport		Level of Care		Type of Service		Mode of Response	
Yes	●	ALS	●	9-1-1	●	Ground	●
No	●	BLS		7-Digit		Air	
				CCT		Water	
				IFT			

If Public:				If Air:			
Fire	●	City	●	Rotary		ALS Rescue	
Law		County		Fixed Wing		BLS Rescue	
Other:		Fire District				Auxiliary Rescue	
		State				Air Ambulance	
		Federal					

TRANSPORTING AGENCIES - 2023			
# of Emergency Responses	17,837	# of Emergency Transports	678
# of Non-Emergency Response	58	# of Non-Emergency Transports	5,203
<b>Total Number of Responses</b>	<b>17,895</b>	<b>Total Number of Transports</b>	<b>5,881</b>

AIR AMBULANCE SERVICES - 2023			
# of Emergency Responses		# of Emergency Transports	
# of Non-Emergency Response		# of Non-Emergency Transports	
<b>Total Number of Responses</b>	<b>0</b>	<b>Total Number of Transports</b>	<b>0</b>

**TABLE 8: RESPONSE/TRANSPORTATION PROVIDERS**

**EAST BAY REGIONAL PARK DISTRICT - 2023**

County: Alameda County Response Zone: N/A

Provider: East Bay Regional Park District

Address: 17930 Lake Chabot Road, Castro Valley, CA 94546

Phone #: 510-690-6607 # of Ambulances in Fleet: N/A

Average Number of Ambulances on Duty at 12:00PM (Noon) on Any Given Day: N/A

Written Contract		Medical Director		System Available 24hrs		Ownership	
Yes	●	Yes	●	Yes	●	Public	●
No		No		No		Private	

Level of Service							
Transport		Level of Care		Type of Service		Mode of Response	
Yes		ALS		9-1-1	●	Ground	●
No	●	BLS	●	7-Digit		Air	
				CCT		Water	●
				IFT			

If Public:				If Air:			
Fire	●	City		Rotary		ALS Rescue	
Law	●	County		Fixed Wing		BLS Rescue	
Other:		District	●	Auxiliary Rescue			
		State		Air Ambulance			
		Federal					

TRANSPORTING AGENCIES - 2023			
# of Emergency Responses	567	# of Emergency Transports	0
# of Non-Emergency Response	721	# of Non-Emergency Transports	0
<b>Total Number of Responses</b>	<b>1,283</b>	<b>Total Number of Transports</b>	<b>0</b>

AIR AMBULANCE SERVICES - 2023			
# of Emergency Responses	0	# of Emergency Transports	0
# of Non-Emergency Response	0	# of Non-Emergency Transports	0
<b>Total Number of Responses</b>	<b>0</b>	<b>Total Number of Transports</b>	<b>0</b>

\* NOTE: Currently East Bay Regional Parks does not have transport, ALS, or air ambulance services

**TABLE 8: RESPONSE/TRANSPORTATION PROVIDERS**

**FALCK ALAMEDA COUNTY - 2023**

County: Alameda County Response Zone: Alameda County

Provider: Falck Alameda County

Address: 2833 Industrial Blvd., Hayward, CA 94545

Phone #: 510-876-8747 # of Ambulances in Fleet: 73

Average Number of Ambulances on Duty at 12:00PM (Noon) on Any Given Day: 48

Written Contract		Medical Director		System Available 24hrs		Ownership	
Yes	●	Yes	●	Yes	●	Public	
No		No		No		Private	●

Level of Service							
Transport		Level of Care		Type of Service		Mode of Response	
Yes	●	ALS	●	9-1-1	●	Ground	●
No		BLS	●	7-Digit		Air	
				CCT		Water	
				IFT			

If Public:				If Air:			
Fire		City		Rotary		ALS Rescue	
Law		County		Fixed Wing		BLS Rescue	
Other:		District				Auxiliary Rescue	
		State				Air Ambulance	
		Federal					

TRANSPORTING AGENCIES - 2023			
# of Emergency Responses	154,151	# of Emergency Transports	14,127
# of Non-Emergency Response	16,730	# of Non-Emergency Transports	99,932
<b>Total Number of Responses</b>	<b>170,881</b>	<b>Total Number of Transports</b>	<b>114,059</b>

AIR AMBULANCE SERVICES - 2023			
# of Emergency Responses		# of Emergency Transports	
# of Non-Emergency Response		# of Non-Emergency Transports	
<b>Total Number of Responses</b>	<b>0</b>	<b>Total Number of Transports</b>	<b>0</b>

**TABLE 8: RESPONSE/TRANSPORTATION PROVIDERS**

**FREMONT FIRE DEPARTMENT - 2023**

County: Alameda County Response Zone: City of Fremont

Provider: Fremont Fire Department

Address: 3300 Capital Ave., Fremont, CA 94538

Phone #: 510-494-4200 # of Ambulances in Fleet: 0

Average Number of Ambulances on Duty at 12:00PM (Noon) on Any Given Day: 0

Written Contract		Medical Director		System Available 24hrs		Ownership	
Yes	●	Yes	●	Yes	●	Public	●
No		No		No		Private	

Level of Service							
Transport		Level of Care		Type of Service		Mode of Response	
Yes		ALS	●	9-1-1	●	Ground	●
No	●	BLS		7-Digit		Air	
				CCT		Water	
				IFT			

If Public:				If Air:			
Fire	●	City	●	Rotary		ALS Rescue	
Law		County		Fixed Wing		BLS Rescue	
Other:		District		Auxiliary Rescue			
		State		Air Ambulance			
		Federal					

TRANSPORTING AGENCIES - 2023			
# of Emergency Responses	13,676	# of Emergency Transports	
# of Non-Emergency Response	77	# of Non-Emergency Transports	
<b>Total Number of Responses</b>	<b>13,753</b>	<b>Total Number of Transports</b>	<b>0</b>

AIR AMBULANCE SERVICES - 2023			
# of Emergency Responses		# of Emergency Transports	
# of Non-Emergency Response		# of Non-Emergency Transports	
<b>Total Number of Responses</b>	<b>0</b>	<b>Total Number of Transports</b>	<b>0</b>

**TABLE 8: RESPONSE/TRANSPORTATION PROVIDERS**

**HAYWARD FIRE DEPARTMENT - 2023**

County: Alameda County Response Zone: City of Hayward

Provider: Hayward Fire Department

Address: 777 B St., Hayward, CA 94541

Phone #: 510-583-4900 # of Ambulances in Fleet: 2

Average Number of Ambulances on Duty at 12:00PM (Noon) on Any Given Day: 0

Written Contract		Medical Director		System Available 24hrs		Ownership	
Yes	●	Yes		Yes	●	Public	●
No		No	●	No		Private	

Level of Service							
Transport		Level of Care		Type of Service		Mode of Response	
Yes		ALS	●	9-1-1	●	Ground	●
No	●	BLS		7-Digit		Air	
				CCT		Water	
				IFT			

If Public:				If Air:			
Fire	●	City	●	Rotary		ALS Rescue	
Law		County		Fixed Wing		BLS Rescue	
Other:		District		Auxiliary Rescue			
				State		Air Ambulance	
				Federal			

TRANSPORTING AGENCIES - 2023			
# of Emergency Responses	15,412	# of Emergency Transports	
# of Non-Emergency Response	75	# of Non-Emergency Transports	
<b>Total Number of Responses</b>	<b>15,487</b>	<b>Total Number of Transports</b>	<b>0</b>

AIR AMBULANCE SERVICES - 2023			
# of Emergency Responses		# of Emergency Transports	
# of Non-Emergency Response		# of Non-Emergency Transports	
<b>Total Number of Responses</b>	<b>0</b>	<b>Total Number of Transports</b>	<b>0</b>

**TABLE 8: RESPONSE/TRANSPORTATION PROVIDERS**

**LIVERMORE-PLEASANTON FIRE DEPARTMENT - 2023**

County: Alameda County Response Zone: Livermore/Pleasanton

Provider: Livermore-Pleasanton Fire Department

Address: 3560 Nevada St., Pleasanton, CA 94566

Phone #: 925-454-2361 # of Ambulances in Fleet: 0

Average Number of Ambulances on Duty at 12:00PM (Noon) on Any Given Day: 0

Written Contract		Medical Director		System Available 24hrs		Ownership	
Yes	●	Yes		Yes	●	Public	●
No		No	●	No		Private	

Level of Service							
Transport		Level of Care		Type of Service		Mode of Response	
Yes		ALS	●	9-1-1	●	Ground	●
No	●	BLS		7-Digit		Air	
				CCT		Water	
				IFT			

If Public:				If Air:			
Fire	●	City	●	Rotary		ALS Rescue	
Law		County		Fixed Wing		BLS Rescue	
Other:		District				Auxiliary Rescue	
		State				Air Ambulance	
		Federal					

TRANSPORTING AGENCIES - 2023			
# of Emergency Responses	11,517	# of Emergency Transports	
# of Non-Emergency Response	192	# of Non-Emergency Transports	
<b>Total Number of Responses</b>	<b>11,709</b>	<b>Total Number of Transports</b>	<b>0</b>

AIR AMBULANCE SERVICES - 2023			
# of Emergency Responses		# of Emergency Transports	
# of Non-Emergency Response		# of Non-Emergency Transports	
<b>Total Number of Responses</b>	<b>0</b>	<b>Total Number of Transports</b>	<b>0</b>

**TABLE 8: RESPONSE/TRANSPORTATION PROVIDERS**

**OAKLAND FIRE DEPARTMENT - 2023**

County: Alameda County Response Zone: City of Oakland

Provider: Oakland Fire Department

Address: 150 Frank H Ogawa Plaza, Oakland, CA 94612

Phone #: 510-238-3856 # of Ambulances in Fleet: 0

Average Number of Ambulances on Duty at 12:00PM (Noon) on Any Given Day: 0

Written Contract		Medical Director		System Available 24hrs		Ownership	
Yes	●	Yes	●	Yes	●	Public	●
No		No		No		Private	

Level of Service							
Transport		Level of Care		Type of Service		Mode of Response	
Yes		ALS	●	9-1-1	●	Ground	●
No	●	BLS		7-Digit		Air	
				CCT		Water	
				IFT			

If Public:				If Air:			
Fire	●	City	●	Rotary		ALS Rescue	
Law		County		Fixed Wing		BLS Rescue	
Other:		District		Auxiliary Rescue			
				Air Ambulance			
				State			
				Federal			

TRANSPORTING AGENCIES - 2023			
# of Emergency Responses	51,056	# of Emergency Transports	
# of Non-Emergency Response	3,938	# of Non-Emergency Transports	
<b>Total Number of Responses</b>	<b>54,994</b>	<b>Total Number of Transports</b>	<b>0</b>

AIR AMBULANCE SERVICES - 2023			
# of Emergency Responses		# of Emergency Transports	
# of Non-Emergency Response		# of Non-Emergency Transports	
<b>Total Number of Responses</b>	<b>0</b>	<b>Total Number of Transports</b>	<b>0</b>



**TABLE 8: RESPONSE/TRANSPORTATION PROVIDERS**

**PIEDMONT FIRE DEPARTMENT - 2023**

County: Alameda County Response Zone: City of Piedmont

Provider: Piedmont Fire Department

Address: 120 Vista Ave., Piedmont, CA 94611

Phone #: 510-420-3030 # of Ambulances in Fleet: 2

Average Number of Ambulances on Duty at 12:00PM (Noon) on Any Given Day: 1

Written Contract		Medical Director		System Available 24hrs		Ownership	
Yes	●	Yes		Yes	●	Public	●
No		No	●	No		Private	

Level of Service							
Transport		Level of Care		Type of Service		Mode of Response	
Yes	●	ALS	●	9-1-1	●	Ground	●
No	●	BLS		7-Digit		Air	
				CCT		Water	
				IFT			

If Public:				If Air:			
Fire	●	City	●	Rotary		ALS Rescue	
Law		County		Fixed Wing		BLS Rescue	
Other:		District		Auxiliary Rescue			
		State		Air Ambulance			
		Federal					

TRANSPORTING AGENCIES - 2023			
# of Emergency Responses	448	# of Emergency Transports	52
# of Non-Emergency Response	2	# of Non-Emergency Transports	295
<b>Total Number of Responses</b>	<b>450</b>	<b>Total Number of Transports</b>	<b>347</b>

AIR AMBULANCE SERVICES - 2023			
# of Emergency Responses		# of Emergency Transports	
# of Non-Emergency Response		# of Non-Emergency Transports	
<b>Total Number of Responses</b>	<b>0</b>	<b>Total Number of Transports</b>	<b>0</b>

**TABLE 9: FACILITIES**

**ALAMEDA HOSPITAL**

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

Phone #: 510-522-3700

Written Contract		Service			
Yes	●	Referral Emergency		Standby Emergency	
No		Basic Emergency	●	Comprehensive Emergency	

Base Hospital		Burn Center		STEMI Center		Stroke Center	
Yes		Yes		Yes		Yes	●
No	●	No	●	No	●	No	

Trauma Center		If Trauma Center, what level?			
Yes		Level I		Level II	
No	●	Level III		Level IV	

Pediatric Capabilities					
Pediatric Critical Care Center <sub>1</sub>		Yes		No	●
EDAP <sub>2</sub>		Yes		No	●
PICU <sub>3</sub>		Yes		No	●

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

**TABLE 9: FACILITIES**

**ALTA BATES SUMMIT MEDICAL CENTER - BERKELEY**

County: Alameda County

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

Facility: Alta Bates Summit Medical Center - Berkeley

Address: 2450 Ashby Ave., Berkeley, CA 94705

Phone #: 510-204-4444

Written Contract		Service			
Yes		Referral Emergency		Standby Emergency	
No	●	Basic Emergency	●	Comprehensive Emergency	

Base Hospital		Burn Center		STEMI Center		Stroke Center	
Yes		Yes		Yes		Yes	
No	●	No	●	No	●	No	●

Trauma Center		If Trauma Center, what level?			
Yes		Level I		Level II	
No	●	Level III		Level IV	

Pediatric Capabilities				
Pediatric Critical Care Center <sub>1</sub>	Yes		No	●
EDAP <sub>2</sub>	Yes		No	●
PICU <sub>3</sub>	Yes		No	●

<sub>1</sub> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sub>2</sub> Meets EMS Emergency Departments Approved for Pediatrics (EDAP) Standards

<sub>3</sub> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9: FACILITIES**

**ALTA BATES SUMMIT MEDICAL CENTER - OAKLAND**

County: Alameda County

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

Facility: Alta Bates Summit Medical Center - Oakland

Address: 350 Hawthorne Ave., Oakland, CA 94609

Phone #: 510-655-4000

Written Contract		Service			
Yes	●	Referral Emergency		Standby Emergency	
No		Basic Emergency	●	Comprehensive Emergency	

Base Hospital		Burn Center		STEMI Center		Stroke Center	
Yes		Yes		Yes	●	Yes	●
No	●	No	●	No		No	

Trauma Center		If Trauma Center, what level?			
Yes		Level I		Level II	
No	●	Level III		Level IV	

Pediatric Capabilities					
Pediatric Critical Care Center <sub>1</sub>		Yes		No	●
EDAP <sub>2</sub>		Yes		No	●
PICU <sub>3</sub>		Yes		No	●

<sub>1</sub> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sub>2</sub> Meets EMS Emergency Departments Approved for Pediatrics (EDAP) Standards

<sub>3</sub> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9: FACILITIES**

**HIGHLAND HOSPITAL**

County: Alameda County

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

Facility: Highland Hospital (Alameda Health System)

Address: 1411 E31st St., Oakland, CA 94602

Phone #: 510-437-4800

Written Contract		Service			
Yes	●	Referral Emergency		Standby Emergency	
No		Basic Emergency	●	Comprehensive Emergency	

Base Hospital		Burn Center		STEMI Center		Stroke Center	
Yes	●	Yes		Yes	●	Yes	
No		No	●	No		No	●

Trauma Center		If Trauma Center, what level?			
Yes	●	Level I	●	Level II	
No		Level III		Level IV	

Pediatric Capabilities				
Pediatric Critical Care Center <sub>1</sub>	Yes		No	●
EDAP <sub>2</sub>	Yes		No	●
PICU <sub>3</sub>	Yes		No	●

<sub>1</sub> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sub>2</sub> Meets EMS Emergency Departments Approved for Pediatrics (EDAP) Standards

<sub>3</sub> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9: FACILITIES**

**KAISER PERMANENTE SAN LEANDRO MEDICAL CENTER**

County: Alameda County

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

Facility: Kaiser Permanente San Leandro Medical Center

Address: 2500 Merced St., San Leandro, CA 94538

Phone #: 510-454-1000

Written Contract		Service			
Yes	●	Referral Emergency		Standby Emergency	
No		Basic Emergency	●	Comprehensive Emergency	

Base Hospital		Burn Center		STEMI Center		Stroke Center	
Yes		Yes		Yes		Yes	●
No	●	No	●	No	●	No	

Trauma Center		If Trauma Center, what level?			
Yes		Level I		Level II	
No	●	Level III		Level IV	

Pediatric Capabilities				
Pediatric Critical Care Center <sub>1</sub>	Yes		No	●
EDAP <sub>2</sub>	Yes		No	●
PICU <sub>3</sub>	Yes		No	●

<sub>1</sub> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sub>2</sub> Meets EMS Emergency Departments Approved for Pediatrics (EDAP) Standards

<sub>3</sub> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9: FACILITIES**

**KAISER PERMANENTE OAKLAND MEDICAL CENTER**

County: Alameda County

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

Facility: Kaiser Permanente Oakland Medical Center

Address: 3801 Howe St., Oakland, CA 94611

Phone #: 510-752-1000

Written Contract		Service			
Yes	●	Referral Emergency		Standby Emergency	
No		Basic Emergency	●	Comprehensive Emergency	

Base Hospital		Burn Center		STEMI Center		Stroke Center	
Yes		Yes		Yes	●	Yes	●
No	●	No	●	No		No	

Trauma Center		If Trauma Center, what level?			
Yes		Level I		Level II	
No	●	Level III		Level IV	

Pediatric Capabilities					
Pediatric Critical Care Center <sub>1</sub>		Yes		No	●
EDAP <sub>2</sub>		Yes		No	●
PICU <sub>3</sub>		Yes	●	No	

<sub>1</sub> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sub>2</sub> Meets EMS Emergency Departments Approved for Pediatrics (EDAP) Standards

<sub>3</sub> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9: FACILITIES**

**KAISER PERMANENTE FREMONT MEDICAL CENTER**

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 Parkway, Fremont, CA 94538

Phone #: 510-248-3000

Written Contract		Service			
Yes	●	Referral Emergency		Standby Emergency	
No		Basic Emergency	●	Comprehensive Emergency	

Base Hospital		Burn Center		STEMI Center		Stroke Center	
Yes		Yes		Yes	●	Yes	●
No	●	No	●	No		No	

Trauma Center		If Trauma Center, what level?			
Yes		Level I		Level II	
No	●	Level III		Level IV	

Pediatric Capabilities					
Pediatric Critical Care Center <sub>1</sub>		Yes		No	●
EDAP <sub>2</sub>		Yes		No	●
PICU <sub>3</sub>		Yes		No	●

<sub>1</sub> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sub>2</sub> Meets EMS Emergency Departments Approved for Pediatrics (EDAP) Standards

<sub>3</sub> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



**TABLE 9: FACILITIES**

**SAN LEANDRO HOSPITAL**

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

Phone #: 510-357-6500

Written Contract		Service			
Yes		Referral Emergency		Standby Emergency	
No	●	Basic Emergency	●	Comprehensive Emergency	

Base Hospital		Burn Center		STEMI Center		Stroke Center	
Yes		Yes		Yes		Yes	
No	●	No	●	No	●	No	●

Trauma Center		If Trauma Center, what level?			
Yes		Level I		Level II	
No	●	Level III		Level IV	

Pediatric Capabilities				
Pediatric Critical Care Center <sub>1</sub>	Yes		No	●
EDAP <sub>2</sub>	Yes		No	●
PICU <sub>3</sub>	Yes		No	●

<sub>1</sub> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sub>2</sub> Meets EMS Emergency Departments Approved for Pediatrics (EDAP) Standards

<sub>3</sub> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9: FACILITIES**

**ST. ROSE HOSPITAL**

County: Alameda County

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

Facility: St. Rose Hospital

Address: 27200 Calaroga Ave., Hayward, CA 94545

Phone #: 510-264-4000

Written Contract		Service			
Yes	●	Referral Emergency		Standby Emergency	
No		Basic Emergency	●	Comprehensive Emergency	

Base Hospital		Burn Center		STEMI Center		Stroke Center	
Yes		Yes		Yes	●	Yes	
No	●	No	●	No		No	●

Trauma Center		If Trauma Center, what level?			
Yes		Level I		Level II	
No	●	Level III		Level IV	

Pediatric Capabilities				
Pediatric Critical Care Center <sub>1</sub>		Yes		No ●
EDAP <sub>2</sub>		Yes		No ●
PICU <sub>3</sub>		Yes		No ●

<sub>1</sub> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sub>2</sub> Meets EMS Emergency Departments Approved for Pediatrics (EDAP) Standards

<sub>3</sub> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9: FACILITIES**

**EDEN MEDICAL CENTER**

County: Alameda County

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

Facility: Sutter Eden Medical Center

Address: 20103 Lake Chabot Rd., Castro Valley, CA 94546

Phone #: 510-537-1234

Written Contract		Service			
Yes	●	Referral Emergency		Standby Emergency	
No		Basic Emergency	●	Comprehensive Emergency	

Base Hospital		Burn Center		STEMI Center		Stroke Center	
Yes		Yes		Yes		Yes	●
No	●	No	●	No	●	No	

Trauma Center		If Trauma Center, what level?				
Yes	●	Level I		Level II		●
No		Level III		Level IV		

Pediatric Capabilities					
Pediatric Critical Care Center <sub>1</sub>		Yes		No	●
EDAP <sub>2</sub>		Yes		No	●
PICU <sub>3</sub>		Yes		No	●

<sub>1</sub> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sub>2</sub> Meets EMS Emergency Departments Approved for Pediatrics (EDAP) Standards

<sub>3</sub> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9: FACILITIES**

**UCSF BENIOFF CHILDREN’S HOSPITAL OAKLAND**

County: Alameda County

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

Facility: UCSF Benioff's Children's Hospital Oakland

Address: 747 51st St., Oakland, CA 94609

Phone #: 510-428-3000

Written Contract		Service			
Yes	●	Referral Emergency		Standby Emergency	
No		Basic Emergency	●	Comprehensive Emergency	

Base Hospital		Burn Center		STEMI Center		Stroke Center	
Yes		Yes		Yes		Yes	●
No	●	No	●	No	●	No	

Trauma Center		If Trauma Center, what level?			
Yes	●	Level I	●	Level II	
No		Level III		Level IV	

Pediatric Capabilities					
Pediatric Critical Care Center <sub>1</sub>		Yes	●	No	
EDAP <sub>2</sub>		Yes	●	No	
PICU <sub>3</sub>		Yes	●	No	

<sub>1</sub> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sub>2</sub> Meets EMS Emergency Departments Approved for Pediatrics (EDAP) Standards

<sub>3</sub> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9: FACILITIES**

**STANFORD HEALTH CARE TRI-VALLEY**

County: Alameda County

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

Facility: Stanford Health Care Tri-Valley

Address: 5555 West Las Positas Blvd., Pleasanton, CA 94588

Phone #: 925-847-3000

Written Contract		Service			
Yes	●	Referral Emergency		Standby Emergency	
No		Basic Emergency	●	Comprehensive Emergency	

Base Hospital		Burn Center		STEMI Center		Stroke Center	
Yes		Yes		Yes	●	Yes	●
No	●	No	●	No		No	

Trauma Center		If Trauma Center, what level?			
Yes		Level I		Level II	
No	●	Level III		Level IV	

Pediatric Capabilities					
Pediatric Critical Care Center <sub>1</sub>		Yes		No	●
EDAP <sub>2</sub>		Yes		No	●
PICU <sub>3</sub>		Yes		No	●

<sub>1</sub> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sub>2</sub> Meets EMS Emergency Departments Approved for Pediatrics (EDAP) Standards

<sub>3</sub> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9: FACILITIES**

**WASHINGTON HOSPITAL**

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

Phone #: 510-797-1111

Written Contract		Service			
Yes	<input checked="" type="radio"/>	Referral Emergency	<input type="radio"/>	Standby Emergency	<input type="radio"/>
No	<input type="radio"/>	Basic Emergency	<input checked="" type="radio"/>	Comprehensive Emergency	<input type="radio"/>

Base Hospital		Burn Center		STEMI Center		Stroke Center	
Yes	<input type="radio"/>	Yes	<input type="radio"/>	Yes	<input checked="" type="radio"/>	Yes	<input checked="" type="radio"/>
No	<input checked="" type="radio"/>	No	<input checked="" type="radio"/>	No	<input type="radio"/>	No	<input type="radio"/>

Trauma Center		If Trauma Center, what level?			
Yes	<input type="radio"/>	Level I	<input type="radio"/>	Level II	<input type="radio"/>
No	<input checked="" type="radio"/>	Level III	<input type="radio"/>	Level IV	<input type="radio"/>

Pediatric Capabilities					
Pediatric Critical Care Center <sub>1</sub>		Yes	<input type="radio"/>	No	<input checked="" type="radio"/>
EDAP <sub>2</sub>		Yes	<input type="radio"/>	No	<input checked="" type="radio"/>
PICU <sub>3</sub>		Yes	<input type="radio"/>	No	<input checked="" type="radio"/>

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

**TABLE 10: APPROVED TRAINING PROGRAMS**

County: Alameda County EMS

Reporting Year: 2023

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>3174 Constitution Dr.</u>			
	<u>Livermore, Ca 94551</u>			
Student Eligibility:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>\$2995</u>	Number of students completing training per year:	
	Refresher:	<u>\$395</u>	Initial training:	<u>283</u>
			Refresher:	<u>123</u>
			Continuing Education:	<u>436</u>
			Expiration Date:	<u>10/31/27</u>
			Number of courses:	
			Initial training:	<u>13</u>
			Refresher:	<u>13</u>
			Continuing Education:	<u>81</u>

Training Institution:	<u>Chabot College</u>		Telephone Number:	<u>510-723-7090</u>
Address:	<u>25555 Hesperian Blvd</u>			
	<u>Hayward, CA 94545</u>			
Student Eligibility:	<u>General Public</u>	**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>4/30/28</u>
			Number of courses:	
			Initial training:	<u>2</u>
			Refresher:	<u>2</u>
			Continuing Education:	<u>N/A</u>

Training Institution:	<u>Las Positas College</u>		Telephone Number:	<u>925-424-1257</u>
Address:	<u>3000 Campus Hill Dr.</u>			
	<u>Livermore, CA 94551</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>\$400</u>	Number of students completing training per year:	
			Initial training:	<u>48</u>
	Refresher:	<u>\$68</u>		
			Refresher:	<u>5</u>
			Continuing Education:	<u>N/A</u>
			Expiration Date:	<u>5/31/28</u>
			Number of courses:	
			Initial training:	<u>2</u>
			Refresher:	<u>1</u>
			Continuing Education:	<u>N/A</u>

Training Institution:	<u>Las Positas College</u>		Telephone Number:	<u>925-424-1257</u>
Address:	<u>3000 Campus Hill Dr.</u>			
	<u>Livermore, CA 94551</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>Paramedic</u>	
	Cost of Program:			
	Basic:	<u>\$1500</u>	Number of students completing training per year:	
			Initial training:	<u>24</u>
	Refresher:	<u>N/A</u>		
			Refresher:	<u>0</u>
			Continuing Education:	<u>N/A</u>
			Expiration Date:	<u>5/31/28</u>
			Number of courses:	
			Initial training:	<u>1</u>
			Refresher:	<u>0</u>
			Continuing Education:	



**TABLE 10: APPROVED TRAINING PROGRAMS**

County: Alameda County

Reporting Year: 2023

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

Training Institution:	<u>Project Heartbeat</u>	Telephone Number:	<u>510-452-1100</u>
Address:	<u>333 Hegenberger Road #855</u>		
	<u>Oakland, CA 94621</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT-B</u>
Cost of Program:			
Basic:	<u>\$2000</u>	Number of students completing training per year:	
		Initial training:	<u>140</u>
Refresher:	<u>\$400</u>		
		Refresher:	<u>30</u>
		Continuing Education:	<u>N/A</u>
		Expiration Date:	<u>4/30/26</u>
		Number of courses:	
		Initial training:	<u>12</u>
		Refresher:	<u>2</u>
		Continuing Education:	<u>N/A</u>

Training Institution:	<u>Alameda County Fire Dept.</u>	Telephone Number:	<u>925-833-3473</u>
Address:	<u>6363 Clark Avenue</u>		
	<u>Dublin, CA 94568</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:	
		Initial training:	<u>N/A</u>
Refresher:	<u>N/A</u>		
		Refresher:	<u>N/A</u>
		Continuing Education:	<u>750+</u>
		Expiration Date:	<u>6/30/24</u>
		Number of courses:	
		Initial training:	<u>N/A</u>
		Refresher:	<u>N/A</u>
		Continuing Education:	<u>60+</u>

**TABLE 10: APPROVED TRAINING PROGRAMS**

County: Alameda County

Reporting Year: 2023

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

Training Institution:	<u>Alameda Fire Department</u>	Telephone Number:	<u>510-755-4302</u>
Address:	<u>1300 Park Street</u>		
	<u>Alameda, CA 94501</u>		
Student Eligibility*:	<u>Employees only</u>	**Program Level	<u>EMT</u>
Cost of Program:			
Basic:	<u>N/A</u>	Number of students completing training per year:	
		Initial training:	<u>N/A</u>
Refresher:	<u>N/A</u>		
		Refresher:	<u>6</u>
		Continuing Education:	<u>104</u>
		Expiration Date:	<u>5/31/26</u>
		Number of courses:	
		Initial training:	<u>N/A</u>
		Refresher:	<u>2</u>
		Continuing Education:	<u>16</u>

Training Institution:	<u>Berkeley Fire Department</u>	Telephone Number:	<u>510-981-5590</u>
Address:	<u>2100 MLK Jr. Way, 2<sup>nd</sup> floor</u>		
	<u>Berkeley, Ca 94704</u>		
Student Eligibility*:	<u>Employee only</u>	**Program Level	<u>EMT</u>
Cost of Program:			
Basic:	<u>N/A</u>	Number of students completing training per year:	
		Initial training:	<u>N/A</u>
Refresher:	<u>N/A</u>		
		Refresher:	<u>N/A</u>
		Continuing Education:	<u>117</u>
		Expiration Date:	<u>10/31/24</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 County

Reporting Year: 2023

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

Training Institution:	<u>EMS Corps 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>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>N/A</u>	Number of students completing training per year:	
			Initial training:	<u>36</u>
	Refresher:	<u>N/A</u>		
			Refresher:	<u>N/A</u>
			Continuing Education:	<u>N/A</u>
			Expiration Date:	<u>3-31-28</u>
			Number of courses:	
			Initial training:	<u>2</u>
			Refresher:	<u>N/A</u>
			Continuing Education:	<u>N/A</u>

Training Institution:	<u>Fremont Fire Department</u>		Telephone Number:	<u>510-494-4203</u>
Address:	<u>3300 Capital Ave, Building A</u>			
	<u>Fremont, CA 94538</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:	
			Initial training:	<u>N/A</u>
	Refresher:	<u>N/A</u>		
			Refresher:	<u>N/A</u>
			Continuing Education:	<u>~130</u>
			Expiration Date:	<u>8/31/27</u>
			Number of courses:	
			Initial training:	<u>N/A</u>
			Refresher:	<u>N/A</u>
			Continuing Education:	<u>12</u>

**TABLE 10: APPROVED TRAINING PROGRAMS**

**County:** Alameda County **Reporting Year:** 2023

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

Training Institution:	<u>Albany Fire Department</u>	Telephone Number:	<u>510- 528-5770</u>
Address:	<u>1000 San Pablo Ave</u> <u>Albany, CA 94706</u>		
Student Eligibility*:	<u>Employees only</u>	**Program Level	<u>EMT</u>
Cost of Program:			
Basic:	<u>N/A</u>	Number of students completing training per year:	
		Initial training:	<u>N/A</u>
Refresher:	<u>N/A</u>		
		Refresher:	<u>1</u>
		Continuing Education:	<u>90</u>
		Expiration Date:	<u>11/30/27</u>
		Number of courses:	
		Initial training:	<u>N/A</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u>6</u>
Training Institution:	<u>Defib This Emergency Response Training Inc.</u>	Telephone Number:	<u>831-426-9111</u>
Address:	<u>1543 Pacific Ave., Suite 104</u> <u>Santa Cruz, Ca 95060</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
Cost of Program:			
Basic:	<u>\$2,250</u>	Number of students completing training per year:	
		Initial training:	<u>216</u>
Refresher:	<u>\$385</u>		
		Refresher:	<u>47</u>
		Continuing Education:	<u>N/A</u>
		Expiration Date:	<u>6-30-27</u>
		Number of courses:	
		Initial training:	<u>13</u>
		Refresher:	<u>4</u>
		Continuing Education:	<u>N/A</u>

**TABLE 10: APPROVED TRAINING PROGRAMS**

County: Alameda County

Reporting Year: 2023

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>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>\$1875</u>	Number of students completing training per year:	
			Initial training:	<u>60</u>
	Refresher:	<u>\$325</u>		
			Refresher:	<u>9</u>
			Continuing Education:	<u>N/A</u>
			Expiration Date:	<u>05/31/28</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>	**Program Level	<u>EMT-P</u>	
	Cost of Program:			
	Basic:	<u>\$9,750</u>	Number of students completing training per year:	
			Initial training:	<u>74</u>
	Refresher:	<u>N/A</u>		
			Refresher:	<u>0</u>
			Continuing Education:	<u>N/A</u>
			Expiration Date:	<u>05-31-28</u>
			Number of courses:	
			Initial training:	<u>3</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>Multiple</u>

**TABLE 10: APPROVED TRAINING PROGRAMS**

County: Alameda County Reporting Year: 2023

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>888-701-7333</u>
Address:	<u>14275 Wicks Blvd</u>			
	<u>San Leandro, CA 94577</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
Cost of Program:				
Basic:	<u>\$2285</u>	Number of students completing training per year:		
		Initial training:		<u>220</u>
Refresher:	<u>\$334</u>	Refresher:		<u>10</u>
		Continuing Education:		<u>N/A</u>
		Expiration Date:		<u>7-31-27</u>
		Number of courses:		
		Initial training:		<u>11</u>
		Refresher:		<u>2</u>
		Continuing Education:		<u>N/A</u>

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>General Public</u>	**Program Level	<u>EMT</u>	
Cost of Program:				
Basic:	<u>\$26</u>	Number of students completing training per year:		
	<u>p/unit</u>	Initial training:		<u>75</u>
Refresher:	<u>\$26</u>	Refresher:		<u>0</u>
	<u>p/unit</u>	Continuing Education:		<u>N/A</u>
		Expiration Date:		<u>6-30-25</u>
		Number of courses:		
		Initial training:		<u>3</u>
		Refresher:		<u>0</u>
		Continuing Education:		<u>N/A</u>

**TABLE 10: APPROVED TRAINING PROGRAMS**

County: Alameda County

Reporting Year: 2023

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:		Number of students completing training per year:	
Basic:	<u>N/A</u>	Initial training:	<u>0</u>
Refresher:	<u>N/A</u>	Refresher:	<u>0</u>
		Continuing Education:	<u>2,226</u>
		Expiration Date:	<u>3-31-28</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:		Number of students completing training per year:	
Basic:	<u>N/A</u>	Initial training:	<u>N/A</u>
Refresher:	<u>N/A</u>	Refresher:	<u>N/A</u>
		Continuing Education:	<u>112</u>
		Expiration Date:	<u>01/31/27</u>
		Number of courses:	
		Initial training:	<u>N/A</u>
		Refresher:	<u>6</u>
		Continuing Education:	<u>N/A</u>

**TABLE 10: APPROVED TRAINING PROGRAMS**

**County:** Alameda County **Reporting Year:** 2023

**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>	**Program Level	<u>EMT</u>
	Cost of Program:		
	Basic: <u>\$1,250</u>	Number of students completing training per year:	
	Refresher: _____	Initial training:	<u>25</u>
		Refresher:	<u>N/A</u>
		Continuing Education:	<u>N/A</u>
		Expiration Date:	<u>9-30-26</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>2135 Broadway</u> <u>Oakland, CA 94612</u>		
Student Eligibility*	<u>General Public</u>	**Program Level	<u>EMT</u>
	Cost of Program:		
	Basic: <u>\$1000</u>	Number of students completing training per year:	
	Refresher: _____	Initial training:	<u>0</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>04/30/25</u>
		Number of courses:	
		Initial training:	<u>0</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>



**TABLE 10: APPROVED TRAINING PROGRAMS**

County: Alameda County

Reporting Year: 2023

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

Training Institution:	<u>EMS University, LLC</u>	Telephone Number:	<u>800-728-0209</u>
Address:	<u>32980 Alvarado-Niles Road, #810</u> <u>Union City, CA 94587</u>		
Student Eligibility*	<u>general public</u>	**Program Level	<u>EMT</u>
Cost of Program:	Basic: <u>\$1,250</u> Refresher: _____	Number of students completing training per year:	
		Initial training:	<u>120</u>
		Refresher:	<u>40</u>
		Continuing Education:	<u>N/A</u>
		Expiration Date:	<u>11-30-26</u>
		Number of courses:	
		Initial training:	<u>10</u>
		Refresher:	<u>4</u>
		Continuing Education:	<u>N/A</u>

  

Training Institution:	_____	Telephone Number:	_____
Address:	_____ _____		
Student Eligibility*:	_____	**Program Level	_____
Cost of Program:	Basic: _____ Refresher: _____	Number of students completing training per year:	
		Initial training:	_____
		Refresher:	_____
		Continuing Education:	_____
		Expiration Date:	_____
		Number of courses:	
		Initial training:	_____
		Refresher:	_____
		Continuing Education:	_____

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

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

**TABLE 11: DISPATCH AGENCY**

**ACRECC**

County: Alameda County Reporting Year: 2023

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

Name: Alameda County Regional Emergency Communications Center (ACRECC)

Address: 7000 East Ave., L-338, Livermore, CA 94551

Phone #: 925-423-1803

Primary Contact: Jolie Sette, Interim Dispatch Manager

Written Contract		Medical Director		Availability		Ownership	
Yes	<input checked="" type="radio"/>	Yes	<input checked="" type="radio"/>	Day-to-Day	<input checked="" type="radio"/>	Public	<input checked="" type="radio"/>
No	<input type="radio"/>	No	<input type="radio"/>	Disaster	<input checked="" type="radio"/>	Private	<input type="radio"/>

If Public:				Number of Personnel Providing Services	
Fire	<input checked="" type="radio"/>	City	<input type="radio"/>	EMD Training	33
Law	<input checked="" type="radio"/>	County	<input checked="" type="radio"/>	EMT-D	0
Other: <i>Ambulance</i>	<input checked="" type="radio"/>	District	<input type="radio"/>	ALS	0
		State	<input type="radio"/>	BLS	0
		Federal	<input type="radio"/>	LALS	0
		Other:	<input type="radio"/>		N/A

**TABLE 11: DISPATCH AGENCY**

**OAKLAND FIRE DEPARTMENT**

County: Alameda County

Reporting Year: 2023

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

Name: Oakland Fire Department Dispatch

Address: 1603 Martin Luther King Jr. Way, Oakland, CA 94612

Phone #: 510-238-6725

Primary Contact: David Ebarle, Dispatch Manager

Written Contract		Medical Director		Availability		Ownership	
Yes	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Day-to-Day	<input checked="" type="checkbox"/>	Public	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>	No	<input type="checkbox"/>	Disaster	<input checked="" type="checkbox"/>	Private	<input type="checkbox"/>

If Public:				Number of Personnel Providing Services	
Fire	<input checked="" type="checkbox"/>	City	<input checked="" type="checkbox"/>	EMD Training	27
Law	<input type="checkbox"/>	County	<input type="checkbox"/>	EMT-D	0
Other:	<input type="checkbox"/>	District	<input type="checkbox"/>	ALS	0
	<input type="checkbox"/>	State	<input type="checkbox"/>	BLS	0
	<input type="checkbox"/>	Federal	<input type="checkbox"/>	LALS	0
Other:					N/A

**TABLE 12: AMBULANCE ZONE SUMMARY FORM**

**COMPETITIVELY BID EOA**

**EMS PLAN**

**AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled

<p><b>Local EMS Agency or County Name:</b> Alameda County EMS Agency</p>
<p><b>Area or subarea (Zone) Name or Title:</b> Alameda County ambulance exclusive operating area</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  Falck Northern California (July 1<sup>st</sup> 2019-June 30<sup>th</sup> 2026)</p>
<p><b>Area or subarea (Zone) Geographic Description:</b> The EOA includes all geographic areas of Alameda County, except for the incorporated cities of Alameda, Albany, Berkeley, and Piedmont, for which 911 ambulance services are provided through those cities' fire departments, and Lawrence Livermore National Laboratory, which contracts with the Alameda County Fire Department for ambulance services.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive See attached ambulance provider agreement 'RECITALS OF AUTHORITY' and attached first amendment to contract to show current contract dates.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Method of competition: Competitive bid Intervals: Five years, with potential 2 year extension. Selection process. Request for Proposal (RFP).</p>

for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

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><b>Local EMS Agency or County Name:</b> Alameda County Emergency Medical Services</p>
<p><b>Area or subarea (Zone) Name or Title:</b> Lawrence Livermore National Lab</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Alameda County Fire Department</p>
<p><b>Area or subarea (Zone) Geographic Description:</b> Federal property known as Lawrence Livermore National Lab located south/east of the city of Livermore.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Not applicable, Federal property</p>
<p><b>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</b> 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.). Not applicable, Federal property</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  Not applicable, Federal property  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Not applicable, Federal property</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><b>Local EMS Agency or County Name:</b> Alameda County Emergency Medical Services</p>
<p><b>Area or subarea (Zone) Name or Title:</b> City of Piedmont</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Piedmont Fire Department</p>
<p><b>Area or subarea (Zone) Geographic Description:</b> City of Piedmont</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive</p>
<p><b>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  Uninterrupted service, in the same manner and scope, prior to 1/1/81  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Not applicable</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><b>Local EMS Agency or County Name:</b> Alameda County Emergency Medical Services</p>
<p><b>Area or subarea (Zone) Name or Title:</b> City of Alameda</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Alameda Fire Department</p>
<p><b>Area or subarea (Zone) Geographic Description:</b> City of Alameda including the property known as Coast Guard Island</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive</p>
<p><b>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. Uninterrupted service, in the same manner and scope, prior to 1/1/81 If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Not applicable</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><b>Local EMS Agency or County Name:</b> Alameda County Emergency Medical Services</p>
<p><b>Area or subarea (Zone) Name or Title:</b> City of Albany</p>
<p><b>Name of Current Provider(s):</b> City of Albany Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Prior to 1/1/81</p>
<p><b>Area or subarea (Zone) Geographic Description:</b> City of Albany</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive</p>
<p><b>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  Uninterrupted service, in the same manner and scope, prior to 1/1/81  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Not applicable</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><b>Local EMS Agency or County Name:</b> Alameda County Emergency Medical Services</p>
<p><b>Area or subarea (Zone) Name or Title:</b> City of Berkeley</p>
<p><b>Name of Current Provider(s):</b> Berkeley Fire Department <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Prior to 1/1/81</small></p>
<p><b>Area or subarea (Zone) Geographic Description:</b> City of Berkeley, including State property at UC Berkeley and Federal property at Lawrence Berkeley Lab</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> <small>Include intent of local EMS agency and Board action.</small> Exclusive</p>
<p><b>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</b> <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><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <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>