CONTRA COSTA
HEALTH SERVICES

Emergency Medical Services Agency

EMS Plan Annual Update

December 2003

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SECTION I: SUMMARY OF CHANGES TO EMS PLAN

SUMMARY OF CHANGES

All State Standards for local EMS systems have been met. During our initial EMS planning process, higher or more specific local standards were identified for many of the State Standards. The majority of these local standards have been addressed as well. In the coming months, we will re-evaluate local standards to further define our EMS system plan for the future.

A number of enhancements have been introduced into our EMS system over the past 2 years. Citizens now have access to comprehensive pediatric system services, due in part, to a two-year grant from the EMS Authority. An EMS for Children plan has been developed and implemented countywide. Local EMS providers are using electronic patient care report system that provides a comprehensive database of patient care data available for provider QI activities. There is greater capability for monitoring EMS system activity with access to provider clinical and response time data.

Local fire services have expanded first responder paramedic services and several fire agencies have expressed interest in continued expansion or implementation of paramedic programs. The EMS Agency has obtained a nationally recognized EMS Consultant Firm to evaluate how fire services can increase their staffing levels at not additional cost to the County. A final report of consultant findings is complete and is being considered by the County.

SECTION II: UPDATES OF SPECIFIC INFORMATION

EMSA TABLE 2 - System Organization and Management

1. Percentage of population served by each level of care by county:

a. Basic Life Support (BLS)	____ %
b. Limited Advanced Life Support (LALS)	____ %
c. Advanced Life Support (ALS)	100 %

2. Type of agency: b

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. Person responsible for day-to-day EMS Agency activities reports to: b

a. Public Health Officer
b. Health Services Agency Director/Administrator
c. Board of Directors
d. Other:____

4. Indicate the non-required functions that are performed by the Agency

Implementation of exclusive operating areas (ambulance franchising)	X
Designation of trauma centers/trauma care system planning	X
Designation/approval of pediatric facilities	X
Designation of other critical care centers	
Development of transfer agreements	X
Enforcement of local ambulance ordinance	X
Enforcement of ambulance service contracts	X
Operation of ambulance service	
Continuing education	X
Personnel training	X
Operation or oversight of EMS dispatch center	
Non-medical disaster planning	
Administration of critical incidents stress debriefing (CISD) team	
Administration of disaster medical assistance team (DMAT)	X
Administration of EMS Fund [Senate Bill (SB) 12/612]	
Other: Tracking and monitoring hospital emergency and critical care capacity	X
Other: Procuring and monitoring emergency ambulance services countywide	X
Other: Implementing EMS program enhancements funded under County Service Area EM-1	X
Other: Implementing and monitoring an EMS for Children Program countywide	X
Other: Planning for/coordinating disaster medical response at local/regional levels	X

EMSA TABLE 2 - System Organization & Management (cont.)

5. EMS Agency budget FY 02/03

a. EXPENSES

Salaries and benefits	$	925,123
Contract Services		69,000
Operations (e.g. copying, postage, facilities)		474,849
Travel		12,163
Fixed assets		-
Indirect expenses (overhead)		266,678
Ambulance subsidy		1,142,769
EMS Fund payments to physicians/hospital		975,151
Dispatch center operations (non-staff)		216,758
Training program operations		-
Other: 1st Responder Enhancements		906,229
Other: Trauma Fund to Trauma Center		413,636
TOTAL EXPENSES	**$**	**5,402,356**

EMSA TABLE 2 - System Organization & Management (cont.) FY 2002

b. SOURCES OF REVENUE FY 02/03

Special project grant(s) [from EMSA]		
Preventive Health and Health Services (PHHS) Block Grant	$	8,110
Office of Traffic Safety (OTS)		-
State general fund		-
County general fund		593,778
Other local tax funds (e.g., EMS district)		4,432,594
County contracts (e.g. multi-county agencies)		-
Certification fees		35,594
Training program approval fees		-
Training program tuition/Average daily attendance funds (ADA)		
Job Training Partnership ACT (JTPA) funds/other payments		-
Base hospital application fees		-
Base hospital designation fees		-
Trauma center application fees		-
Trauma center designation fees		75,000
Pediatric facility approval fees		-
Pediatric facility designation fees		-
Other critical care center application fees		-
Type:		
Other critical care center designation fees		-
Type:		
Ambulance service/vehicle fees		-
Contributions		-
EMS Fund (SB 12/612)		1,344,771
Other grants:		NA
TOTAL REVENUE	**$**	**$6,489,847**

Note: Difference between expenditures and revenues due to surplus in County Service Area EM-I funds.

EMSA TABLE 2 - System Organization & Management (cont.)

6. Fee structure FY 2002/2003

First responder certification	$ 0
EMS dispatcher certification	
EMT-I certification	30
EMT-I recertification	30
EMT-defibrillation certification	0
EMT-defibrillation recertification	0
EMT-II certification	NA
EMT-II recertification	NA
EMT-P accreditation	50
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	50
MICN/ARN recertification	50
EMT-I training program approval	0
EMT-II training program approval	NA
EMT-P training program approval	0
MICN/ARN training program approval	0
Base hospital application	0
Base hospital designation	0
Trauma center application	10,000
Trauma center designation	75,000
Pediatric facility approval	NA
Pediatric facility designation	NA
Other critical care center application	
Other critical care center designation	
Ambulance service license	NA
Ambulance vehicle permits	300
Non-emergency ambulance (three year permit)	1,500
Emergency ambulance (three year permit per ERA)	1,500
Other: Helicopter classification	250
Other: Helicopter authorization (2 year permit)	1,800
Other: CE Provider (authorization and reauthorization)	100
Other: Replacement accreditation card	10
Other: CCT P Program	
Other: Non-Emergency Paramedic Transfer Program (plus $50/transfer after 1st 50)	3,000

7. The following tables are for the fiscal year 02/03

EMSA TABLE 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT[1]	BENEFITS (% of salary)	COMMENTS
EMS Admin/Coord/Dir	EMS Director	1	$45.69	32%	
Asst. Admin/Admin Asst/Admin Mgr.	EMS Program Coordinator	1	$41.30	32%	
ALS Coord/Field Coord/Trng Coord	1. 1st Responder Prog/Training Coord 2. Prehosp Care Coord. Personnel/MIS 3. RDMHS (Grant)	1 1 1	$37.83 $37.83 $37.83	32% 32% 32%	
Prog Coord/Field Liaison (Non-clinical)					
Trauma Coord.	EMS Trauma Coordinator	1	$37.83	32%	
Med. Director	EMS Medical Director	0.5	$73.22	32%	
Other MD/Med Consult					
Disaster Med. Planner	Health Services Disaster Mgr	1	$40.44	32%	
Dispatch Super.					
Medical Planner					
Dispatch Super.					
Data Evaluator/Analyst					
QA/QI Coordinator (RN)	EMS QI Specialist (contract position)	0.5	$41.00		
Public Info. & Ed. Coord.					
Ex. Secretary					
Other Clerical	1. Clerk - Experienced 2. Clerk - Senior	1 1	$17.39 $19.78	32% 32%	
Data Entry Clerk					
Other					

[1] Salary as of 9/1/03

EMSA TABLE 3 - Personnel/Training

	EMT-I's	EMT - II's	EMT- P's	MICN's	EMS Dispatchers
Total certified/accredited/authorized	329	-	183	31	
Number of newly certified this year	N/A	-	N/A	NA	
Number of certified this year	N/A	-	N/A	NA	
Total number of accredited personnel on July 1 of 2003	N/A	-	N/A	N/A	
Number of certificate reviews resulting in:					
a) formal investigations	4		-	-	
b) probation	-		-	-	
c) suspensions	-		-	-	
d) revocations	-		-	-	
e) denials	-		-	-	
f) denials	2		-	-	
g) no action taken	-		-	-	
h) referred to EMSA	-		-	-	

1. Number of EMS dispatchers trained to EMSA standards: 55

2. Early defibrillation:

   a) Number of EMT-I (defib) certified 725
   b) Number of public safety (defib) certified (non-EMTI) 75

3. Do you have a first responder training program? yes X no _____

EMSA TABLE 4 - Communications

1. Number of primary Public Service Answering Points (PSAP) 10
2. Number of secondary PSAP's 2
3. Number of dispatch centers directly dispatching ambulances 3
4. Number of designated dispatch centers for EMS aircraft 3
5. Do you have an operational area disaster communication system? Yes x No
   a. Radio primary frequency

      MEDARS (T-Band) 4 channel

   b. Other methods

      Alternate telephone system; Local government radio frequencies; ReddiNet microwave communications among hospitals, ambulance dispatch centers and EMS Agency.

   c. Can all medical response units communicate on the same disaster communications system? Yes x No
   d. Do you participate in OASIS? Yes x No
   e. Do you have a plan to utilize RACES as a back up communication system? Yes x No
      1) Within the operational area? Yes x No
      2) Between the operational area and region and/or state? Yes x No
6. Who is your primary dispatch agency for day-to-day emergencies?

   Four designated fire/medical dispatch centers
7. Who is your primary dispatch agency for a disaster?

   Sheriff's Dispatch

EMSA TABLE 5 - Response/Transportation

Transporting Agencies

1.	Number of exclusive operating areas		5
2.	Percentage/population covered by Exclusive Operating Areas		100%
3.	Total number responses in 2002		65,459
	a) Number of emergency responses	(Code 2: expedient, Code 3: lights/siren)	65,459
	b) Number of non-emergency responses	(Code 1: normal)	unknown
4.	Total number of transports in 2002		47,858
	a) Number or emergency transports	(Code 2: expedient, Code 3: lights/siren)	47,858
	b) Number of non-emergency transports	(Code 1: normal)	unknown

Early Defibrillation Programs

5.	Number of public safety defibrillation programs	9
	a) Automated	9
	b) Manual	NA
6.	Number of EMT-Defibrillation programs	1
	a) Automated	1
	b) Manual	0

Air Ambulance Services

7.	Total number or responses	unknown
	a) Number of emergency responses	unknown
	b) Number of non-emergency responses	unknown
8.	Total number of transports in 2002	389
	a) Number of emergency (scene) responses	389
	b) Number of non-emergency responses	unknown

EMSA TABLE 5 - Response/Transportation (cont.)

System Standard Response Times (90th Percentile) for 2002.

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEM WIDE
1. BLS and CPR capable first responder.	Varies by local jurisdiction	N/A	N/A	Varies by local jurisdiction
2. Early defibrillation capable responder.	Varies by local jurisdiction	N/A	N/A	Varies by local jurisdiction
3. Advanced life capable responder.	7.15 minutes[1]	N/A	N/A	N/A
4. EMS transport unit.	7.15 minutes[2]	N/A	N/A	N/A

[1] Time is for paramedic on the transport ambulance; the majority of patient responses include a fire first responder paramedic. Although written agreements with fire services include response time standards, response times are not currently collected by the EMS Agency.
[2] Official response performance standard are 10 minutes 95% of the time. Providers average the above performance.

EMSA TABLE 6 - Facilities/Critical Care

Trauma care system

Trauma patients for 2002:

1.	Number of patients meeting trauma triage criteria	2,729
2.	Number of major trauma victims transported directly to a trauma center by ambulance	914
3.	Number of major trauma patients transferred to a trauma center	132
4.	Number of patients meeting triage criteria who weren't treated at a trauma center	9

Emergency departments:

1.	Total number of emergency departments	8
	a) Number of referral emergency services	0
	b) Number of standby emergency services	0
	c) Number of basic emergency services	8
	d) Number of comprehensive emergency services	0

Receiving Hospitals

1.	Number of receiving hospitals with agreements	0
2.	Number of base hospitals with agreements	1

EMSA TABLE 7 - Disaster Medical

System Resources

1. Casualty Collections Points (CCP)
   a. Where are your CCP's located? On file at the EMS Agency
   b. How are they staffed? No staffing plan
   c. Do you have a supply system for supporting them for 72 hours? Yes x No
2. CISD
   Do you have a CISD provider with 24-hour capability? Yes x No
3. Medical Response Team - DMAT CA-6
   a. Do you have any team medical response capability? Yes x No
   b. For each team, are they incorporated into your local response plan? Yes No
   c. Are they available for statewide response? Yes x No
   d. Are they part of a formal out-of state response system? Yes x No
4. Hazardous materials
   a. Do you have any HAZMAT trained medical response teams? Yes x No
   b. At what HAZMAT level are they trained? First Responder
   c. Do you have the ability to do decontamination in an emergency room? Yes x No
   d. Do you have the ability to do decontamination in the field? Yes x No

Operations

1. Are you using a standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes x No
2. What is the maximum number of local jurisdiction EOC's you will need to interact with in a disaster? 19
3. Have you tested your MCI Plan this year in a:
   a. Real event? Yes No x
   b. Exercise? Yes x No
4. List all counties with which you have written medical aid agreement. none
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes No x
6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? Yes No x
7. Are you part of a multi-county EMS system for disaster response? Yes No x
8. Are you a separate department or agency? Yes No x
9. If not, to whom do you report? Contra Costa Health Services
10. If not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? Yes x No

EMSA TABLE 8 - Providers

Name/address/telephone: American Medical Response
2350 Whitman Rd. Suite F
Concord, CA 94518
925-602-1300

Primary Contact: Leslie Mueller
Director of Operations, CCC

Written Contract: __x__ Yes ____ No	Service: __x__ Ground ____ Air ____ Water	 __x__ Transport __x__ Non-Transport	Air Classification: ___ Auxiliary rescue ___ Air ambulance ___ ALS rescue ___ BLS rescue	If Air: ____ Rotary ____ Fixed Wing	# of personnel providing services: _____ PS _____ PS-Defib. __56__ BLS _____ EMT-D _____ LALS __103__ ALS
Ownership: ____ Public __x__ Private	Medical Director: __x__ Yes ____ No	If Public: ____ Fire ____ Law ____ Other Explain: _____	If Public: ___ City ___ County ___ State ___ Fire district ___ Federal	System available 24 hours? __x__ Yes ____ No	Number of Ambulances: __56__

EMSA TABLE 8 - Providers (cont.)

Name/address/telephone: San Ramon Valley Fire Protection District
1500 Bollinger Canyon Road
San Ramon, CA 94583
925-838-6691

Primary Contact: Chief Craig Bowen

Written Contract: __x__ Yes ____ No	Service: __x__ Ground ____ Air ____ Water	 __x__ Transport ____ Non-Transport	Air Classification: ____ Auxiliary rescue ____ Air ambulance ____ ALS rescue ____ BLS rescue	If Air: ____ Rotary ____ Fixed Wing	# of personnel providing services: _____ PS __29__ PS-Defib. _____ BLS __138__ EMT-D _____ LALS __53__ ALS
Ownership: __x__ Public ____ Private	Medical Director: __x__ Yes ____ No	If Public: __x__ Fire ____ Law ____ Other Explain: _____	If Public: ____ City ____ County ____ State __x__ Fire district ____ Federal	System available 24 hours? __x__ Yes ____ No	Number of Ambulances: __8__

EMSA TABLE 8 - Providers (cont.)

Name/address/telephone: Moraga-Orinda Fire Protection District
1280 Moraga Way
Moraga, CA 94556
925-258-4599

Primary Contact: Batt. Chief Bob Cox

Written Contract: __x__ Yes ____ No	Service: __x__ Ground ____ Air ____ Water	 __x__ Transport __x__ Non-Transport	Air Classification: ____ Auxiliary rescue ____ Air ambulance ____ ALS rescue ____ BLS rescue	If Air: ____ Rotary ____ Fixed Wing	# of personnel providing services: _____ PS __1__ PS-Defib. _____ BLS __29__ EMT-D _____ LALS __28__ ALS
Ownership: __x__ Public ____ Private	Medical Director: __x__ Yes ____ No	If Public: __x__ Fire ____ Law ____ Other Explain: _____	If Public: ____ City ____ County ____ State __x__ Fire district ____ Federal	System available 24 hours? __x__ Yes ____ No	Number of Ambulances: __2__

EMSA TABLE 8 - Providers (cont.)

Name/address/telephone: Contra Costa County Fire Protection District
2010 Geary Road
Pleasant Hill, CA 94523
925-939-3400

Primary Contact: EMS Chief Stephen Maiero

Written Contract: __x__ Yes ____ No	Service: __x__ Ground ____ Air ____ Water	____ Transport __x__ Non-Transport	Air Classification: ____ Auxiliary rescue ____ Air ambulance ____ ALS rescue ____ BLS rescue	If Air: ____ Rotary ____ Fixed Wing	# of personnel providing services: _____ PS _____ PS-Defib. _____ BLS __236__ EMT-D _____ LALS __70__ ALS
Ownership: __x__ Public ____ Private	Medical Director: __x__ Yes ____ No	If Public: __x__ Fire ____ Law ____ Other Explain: _____	If Public: ____ City ____ County ____ State __x__ Fire district ____ Federal	System available 24 hours? __x__ Yes ____ No	Number of Ambulances: __0__

EMSA TABLE 8 - Providers (cont.)

Name/address/telephone: Crockett-Carquinez Fire Protection District
746 Loring Avenue
Crockett, CA 94525
510-787-2717

Primary Contact: Chief G. Littleton, Jr.

Written Contract: ____ Yes __x__ No	Service: __x__ Ground ____ Air ____ Water	____ Transport __x__ Non-Transport	Air Classification: __ Auxiliary rescue __ Air ambulance __ ALS rescue __ BLS rescue	If Air: __ Rotary __ Fixed Wing	# of personnel providing services: __11__ PS __17__ PS-Defib. __6__ BLS _____ EMT-D __0__ LALS __0__ ALS
Ownership: __x__ Public ____ Private	Medical Director: ____ Yes __x__ No	If Public: __x__ Fire ____ Law ____ Other Explain: _____	If Public: _____ City __ County __ State __x__ Fire district __ Federal	System available 24 hours? __x__ Yes __ No	Number of Ambulances: __0__

EMSA TABLE 8 - Providers (cont.)

Name/address/telephone: East Contra Costa Fire Protection District
134 Oak Street
Brentwood, CA 94513
925-634-3400

Primary Contact: Chief Doug Dawson

Written Contract: ____ Yes __x__ No	Service: __x__ Ground ____ Air ____ Water	____ Transport __x__ Non-Transport	Air Classification: ____ Auxiliary rescue ____ Air ambulance ____ ALS rescue ____ BLS rescue	If Air: ____ Rotary ____ Fixed Wing	# of personnel providing services: _____ PS _____ PS-Defib. __30__ BLS __60__ EMT-D _____ LALS _____ ALS
Ownership: __x__ Public ____ Private	Medical Director: ____ Yes __x__ No	If Public: __x__ Fire ____ Law ____ Other Explain: _____	If Public: ____City ____ County ____ State __x__ Fire district ____ Federal	System available 24 hours? __x__ Yes ____ No	Number of Ambulances: __0__

EMSA TABLE 8 - Providers (cont.)

Name/address/telephone: El Cerrito Fire Department
10900 San Pablo Avenue
El Cerrito, CA 94530
510-215-4450

Primary Contact: Chief Mark Scott

Written Contract: __x__ Yes ____ No	Service: __x__ Ground ____ Air ____ Water	____ Transport __x__ Non-Transport	Air Classification: ____ Auxiliary rescue ____ Air ambulance ____ ALS rescue ____ BLS rescue	If Air: ____ Rotary ____ Fixed Wing	# of personnel providing services: _____ PS _____ PS-Defib. _____ BLS __26__ EMT-D _____ LALS __7__ ALS
Ownership: __x__ Public ____ Private	Medical Director: __x__ Yes ____ No	If Public: __x__ Fire ____ Law ____ Other Explain: _____	If Public: __x__ City ____ County ____ State ____ Fire district ____ Federal	System available 24 hours? __x__ Yes ____ No	Number of Ambulances: __0__

EMSA TABLE 8 - Providers (cont.)

Pinole Fire Department
880 Tennent Avenue
Pinole, CA 94564
510-724-8970

Primary Contact: Chief Jim Parrott

Written Contract: ____ Yes __x__ No	Service: __x__ Ground ____ Air ____ Water	____ Transport __x__ Non-Transport	Air Classification: ____ Auxiliary rescue ____ Air ambulance ____ ALS rescue ____ BLS rescue	If Air: ____ Rotary ____ Fixed Wing	# of personnel providing services: __6__ PS __30__ PS-Defib. __24__ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: __x__ Public ____ Private	Medical Director: ____ Yes __x__ No	If Public: __x__ Fire ____ Law ____ Other Explain: _____	If Public: __x__ City ____ County ____ State ____ Fire district ____ Federal	System available 24 hours? __x__ Yes ____ No	Number of Ambulances: __0__

EMSA TABLE 8 - Providers (cont.)

Name/address/telephone: Richmond Fire Department
330 25th Street
Richmond, CA 94804
510-307-8031

Primary Contact: Chief Joe Robinson

Written Contract: ___ Yes _x_ No	Service: _x_ Ground ___ Air ___ Water	___ Transport _x_ Non-Transport	Air Classification: ___ Auxiliary rescue ___ Air ambulance ___ ALS rescue ___ BLS rescue	If Air: ___ Rotary ___ Fixed Wing	# of personnel providing services: _____ PS _____ PS-Defib. ___ BLS _92_ EMT-D _____ LALS _____ ALS
Ownership: _x_ Public ___ Private	Medical Director: ___ Yes _x_ No	If Public: _x_ Fire ___ Law ___ Other Explain: _____	If Public: _x_ City ___ County ___ State ___ Fire district ___ Federal	System available 24 hours? _x_ Yes ___ No	Number of Ambulances: _0_

EMSA TABLE 8 - Providers (cont.)

Name/address/telephone: Rodeo-Hercules Fire Protection District
1680 Refugio Valley Road
Hercules, CA 94547
510-799-4561

Primary Contact: Chief Boyles

Written Contract: __x__ Yes _____ No	Service: __x__ Ground ____ Air ____ Water	____ Transport __x__ Non-Transport	Air Classification: ____ Auxiliary rescue ____ Air ambulance ____ ALS rescue ____ BLS rescue	If Air: ____ Rotary ____ Fixed Wing	# of personnel providing services: _____ PS _____ PS-Defib. _____ BLS __34__ EMT-D _____ LALS _____ ALS
Ownership: __x__ Public _____ Private	Medical Director: __x__ Yes ____ No	If Public: __x__ Fire ____ Law ____ Other Explain: _____	If Public: ____ City ____ County ____ State __x__ Fire district ____ Federal	System available 24 hours? __x__ Yes ____ No	Number of Ambulances: __0__

EMSA TABLE 9 - Approved Training Programs

Training Institution Name/Address
Los Medanos College
2700 East Leland Road
Pittsburg, CA 94565

Contact Person/ Telephone
Jennifer Warden
(925) 439-2181 ext 3352

*Student Eligibility:	Cost of Program	**Program Level: EMT Training
Open to the general public.	$18.00/unit Basic: Approx. $150.00-$250.00 Refresher: Approx $25.00	Number of students completing training per year: Initial training: 150 - 200 Refresher: 30 - 50 Cont. Education: NA Expiration Date: 2 years Number of courses: Initial training: 4 - 6 Refresher: 1 - 2 Cont. Education: NA

* Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

EMSA TABLE 9 - Approved Training Programs (cont.)

Training Institution Name/Address Contra Costa College
2600 Mission Bell Drive
San Pablo, CA 94806

Contact Person/ Telephone Michael J. Frith
510-235-7800 x4229

*Student Eligibility:	Cost of Program	
Open to the general public.	Basic:	$108.00
	Refresher:	$18.00

**Program Level: EMT Training

Number of students completing training per year:

Initial training:	80
Refresher:	40
Cont. Education:	20
Expiration Date:	8/2007

Number of courses:

Initial training:	2
Refresher:	2
Cont. Education:	As Needed

* Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

EMSA TABLE 9 - Approved Training Programs (cont.)

Training Institution Name/Address Mt. Diablo Adult Education
1266 San Carlos Avenue
Concord, CA 94518

Contact Person/ Telephone Susan Garske

*Student Eligibility:	Cost of Program	**Program Level: EMT Training
	Basic: $150.00 -- 1st responder $500.00 -- EMT Refresher: $ 72.00	Number of students completing training per year: Initial training: 45 Refresher: 0 Cont. Education: 10 Expiration Date: 8/31/05 Number of courses: Initial training: 2 Refresher: 0 Cont. Education: NA

* Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

EMSA TABLE 10 - Facilities

Name/address/telephone: Contra Costa Regional Medical Center
2500 Alhambra Avenue
Martinez, CA 94553
(925) 370-5000

Primary Contact: Administration

Written Contract:	Referral emergency service ____		Base Hospital:	Pediatric Critical Care Center: *
____ Yes	Standby emergency service ____		____ Yes	____ Yes
_x_ No	Basic emergency service _x_		_x_ No	_x_ No
	Comprehensive emergency service ____			
EDAP: **	PICU: ***	Burn Center:	Trauma Center:	If Trauma Center what Level: ****
____ Yes	____ Yes	____ Yes	____ Yes	_____
_x_ No	_x_ No	_x_ No	_x_ No	

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*.
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric.

EMSA TABLE 10 - Facilities (cont.)

Name/address/telephone: Doctors' Medical Center, San Pablo
2000 Vale Road
San Pablo, CA 94806
510-235-7000

Primary Contact: Administration

Written Contract: ____ Yes __x__ No	Referral emergency service ____ Standby emergency service ____ Basic emergency service __x__ Comprehensive emergency service ____		Base Hospital: ____ Yes __x__ No	Pediatric Critical Care Center: * ____ Yes __x__ No
EDAP: ** ____ Yes __x__ No	PICU: *** ____ Yes __x__ No	Burn Center: __x__ Yes ____ No	Trauma Center: ____ Yes __x__ No	If Trauma Center what Level: **** _____

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*.
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric.

EMSA TABLE 10 - Facilities (cont.)

Name/address/telephone: John Muir Medical Center
1601 Ygnacio Valley Road
Walnut Creek, CA 94598
925-939-3000

Primary Contact: Administration

Written Contract: __x__ Yes ____ No	Referral emergency service ____ Standby emergency service ____ Basic emergency service __x__ Comprehensive emergency service ____		Base Hospital: __x__ Yes ____ No	Pediatric Critical Care Center: * ____ Yes __x__ No
EDAP: ** ____ Yes __x__ No	PICU: *** ____ Yes __x__ No	Burn Center: ____ Yes __x__ No	Trauma Center: __x__ Yes ____ No	If Trauma Center what Level: **** __Level II__

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*.
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric.

EMSA TABLE 10 - Facilities (cont.)

Name/address/telephone: Kaiser Medical Center-Richmond
1330 So. Cutting Blvd.
Richmond, CA 94801
510-307-1500

Primary Contact: Administration

Written Contract:	Referral emergency service ____ Standby emergency service ____ Basic emergency service __x__ Comprehensive emergency service ____		Base Hospital:	Pediatric Critical Care Center: *
____ Yes __x__ No			____ Yes __x__ No	____ Yes __x__ No
EDAP: **	PICU: ***	Burn Center:	Trauma Center:	If Trauma Center what Level: ****
____ Yes __x__ No	____ Yes __x__ No	____ Yes __x__ No	____ Yes __x__ No	_____

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*.
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric.

EMSA TABLE 10 - Facilities (cont.)

Name/address/telephone: Kaiser Medical Center-Walnut Creek
1425 South Main Street
Walnut Creek, CA 94596
925-295-4000

Primary Contact: Administration

Written Contract: ___ Yes _x_ No	Referral emergency service ___ Standby emergency service ___ Basic emergency service _x_ Comprehensive emergency service ___		Base Hospital: ___ Yes _x_ No	Pediatric Critical Care Center: * ___ Yes _x_ No
EDAP: ** ___ Yes _x_ No	PICU: *** ___ Yes _x_ No	Burn Center: ___ Yes _x_ No	Trauma Center: ___ Yes _x_ No	If Trauma Center what Level: **** _____

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*.
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric.

EMSA TABLE 10 - Facilities (cont.)

Name/address/telephone: Mt. Diablo Medical Center
P.O. Box 4110
2540 East Street
Concord, CA 94524
925-682-8200

Primary Contact: Administration

Written Contract:	Referral emergency service ____ Standby emergency service ____ Basic emergency service __x__ Comprehensive emergency service ____		Base Hospital:	Pediatric Critical Care Center: *
____ Yes __x__ No			____ Yes __x__ No	____ Yes __x__ No
EDAP: **	PICU: ***	Burn Center:	Trauma Center:	If Trauma Center what Level: ****
____ Yes __x__ No	____ Yes __x__ No	____ Yes __x__ No	____ Yes __x__ No	_____

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*.
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric.

EMSA TABLE 10 - Facilities (cont.)

Name/address/telephone: San Ramon Regional Medical Center
6001 Norris Canyon Road
San Ramon, CA 94583
925-275-9200

Primary Contact: Administration

Written Contract: ____ Yes __x__ No	Referral emergency service ____ Standby emergency service ____ Basic emergency service __x__ Comprehensive emergency service ____		Base Hospital: ____ Yes __x__ No	Pediatric Critical Care Center: * ____ Yes __x__ No
EDAP: ** ____ Yes __x__ No	PICU: *** ____ Yes __x__ No	Burn Center: ____ Yes __x__ No	Trauma Center: ____ Yes __x__ No	If Trauma Center what Level: **** _____

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*.
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric.

EMSA TABLE 10 - Facilities (cont.)

Name/address/telephone: Sutter Delta Medical Center
3901 Lone Tree Way
Antioch, CA 94509
925-779-7200

Primary Contact: Administration

Written Contract:	Referral emergency service ____		Base Hospital:	Pediatric Critical Care Center: *
____ Yes	Standby emergency service ____		____ Yes	____ Yes
__x__ No	Basic emergency service __x__		__x__ No	__x__ No
	Comprehensive emergency service ____			
EDAP: **	PICU: ***	Burn Center:	Trauma Center:	If Trauma Center what Level: ****
____ Yes	____ Yes	____ Yes	____ Yes	_____
__x__ No	__x__ No	__x__ No	__x__ No	

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*.
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric.

EMSA TABLE 11 - Dispatch Agencies

Name/address/telephone: Contra Costa Fire
2010 Geary Road
Pleasant Hill, CA 94523
925-930-3400

Primary Contact: Brent Finster
925-939-5550

Written Contract: ____ Yes __x__ No	Service: __x__ Ground ____ Air ____ Water	__x__ Day-to-Day __x__ Disaster	Number of Personnel providing services: __15__ EMD Training _____ EMT-D _____ BLS _____ LALS _____ ALS Other_____
Ownership: __x__ Public ____ Private	Medical Director: __x__ Yes ____ No	If public: __x__ Fire ____ Law ____ Other Explain:_____	If Public: _____ City __x__ County _____ State _____ Fire District _____ Federal

EMSA TABLE 10 - Dispatch Agencies (cont.)

Name/address/telephone: Richmond Police/Fire
401 27th Street
Richmond, CA 94804

Primary Contact: Lt. Mc Bride
510-233-1214

Written Contract: ____ Yes __x__ No	Service: __x__ Ground __x__ Air ____ Water	__x__ Day-to-Day ____ Disaster	Number of Personnel providing services: __28__ EMD Training _____ EMT-D _____ BLS _____ LALS _____ ALS Other_____
Ownership: __x__ Public ____ Private	Medical Director: __x__ Yes ____ No	If public: ____ Fire __x__ Law ____ Other Explain:_____	If Public: __x__ City _____ County _____ State _____ Fire District _____ Federal

EMSA TABLE 10 - Dispatch Agencies (cont.)

Name/address/telephone: San Ramon Valley Fire
1500 Bollinger Canyon Road
San Ramon, CA 94583

Primary Contact: Chief Chris Suter
925-838-6600

Written Contract: ____ Yes __x__ No	Service: __x__ Ground __x__ Air ____ Water	__x__ Day-to-Day ____ Disaster	Number of Personnel providing services: __9__ EMD Training _____ EMT-D _____ BLS _____ LALS _____ ALS Other_____
Ownership: __x__ Public ____ Private	Medical Director: __x__ Yes ____ No	If public: __x__ Fire ____ Law ____ Other Explain:_____	If Public: _____ City _____ County _____ State __x__ Fire District _____ Federal

SECTION III: PROGRESS FROM PREVIOUS YEAR

EMSA TABLE 1: Summary of System Status

A. System Organization And Management

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

A. System Organization And Management (cont.)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
Medical Direction					
1.17 Medical Direction		**X**	**n/a**		
1.18 QA/QI		**X**	Being addressed.		**X**
1.19 Policies, Procedures, Protocols		**X**	**X**		
1.20 DNR		**X**	**X**		
1.21 Determination of Death		**X**	**X**		
1.22 Reporting of Abuse		**X**	**X**		
1.23 Interfacility Transfer		**X**	**X**		
Enhanced Level: Advanced Life Support					
1.24 ALS System		**X**	**X**		
1.25 On-Line Medical Direction		**X**	**X**		
Enhanced Level: Trauma Care System					
1.26 Trauma System Plan		**X**	**n/a**		
Enhanced Level: Pediatric Emergency Medical and Critical Care System					
1.27 Pediatric System Plan		**X**	**n/a**		
Enhanced Level: Exclusive Operating Areas					
1.28 EOA Plan		**X**	**n/a**		Update planned.

B. Staffing/Training

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
Local EMS Agency					
2.01 Assessment of Needs		**X**	**n/a**		
2.02 Approval of Training		**X**	**n/a**		
2.03 Personnel		**X**	**n/a**		
Dispatchers					
2.04 Dispatch Training		**X**	**n/a**		
First Responder (non-transporting)					
2.05 First Responder Training		**X**	**X**		
2.06 Response		**X**	**n/a**		
2.07 Medical Control		**X**	**n/a**		
Transporting Personnel					
2.08 EMT-1 Training		**X**	**X**		
Hospital					
2.09 CPR Training		**X**	**n/a**		
2.10 Advanced Life Support		**X**	Not planned.		
Enhanced Level: Advanced Life Support					
2.11 Accreditation Process		**X**	**n/a**		
2.12 Early Defibrillation		**X**	**n/a**		
2.13 Base Hospital Personnel		**X**	**n/a**		

C. Communications

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

D. Response/Transportation

	Does not meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
Universal Level					
4.01 Service Area Boundaries		**X**	**X**		Update planned.
4.02 Monitoring		**X**	**X**		
4.03 Classifying Medical Requests		**X**	**n/a**		
4.04 Pre-scheduled Responses		**X**	**n/a**		
4.05 Response Time Standards		**X**	Being addressed.		
4.06 Staffing		**X**	**n/a**		
4.07 First Responder Agencies		**X**	**n/a**		
4.08 Medical & Rescue Aircraft		**X**	**n/a**		
4.09 Air Dispatch Center		**X**	**n/a**		
4.10 Aircraft Availability		**X**	**n/a**		
4.11 Specialty Vehicles		**X**	**n/a**		
4.12 Disaster Response		**X**	**n/a**		
4.13 Intercounty Response		**X**	**X**	**X**	
4.14 Incident Command System		**X**	**n/a**	**X**	
4.15 MCI Plans		**X**	**n/a**		
Enhanced Level: Advanced Life Support					
4.16 ALS Staffing		**X**	**X**		
4.17 ALS Equipment		**X**	**n/a**		
Enhanced Level: Ambulance Regulation					
4.18 Compliance		**X**	**n/a**		
Enhanced Level: Exclusive Operating Permits					
4.19 Transport Plan		**X**	**n/a**		
4.20 “Grand fathering”		**X**	**n/a**		
4.21 Compliance		**X**	**n/a**		
4.22 Evaluation		**X**	**n/a**		

E. Facilities/Critical Care

	Does not meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
Universal Level					
5.01 Assessment of Capabilities		**X**	Being addressed.		
5.02 Triage & Transfer Protocols		**X**	**n/a**		
5.03 Transfer Guidelines		**X**	**n/a**		
5.04 Specialty Care Facilities		**X**	**n/a**		
5.05 Mass Casualty Management		**X**	**X**		
5.06 Hospital Evacuation		**X**	**n/a**		
Enhanced Level: Advanced Life Support					
5.07 Base Hospital Designation		**X**	**n/a**		
Enhanced Level: Trauma Care System					
5.08 Trauma System Design		**X**	**n/a**		
5.09 Public Input		**X**	**n/a**		
Enhanced Level: Pediatric Emergency Medical and Critical Care System					
5.10 Pediatric System Design		**X**	**X**		
5.11 Emergency Departments		**X**	**n/a**		
5.12 Public Inputs		**X**	**n/a**		
Enhanced Level: Other Specialty Care Systems					
5.13 Specialty System Design		**X**	**n/a**		
5.14 Public Input		**X**	**n/a**		

F. Data Collection/System Evaluation

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

G. Public Information And Education

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
Universal Level					
7.01 Public Information Materials		**X**	**n/a**		
7.02 Injury Control		**X**	No plan.		
7.03 Disaster Preparedness		**X**	**X**		
7.04 First Aid & CPR Training		**X**	No plan.		

H. Disaster Medical Response

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
Universal Level					
8.01 Disaster Medical Planning		**X**	**n/a**		
8.02 Response Plans		**X**	**X**		
8.03 HAZMAT Training		**X**	**n/a**		
8.04 Incident Command System		**X**	**X**		
8.05 Distribution of Casualties		**X**	No plan.		
8.06 Needs Assessment		**X**	**X**		
8.07 Disaster Communication		**X**	**n/a**		
8.08 Inventory of Resources		**X**	No plan.		
8.09 DMAT Teams		**X**	**X**		
8.10 Mutual Aid Agreements		**X**	**n/a**		
8.11 CCP Designation		**X**	**n/a**		
8.12 Establishment of CCP's		**X**	**n/a**		
8.13 Disaster Medical Training		**X**	**X**		
8.14 Hospital Plans		**X**	**X**		
8.15 Inter-hospital Communications		**X**	**n/a**		
8.16 Prehospital Agency Plans		**X**	**n/a**		
Enhanced Level: Advanced Life Support					
8.17 ALS Policies		**X**	**n/a**		
Enhanced Level: Specialty Care Systems					
8.18 Specialty Center Roles		**X**	**n/a**		**X**
8.19 Waiving exclusivity.		**X**	**n/a**		

COMPLETED ASSESSMENT FORMS

Assessment forms have been updated for all standards to simplify and standardize the annual assessment process.

A. System Organization and Management

System Organization and Management

Agency Administration

Standard:

1.01 LEMSA Structure.

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

Current Status: Standard met.

The Contra Costa County Board of Supervisors has designated Contra Costa Health Services as the local EMS Agency. Currently, the EMS Agency has ten staff positions and one contract position including an EMS Director, EMS Medical Director, EMS Program Coordinator, Health Services Emergency Preparedness Manager, two Prehospital Coordinators, Trauma Nurse Coordinator, Training Coordinator, QI Coordinator and two clerical staff.

System Organization and Management

Agency Administration:

Standard:

1.02 LEMSA Mission.

Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality/evaluation process to identify needed system changes.

Current Status: Standard met.

The EMS Agency's stated mission is to plan, implement, and evaluate the EMS System. Local data is used to identify necessary system changes, and/or to evaluate the need/effect of recommended changes.

System Organization and Management

Agency Administration

Standard:

1.03 Public Input.

Each local EMS agency shall actively seek and shall have a mechanism (including the Emergency Medical Care Committee and other sources) to receive appropriate consumer and health care provider input regarding the development of plans, policies, and procedures, as described throughout this document.

Current Status: Standard met.

A system of advisory committees including the Emergency Medical Care Committee (EMCC), and the Medical Advisory Committee has developed over the years to provide EMS system related input and recommendations to the Board of Supervisors, the Health Services Department and the EMS Agency.

System Organization and Management

Agency Administration

Standard:

1.04 Medical Director.

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:

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

Advisory Groups. 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 prehospital providers.

Current Status: Standard and recommended guideline met.

The EMS Agency has a half time, well prepared EMS Medical Director who is actively involved in local and statewide EMS related activities. The EMS Medical Director reports directly to the County Health Officer on medical matters, and to the EMS Director on operational issues. Specialty resources, including advisory groups or specialty medical consultants, are in place or are developed to provide input into specialized system issues.

System Organization and Management

Planning Activities

Standard:

1.05 System Plan.

Each local EMS agency shall develop an EMS system plan based on community need and utilization of proper resources, and shall submit it to the EMS Authority. The plan shall:

a) Assess how the current system meets guidelines,

b) Identify system needs for patients within each of the clinical target groups, and

c) Provide a methodology and time line for meeting these needs.

Current Status: Standard met.

The EMS Plan is the foundation for a process of ongoing planning and implementation for Contra Costa County EMS. Many of the activities directed by this plan focus on target issues and evaluation of the system's performance outcomes.

System Organization and Management

Planning Activities

Standard:

1.06 Annual Plan Update.

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.

Current Status: Standard met.

An approved EMS system plan in the required format has been in place since 11/95. Tables have been updated and have been submitted as required to EMSA.

System Organization and Management

Planning Activities

Standard:

1.07 Trauma Planning.

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

Recommended Guideline:

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

Current Status: Standard and recommended guideline met.

There is a trauma system and a designated/contract Level II trauma center in Contra Costa County. All essential components of the approved trauma system plan are in place, including criteria for hospital designation, medical control, and data collection. Trauma triage policies have been approved. Integration of all the existing EMS system components into a functional trauma system has been fully completed.

Coordination With Other EMS Agencies:

Contra Costa County works closely with neighboring Alameda County with respect to care provided critical trauma patients. Each county recognizes the other's trauma centers, and local critical pediatric trauma is transported/transferred to Children's Hospital Trauma Center in Oakland. There is also an extensive bi-county (Alameda and Contra Costa County) medical review process of trauma patient care.

System Organization and Management

Planning Activities

Standard:

1.08 ALS Planning.

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

Current Status: Standard met.

Advanced life support services are provided countywide. All emergency ambulance services routinely respond ALS resources to emergency medical requests. Innovative rural ALS first response units have been implemented to respond to the identified needs in two rural areas (Byron and Bethel Island). Four fire districts, Moraga-Orinda Fire Protection District, San Ramon Valley Fire Protection District, Contra Costa County Fire Protection District and El Cerrito Fire Department have established ALS first response units.

The EMS Agency has contracted with an EMS consultant to evaluate the local EMS Agency resources to determine if financial resources are available to support fire first response agencies in developing paramedic first-responder programs throughout the county.

Coordination With Other EMS Agencies:

Paramedic reciprocity agreements are in place with surrounding counties for situations where paramedics may be dispatched across county lines.

System Organization and Management

Planning Activities

Standard:

1.09 Inventory of Resources.

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.

Current Status: Standard met.

Inventories exist for personnel, vehicles (air and ground), facilities, and agencies within the jurisdiction of Contra Costa County.

System Organization and Management

Planning Activities

Standard:

1.10 Special Populations.

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

Recommended Guidelines:

Special Services. Each local EMS agency should develop services, as appropriate, for special population groups requiring specialized EMS services as appropriate. (e.g., elderly, handicapped, children, non-English speakers).

Current Status: Standard met/Recommended guideline being addressed.

Groups served by the EMS system that may require specialized services have been identified. Some targeted specialty population planning has occurred to date particularly in trauma, and in pediatrics.

System Organization and Management

Planning Activities

Standard:

1.11 System Participants.

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

Recommended Guidelines:

Formalized EMS System Participation. The local EMS agency should ensure that system participants conform to their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

Current Status: Standard and recommended guideline met.

The EMS Agency has contracts, written agreements or letters of understanding with EMS providers that reflect identified roles, responsibilities and performance standards. EMS providers with such agreements include emergency ambulance providers, trauma center, medical dispatch centers, first responder agencies, and emergency helicopter provider agencies.

The EMS Agency is working with fire services that are interested in providing paramedic first responder programs. The EMS Medical Director may serve as Medical Director of the fire paramedic program, and EMS staff is involved in program implementation and quality improvement activities.

System Organization and Management

Regulatory Activities

Standard:

1.12 Review & Monitoring.

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

Current Status: Standard met.

The Board of Supervisors appoints the local Emergency Medical Care Committee. The EMCC provides advice and recommendations with respect to ambulance services and emergency medical care to the County Board of Supervisors, the Health Services Department and the EMS Agency. EMS system operations are monitored and evaluated using data. Written agreements are in place that identify minimum EMS performance standards for system participants. Contra Costa County EMS system's operational performance is evaluated, documented, and reported on a regular basis.

System Organization and Management

Regulatory Activities

Standard:

1.13 Coordination.

Each local EMS agency shall coordinate EMS system operations.

Current Status: Standard met.

Substantial coordination exists between the EMS Agency and the system providers. System coordination is provided through the Emergency Medical Care Committee and local and multi-county advisory committees. These committees operate with varying missions and meeting schedules based on needs.

System Organization and Management

Regulatory Activities

Standard:

1.14 Policy & Procedures Manual.

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, transport services, and hospitals) within the system.

Current Status: Standard met.

Comprehensive EMS Agency policies/procedures manual and a prehospital care manual are available to all the EMS providers within the system. Each EMS Policy is reviewed every three years at a minimum to assure that EMS policies and prehospital care manual are current.

System Organization and Management

Regulatory Activities

Standard:

1.15 Compliance with Policies.

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

Current Status: Standard met.

The EMS Agency has contracts, written agreements or letters of understanding with EMS providers, which include emergency ambulance providers, trauma center, medical dispatch centers, first responder agencies, and emergency helicopter provider agencies. These agreements provide mechanisms to monitor, evaluate and enforce compliance with system policies and regulations with respect to emergency medical services. There is an ambulance ordinance in place that provides limited support to the monitoring and enforcement issues.

Need(s):

The current local ambulance ordinance has been in place for a number of years and should be amended or replaced with a new comprehensive ambulance ordinance, as system needs change.

System Organization and Management

System Finances

Standard:

1.16 Funding Mechanism.

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

Current Status: Standard met.

EMS Agency and support program funding is derived from several sources: the County Special Benefit Assessment (Measure H), the County general fund, grant funds, certification fees, funds derived from Senate Bill 612, and other fees from EMS system participants. The existing funding sources appear adequate.

System Organization and Management

Medical Direction

Standard:

1.17 Medical Direction.

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 hospitals and the roles, responsibilities, and relationships of prehospital and hospital providers.

Current Status: Standard met.

The County has designated a single base hospital to provide medical consultation to ambulance personnel. Roles and responsibilities of the base hospital and base hospital personnel are identified in the County's policies, procedures and protocols manual. ALS Providers, as well as fire first responder agencies participating in the Fire Paramedic First Responder Program First and/or a First Responder Defibrillation Program are under the medical direction of the County EMS Medical Director.

System Organization and Management

Medical Direction

Standard:

1.18 QA/QI.

Each local EMS agency shall establish a quality assurance (QA)/quality improvement (QI) program to ensure adherence to medical direction policies and procedures, including mechanism for compliance review. Provider-based programs approved by the EMS agency and coordinated with other system participants may be included.

Recommended Guideline:

Provider QA/QI In-house. Prehospital care providers should be encouraged to establish in-house procedures that identify methods of improving the quality of care provided.

Current Status: Standard met/Recommended met.

A formal system-wide QI plan which integrates/interfaces with prehospital care provider CQI programs continues to evolve within the county. All ALS providers and ALS support providers, e.g. emergency medical dispatchers, have active CQI programs. A common data collection set has been established and patient care data from the field is collected electronically, allowing for enhanced CQI processes. A data users group, a QI committee, and a helicopter committee provide case review and problem discussion. A comprehensive, bi-county trauma care review process is also in place.

Need(s):

A system-wide CQI plan is being developed that is monitored by a quality council and integrates individual provider QI plans.

System Organization and Management

Medical Direction

Standard:

1.19 Policies, Procedures, Protocols.

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

a. Triage,
b. Treatment,
c. Medical dispatch protocols,
d. Transport,
e. On-scene treatment times,
f. Transfer of emergency patients,
g. Standing orders,
h. Base hospital contact,
I. On scene physicians and other medical personnel,
j. Local scope of practice for prehospital personnel.

Recommended Guidelines:

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

Current Status: Standard and recommended guideline met.

Detailed policies, procedures and protocol exist for clinical and operational prehospital situations. County transfer guidelines and a procedure for on-scene physicians and other medical personnel are in place. A Countywide system of emergency medical dispatching that includes pre-arrival instructions is fully implemented.

System Organization and Management

Medical Direction

Standard:

1.20 DNR.

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

Current Status: Standard met.

An EMS "Do-Not-Resuscitate" policy, developed in accordance with EMSA's DNR guidelines is in place for prehospital personnel. DNA forms are available in English and Spanish.

System Organization and Management

Medical Direction

Standard:

1.21 Determination of Death.

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.

Current Status: Standard met.

An EMS policy is in place regarding determination of death.

System Organization and Management

Medical Direction

Standard:

1.22 Reporting of Abuse.

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

Current Status: Standard met.

An EMS Policy is in place for reporting child and elder abuse, and suspected SIDS deaths.

System Organization and Management

Medical Direction

Standard:

1.23 Interfacility Transfer.

The local EMS medical director shall establish policies and protocols for scope of practice of all prehospital medical personnel during interfacility transfers.

Current Status: Standard met.

Policies and procedures have been developed and are in place that identify the scope of practice for prehospital medical personnel during interfacility transfers. A specialized paramedic interfacility transfer program has been developed which includes detailed policies, procedures and QI activities.

System Organization and Management

Advanced Life Support

Standard:

1.24 ALS System.

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.

Current Status: Standard and recommended guideline met.

Written agreements exist between all ALS providers, both transport and first response, and the EMS Agency.

System Organization and Management

Advanced Life Support

Standard:

1.25 On-line Medical Direction.

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

Recommended Guideline:

Medical Control Plan. An EMS system should develop a medical control plan that determines:

a) Base hospital configuration for the system;

b) Base hospital selection and designation processes that allow all eligible facilities to apply;

c) The process for determining when prehospital providers should appoint an in-house medical director.

Current Status: Standard and recommended guidelines met.

One base hospital has been designated by/for the County, providing on-line medical control by physicians or authorized registered nurses. The base hospital also provides medical control for all trauma cases. There is a base station application and selection process for designation should more than one hospital be interested in being designated as a base hospital.

Prehospital providers that furnish advanced life support are required to have an EMS Medical Director. The local EMS Agency Medical Director serves in this capacity for fire agency providers.

System Organization and Management

Trauma Care System

Standard:

1.26 Trauma System Plan.

The local EMS agency shall develop a trauma care system plan, which determines:

a) The optimal system design for trauma care in the EMS area, and

b) The process for assigning roles to system participants, including a process that allows all eligible facilities to apply.

Current Status: Standard met.

A trauma care system plan has been developed and successfully implemented. One trauma center is optimal for the County, and, following and competitive process, John Muir Medical Center has been designated as the local level II trauma center.

System Organization and Management

Pediatric Emergency Medical and Critical Care System

Standard:

1.27 Pediatric System Plan.

The local EMS agency shall develop a pediatric emergency medical and critical care system plan that determines:

a) The optimal system design for pediatric emergency medical and critical care in the EMS area, and

b) The process for assigning roles to system participants, including a process that allows all eligible facilities to apply.

Current Status: Standard met.

A comprehensive pediatric emergency medical and critical care system plan is in place that includes triage protocols, criteria for designation of pediatric facilities, and the drafting and execution of agreements between the EMS Agency and the designated receiving and specialty care facilities. Most seriously injured children are transported or interfacility transferred to Children's Hospital Oakland. Pediatric treatment, advanced airway and other prehospital procedures for children have been implemented in the County.

System Organization and Management

Exclusive Operating Area

Standard:

1.28 EOA Plan.

The local EMS agency shall develop, and submit for state approval, a plan based on community needs and utilization of available resources for granting of exclusive operating areas which 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.

Current Status: Standard met.

All residents and visitors of Contra Costa County have access to ALS services. The Moraga Fire District is "grandfathered" as an exclusive operating area (EOA) under 1797.201 of the H&S code.

Need(s):

The other EOA's have not been reviewed in several years and their configuration may no longer be appropriate. A review of the EOA configuration and definitions needs to be conducted with redesign of indicated.

B. Staffing/Training

Staffing/Training

Local EMS Agency

Standard:

2.01 Assessment of Needs.

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

Current Status: Standard met.

The EMS Agency sets standards for training and requires EMS provider agencies to assure that their personnel meet these standards. EMS routinely assesses training needs when new skills or programs are added to the EMS system.

Staffing/Training

Local EMS Agency

Standard:

2.02 Approval of Training.

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

Current Status: Standard met.

Procedures and mechanisms are in place to approve EMS education programs. There is periodic on-site monitoring of teaching activities.

Staffing/Training

Local EMS Agency

Standard:

2.03 Personnel.

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

Current Status: Standard met.

Procedures, policies and requirements are in place to credential first responder defibrillator personnel, EMT-I's, EMT-P's, and MICN's. Provisions are included for the Agency to be notified in the event of unusual occurrences that could impact local EMS Agency credentialing.

A fingerprint background check process through the California Department of Justice is required of applicants for EMT-I certification.

Staffing/Training

Dispatchers

Standard:

2.04 Dispatch Training.

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

Recommended Guideline:

Training/Certification According to State Standards. 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: Standard and recommended guideline met.

Dispatch training standard adopted countywide. Dispatch agency personnel are trained and tested in accordance with EMSA Emergency Medical Dispatch Guidelines.

Staffing/Training

First Responders (non-transporting)

Standard:

2.05 First Responder Training.

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 Guideline:

Defibrillation. 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.

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

Current Status: Standard and recommended guideline met.

A first responder master plan which is coordinated by the EMS Agency and which includes policies, procedures and treatment guidelines is in place for the county. First response units are staffed with defibrillation trained, and to a large degree, EMT-I personnel. A number of fire first responder units are staffed with EMT-P's. Defibrillation programs for first responders receive ongoing support.

Staffing/Training

First Responders (non-transporting)

Standard:

2.06 Response.

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.

Current Status: Standard met.

All fire services provide first responder services. There are also law enforcement and industrial teams that may respond. A plan for providing increased numbers of paramedics on first-response units is being considered.

Staffing/Training

First Responders (non-transporting)

Standard:

2.07 Medical Control.

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

Current Status: Standard met.

The County EMS Agency policies and procedures manual provides medical protocols for EMS first responders. Monitoring and evaluation of first responder efforts have been incorporated within the County system. Fire first responders complete patient care report forms. Fire agencies provide first responder paramedic services under the medical oversight of the EMS Medical Director.

Staffing/Training

Transport Personnel

Standard:

2.08 EMT-I Training.

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

Recommended Guidelines:

Defibrillation. 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: Standard and recommended guideline met.

Emergency ambulance staffing standard is that all emergency medical transport vehicles are staffed at the EMT-P level. All fire first responder units are staffed and equipped to provide defibrillation.

Plans are being considered which would permit “one and one” staffing (one paramedic and one EMT-I) on ambulances in service areas that are covered by fire first-response paramedics.

Staffing/Training

Hospital

Standard:

2.09 CPR Training.

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

Current Status: Standard met.

All first responders, ambulance personnel and hospital personnel who provide direct emergency patient care are trained in CPR.

Staffing/Training

Hospital

Standard:

2.10 Advanced Life Support.

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

Recommended Guideline:

Board Certification. All emergency department physicians should be certified by the American Board of Emergency Medicine (ABEM).

Current Status: Standard met.

All emergency department physicians and registered nurses that provide direct emergency patient care are trained in advanced life support. Most receiving hospitals do require that emergency physician staff be ABEM certified.

Staffing/Training

Advanced Life Support

Standard:

2.11 Accreditation Process.

The local EMS Agency shall establish a procedure for accreditation of advanced life support personnel, which 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 improvement process.

Current Status: Standard met.

Procedures are in place for accrediting advanced life support personnel that include orientation to system policies and procedures, orientation to roles and responsibilities of providers within the local EMS system, and testing for optional scopes of practice. Provider CQI programs must interface with the county process.

Staffing/Training

Advanced Life Support

Standard:

2.12 Early Defibrillation.

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

Current Status: Standard met.

Policies and procedures for first responder defibrillation programs are in place.

Staffing/Training

Advanced Life Support

Standard:

2.13 Base Hospital Personnel.

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

Current Status: Standard met.

Base hospital personnel are prepared to provide consultation to prehospital personnel and are familiar with radio communications techniques.

C. Communications

Communications

Communications Equipment

Standard:

3.01 Communications Plan.

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 Guideline:

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

Current Status: Standard and recommended guideline met.

The EMS communications plan includes common radio frequencies for use by ambulances and hospitals, the use of cell phones by paramedics, fire/ambulance radio communications, and CAD linkages among ambulance, fire and Sheriff's Dispatch centers. All elements of this plan are implemented except for final CAD linkages to one fire dispatch center, which is in progress.

Communications

Communications Equipment

Standard:

3.02 Radios.

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

Recommended Guideline:

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

Current Status: Standard and recommended guideline met.

Medical transport vehicles are required to have radio capability to communicate with dispatch, with fire agencies, and for ambulance to hospital communication.

Communications

Communications Equipment

Standard:

3.03 Interfacility Transfer.

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

Current Status: Standard met.

All permitted ambulances providing emergency interfacility transfer services have communications capability with sending and receiving facilities through the MEDARS system (T-Band) frequencies and/or by cellular telephone.

Communications

Communications Equipment

Standard:

3.04 Dispatch Center.

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

Current Status: Standard met.

All ambulances are capable of communicating on the MEDARS radio system.

Communications

Communications Equipment

Standard:

3.05 Hospitals.

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

Recommended Guideline:

Access to Services. 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: Standard and recommended guideline met.

Although the MEDARS system is designed to permit radio communications between hospitals, ambulances and the County, design requires that hospitals communicate via the County Sheriff's Communications Center.

All hospitals, Sheriff's Communications, ambulance dispatch agencies and the EMS Agency are part of the local ReddiNet computerized communications system.

Communications

Communication Equipment

Standard:

3.06 MCI/Disasters.

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

Current Status: Standard met.

Emergency communications procedures are in place to provide system coordination during a multi-casualty or disaster event. The disaster plan, including the communication component, has been integrated with other agencies within the County. The ReddiNet computer system allows for hospital polling and patient tracking, as well as intra-agency communications.

Communications

Public Access

Standard:

3.07 9-1-1 Planning/Coordination.

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

Recommended Guideline:

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

Current Status: Standard and recommended guideline met.

Enhanced 9-1-1 has been implemented in Contra Costa County, and is functional throughout the County.

Communications

Public Access

Standard:

3.08 9-1-1 Public Education.

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

Current Status: Standard met.

The EMS Agency, along with the EMCC has developed and distributes a 9-1-1 access brochure to assist with the educational process.

Communications

Resource Management

Standard:

3.09 Dispatch Triage.

The local EMS agency shall establish guidelines for proper dispatch triage, identifying appropriate medical response.

Recommended Guideline:

Priority Reference System. 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: Standard and recommended guideline met.

An Emergency Medical Dispatch program has been implemented Countywide.

Communications

Resource Management

Standard:

3.10 Integrated Dispatch.

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

Recommended Guideline:

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

Current Status: Standard and recommended guideline met.

Currently the County Sheriff operates in a radio communication and resource coordination role for emergency ambulances. Fire/ambulance/Sheriff's Dispatch CAD linkages assure coordinated response and enables Sheriff's Dispatch to maintain and ambulance unit status.

D. Response and Transportation

Response and Transportation

Standard:

4.01 Service Area Boundaries.

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

Recommended Guidelines:

Formalized EOA's. The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical exclusive operating areas (e.g., ambulance response zones).

Current Status: Standard and recommended guideline met.

The Board of Supervisors has defined exclusive operating areas for EMS ground ambulance providers. These zones remain intact but have been informally restructured for purposes of data reporting.

Coordination With Other EMS Agencies.

No impact on other EMS Agencies.

Need(s):

See Standard 1.28."EOA Plan".

Response and Transportation

Standard:

4.02 Monitoring.

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

Recommended Guideline:

Licensing Mechanism. The 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, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

Current Status: Standard and recommended guideline met.

A County ambulance ordinance and County contracts with emergency ground ambulance providers provide a mechanism for the local EMS Agency to permit and monitor medical transportation services.

Response and Transportation

Standard:

4.03 Classifying Medical Requests.

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.

Current Status: Standard met.

Criteria for determining the appropriate level of emergency medical response have been established.

Response and Transportation

Standard:

4.04 Pre-scheduled responses.

Service by emergency medical transport vehicles which can be pre-scheduled without negative medical impact shall be provided only at levels which permit compliance with EMS agency policy.

Current Status: Standard met.

Existing ALS provider system status plans do not allow for utilization of emergency resources for pre-scheduled non-emergency use. There are policies and procedures in place that provide a mechanism for interested paramedic provider agencies to establish Paramedic Interfacility Transfer programs. Paramedics staffing these units are required to have additional medical training.

Response and Transportation

Standard:

4.05 Response Time 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 the call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch intervals and driving time.

Recommended Guideline:

Minimum Response Time Standards. Emergency medical service areas designated so that, for 90% of emergent responses, the response time for each of the following does not exceed:

a) BLS/CPR provider
Metro/urban--5 minutes
Suburban/rural--15 minutes
Wilderness--as quickly as possible

b) First responder defibrillation provider
Metro/urban--5 minutes
Suburban/rural-- as quickly as possible
Wilderness--as quickly as possible

c) ALS provider (not functioning as first responder)
Metro/urban--8 minutes
Suburban/rural--20 minutes
Wilderness--as quickly as possible

d) BLS/ALS transport (not functioning as first responder)
Metro/urban--8 minutes
uburban/rural--20 minutes
Wilderness--as quickly as possible

Current Status: Standard met/Recommended guidelines being addressed.

Emergency ambulance provider contracts and enhanced first responder agreements established by the EMS Agency specify response time standards. Response times are measured from receipt of call at secondary PSAP to arrival on scene. Standards are met for all transport and enhanced first responder providers.

Coordination With Other EMS Agencies.

No impact on other EMS Agencies.

Response and Transportation

Standard:

4.06 Staffing.

All emergency medical transport vehicles shall be staffed and equipped according to current State and local EMS Agency regulations.

Current Status: Standard met.

Adequate regulations, policies and procedures exist to assure that ambulances are staffed and equipped according to current State and local standards.

Response and Transportation

Standard:

4.07 First Responder Agencies.

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

Current Status: Standard met.

The EMS Agency has been integrally involved with first responder agencies in both first responder coordination, EMT training and elevation of programs to the first responder defibrillation level of care. Interest in ALS first response services has been raised by several fire agencies. A first responder master plan is in place that includes standards for enhanced first responder programs. Fire agencies electing to provide ALS first responder services have entered into written agreements with the EMS Agency. Such agreements include standards for quality improvement processes and data collection.

Response and Transportation

Standard:

4.08 Medical & Rescue Aircraft.

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

a) Authorizing aircraft to be utilized in prehospital care.
b) Requesting of EMS aircraft.
c) Dispatching of EMS aircraft.
d) Determining EMS aircraft patient destination.
e) Orientation of pilots/flight crews to local EMS system.
f) Addressing and resolving formal complaints regarding EMS aircraft.

Current Status: Standard met.

Helicopter guidelines provide a mechanism for emergency helicopter access. The EMS Agency has developed policies and procedures to for helicopter classification, authorization, request for, transport criteria and field operations.

Coordination With Other EMS Agencies.

No formal coordination with other local EMS agencies.

Response and Transportation

Standard:

4.09 Air Dispatch Center.

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

Current Status: Standard met.

Air medical and air rescue requests are made by the appropriate fire/medical dispatch agency.

Response and Transportation

Standard:

4.10 Aircraft Availability.

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

Current Status: Standard met.

Two air ambulance helicopter services provide emergency helicopter coverage on a daily rotation. Medical helicopters are requested through fire/medical dispatch centers. Procedures to classify and to authorize air medical programs to respond within the County have been developed and implemented. Enhanced written agreements are in draft.

Coordination With Other EMS Agencies.

No formal coordination with other EMS agencies, however.

Need(s):

Enhanced written agreements with agencies providing air medical services.

Response and Transportation

Standard:

4.11 Specialty Vehicles.

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

Recommended Guidelines:

Planning for Response. EMS agency should plan for response by and use of all terrain vehicles, snowmobiles, and water rescue vehicles in areas where applicable, which considers existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

Current Status: Standard met.

Individual fire and police agencies within the County have rescue capabilities relevant to local areas.

Coordination With Other EMS Agencies.

Not applicable.

Response and Transportation

Standard:

4.12 Disaster Response.

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

Current Status: Standard met.

A comprehensive medical disaster plan following SEMS is in place for the County.

Response and Transportation

Standard:

4.13 Intercounty Response.

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

Recommended Guideline:

Formal Agreements. Mutual aid agreements and automatic aid agreements that identify the optimal configuration and responsibility for EMS responses are encouraged and coordinated by the county.

Current Status: Standard and recommended guideline met.

Mutual aid responsibilities met through the California Master Mutual Aid Agreement.

Coordination With Other EMS Agencies.

Coordinated through State and Region II medical disaster plans.

Response and Transportation

Standard:

4.14 Incident Command System.

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

Current Status: Standard met.

An effective comprehensive multi-casualty response plan is in place for EMS incidents within the County. The incident command system is utilized for multi-casualty incidents. Hospitals have adopted and trained in the Hospital Emergency Incident Command System.

Response and Transportation

Standard:

4.15 MCI Plans.

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

Current Status: Standard met.

Existing State guidelines are used as a basis for the county's multi-casualty plans.

Response and Transportation

Advanced Life Support

Standard:

4.16 ALS Staffing.

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:

Crew Composition. The local EMS agency should determine whether advanced life support units should be staffed with two ALS crewmembers or with one ALS and one BLS crewmembers.

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

Current Status: Standard and recommended guideline met.

Ambulances and first responder units are staffed to assure a minimum of two paramedics on scene to provide care for critically ill and injured patients. All first responder units are staffed with at least one crewmember trained and equipped to provide defibrillation.

Response and Transportation

Advanced Life Support

Standard:

4.17 ALS Equipment.

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

Current Status: Standard met.

Adequate regulations, policies and procedures exist to assure that ALS ambulances are appropriately equipped for the scope of practice of its level of staffing.

Response and Transportation

Ambulance Regulation

Standard:

4.18 Compliance.

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.

Current Status: Standard met.

The county has an ambulance permit process in place which pertains to ground ambulances. The county has written agreements with EMS ground providers that define and require compliance with EMS policies and procedures. The EMS agency has developed new policies and procedures for classification and authorization of EMS Aircraft. Written agreements are in draft.

Response and Transportation

Exclusive Operating Permits

Standard:

4.19 Transportation Plan.

Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&SC, 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 process to ensure system optimization.

Current Status: Standard met.

The Contra Costa County Board of Supervisors has approved an EMS ground transportation plan.

Response and Transportation

Exclusive Operating Permits

Standard:

4.20 "Grandfathering".

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 "grand fathering" under Section 1797.224, H&SC.

Current Status: Standard met.

Exclusive operating areas that have been granted comply with the H&S Code.

Response and Transportation

Exclusive Operating Permits

Standard:

4.21 Compliance.

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.

Current Status: Standard met.

County ordinance, contracts and EMS Agency policies and procedures require compliance of ambulance providers.

Response and Transportation

Exclusive Operating Permits

Standard:

4.22 Evaluation.

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

Current Status:

Exclusive operating areas are periodically reviewed.

E. Facilities and Critical Care

Facilities and Critical Care

Standard:

5.01 Assessment of Capabilities.

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

Recommended Guideline:

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

Current Status: Standard met/Recommended guideline being considered.

The EMS Agency, in conjunction with the EMCC's Facilities & Critical Care standing committee, has developed and conducted an assessment of receiving hospital capabilities.

Facilities and Critical Care

Standard:

5.02 Triage & Transfer Protocols.

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

Current Status: Standard met.

The local EMS Agency has prehospital triage and transfer protocols.

Coordination With Other EMS Agencies.

There is coordination with Alameda County on trauma triage.

Facilities and Critical Care

Standard:

5.03 Transfer Guidelines.

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

Current Status: Standard met.

The EMS Agency has developed criteria to help identify patients who should be considered for transport or transfer to facilities with specialized or limited capabilities and has assisted in developing transfer agreements among these facilities.

Coordination With Other EMS Agencies.

There is no formal coordination with other EMS Agencies.

Facilities and Critical Care

Standard:

5.04 Specialty Care Facilities.

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

Current Status: Standard met.

The EMS Agency designates and monitors ambulance-receiving facilities, including a specialty care facilities for trauma patients. Children are transported to receiving hospitals specifically staffed and equipped to care for pediatrics patients.

Coordination With Other EMS Agencies.

The local trauma system/center evaluation process is performed in conjunction with neighboring Alameda County's trauma review process.

Facilities and Critical Care

Standard:

5.05 Mass Casualty Management.

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

Recommended Guideline:

Preparation. The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for the coordination of hospital communication and patient flow.

Current Status: Standard and recommended guideline met.

Contra Costa Health Services has a comprehensive plan in place for managing medical/health emergencies. The EMS Agency facilitates the Hospital Disaster Forum that provides an opportunity for hospital disaster planners, city disaster medical planners and the EMS Agency to share ideas and information. Individual hospitals have their own disaster and mass-casualty incident plans and have adopted the Hospital Emergency Incident Command System.

Facilities and Critical Care

Standard:

5.06 Hospital Evacuation.

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

Current Status: Standard met.

The Bay Area Medical Mutual Aid (BAMMA) Committee developed hospital evacuation guidelines and each hospital has an evacuation plan as required by law. Additionally, the County Multicasualty Incident Plan can be implemented to handle transport and distribution of patients from a hospital being evacuated.

Coordination With Other EMS Agencies.

Evacuation guidelines were developed in coordination with the other Bay area counties.

Facilities and Critical Care

Standard:

5.07 Base Hospital Designation.

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 prehospital personnel.

Current Status: Standard met.

One hospital has been designated as a base hospital in Contra Costa County (John Muir Medical Centers). John Muir Medical Center has also been designated to receive all of the trauma system base contacts. All hospitals may apply to provide base hospital services.

Coordination With Other EMS Agencies.

Not applicable.

Facilities and Critical Care

Trauma Care System

Standard:

5.08 Trauma System Design.

Local EMS agencies that develop trauma care systems shall determine the optimal system, including:

a) The number and level of trauma centers,

b) The design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,

c) Identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other critical care centers,

d) The role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center,

e) A plan for monitoring and evaluation of the system.

Current Status: Standard met.

A comprehensive trauma system plan, which addresses the points identified in the standard has been developed and adopted throughout the county. The County has designated one Level II trauma center.

Facilities and Critical Care

Trauma Care System

Standard:

5.09 Public Input.

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

Current Status: Standard met.

The local trauma system planning process included broad multidisciplinary input including from consumers through several health services forums for the public and the EMCC.

Facilities and Critical Care

Pediatric Emergency and Critical Care Systems

Standard:

5.10 Pediatric System Design.

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

a) Number/role of system participants, particularly ED's,

b) Catchment area design with regard to workload/patient mix,

c) Identification of patients to be primarily triaged or secondarily transferred to designated centers,

d) Role of providers qualified to transport such patients to designated facilities,

e) Identification of tertiary care centers for pediatric critical care and pediatric trauma,

f) Role of non-pediatric, critical care hospitals including those outside the primary triage area,

g) Plan for monitoring and evaluation of the system.

Current Status: Standard met.

A comprehensive pediatric system plan is in place. Considerations listed in the standard for optimal system design are addressed.

Coordination With Other EMS Agencies.

Local hospitals transfer most seriously ill pediatric patients to Children's Hospital, Oakland, in neighboring Alameda County. Children's Hospital has been designated as a Pediatric Critical Care Center.

Facilities and Critical Care

Pediatric Emergency and Critical Care Systems

Standard:

5.11 Emergency Departments.

Local EMS agencies shall identify minimum standards for pediatric capability of an emergency department, including:

a) Staffing,
b) Training,
c) Equipment,
d) Identification of patients for whom consultation with a pediatric critical care center is appropriate,
e) Quality assurance, and
f) Data reporting to the local EMS agency.

Recommended Guideline:

Identification Procedure. A County EMS procedure for identifying emergency departments that meet standards for pediatric care, for pediatric critical care centers and pediatric trauma centers.

Current Status: Standard met.

The County's EMS for Children plan includes standards for hospitals. As part of the local EMSC implementation process, physician and RN representatives from Children's Hospital Oakland made consultation visits with each of the local hospitals to assist the hospitals.

Facilities and Critical Care

Pediatric Emergency and Critical Care Systems.

Standard:

5.12 Public Input.

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

Current Status: Standard met.

Public input, including input from prehospital, hospital providers and consumers was requested through the EMCC, EMS Medical Advisory Committee, Facilities and Critical Care Standing Committee, and others, was obtained in developing and implementing a countywide EMS for Children program.

Facilities and Critical Care

Other Specialty Care Systems

Standard:

5.13 Specialty System Design.

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

a) The number and role of system participants,

b) The design of catchment areas (including inter-county transport, as appropriate), with consideration of workload and patient mix,

c) Identification of patients who should be triaged or transferred to a designated center,

d) The role of non-designated hospitals, including those which are outside of the primary triage area,

e) A plan for monitoring and evaluating the system.

Current Status: Standard met.

The local EMS Agency has and will continue to consider the points listed in Standard 5.13 in developing specialty care plans.

Facilities and Critical Care

Standard:

5.14 Public Input.

In planning other specialty care systems the local EMS agency shall ensure input from both providers and consumers.

Current Status: Standard met.

The EMS Agency has and will ensure input from both providers and consumers when planning and developing specialty care systems.

F. Data Collection and System Evaluation

Data Collection and System Evaluation

Standard:

6.01 QI Program.

The local EMS agency shall establish an EMS quality improvement/assurance (QI/QA) program to evaluate the response to emergency medical incidents and care provided specific patients. Programs shall address the total EMS system, including all prehospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols and identification or preventable morbidity and mortality and shall utilize State standards and guidelines. The program shall use provider-based QI/QA programs and shall coordinate them with other providers.

Recommended Guideline:

Resources to Evaluate. The local EMS agency should have the resources to evaluate response to and the care provided to specific patients.

Current Status: Standard and recommended guideline met.

The EMS system has a quality improvement program in place that includes and addresses components identified in the minimum standard. Resources are available for the EMS Agency to evaluate response to and the care provided to individual patients. An updated management information system has been implemented by the major ambulance transport provider within the county, and may be accessed by EMS staff. This upgrade is providing a significant enhancement to the local QI program.

Data Collection and System Evaluation

Standard:

6.02 Prehospital Records.

Prehospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

Current Status: Standard met.

The EMS Agency has established data to be collected in a prehospital care report (PCR) form that is completed by all contract emergency ambulance providers and paramedic first responders. A standard PCR for BLS first responder is in place. Copies of completed ambulance PCR's are submitted routinely to the receiving hospital and base hospital. EMS Agency staff has access to the major ambulance provider's ePCR database, and may print individual PCR's or evaluate aggregate data.

Data Collection and System Evaluation

Standard:

6.03 Prehospital Care Audits.

Audits of prehospital care, including both clinical and service delivery aspects, shall be conducted.

Recommended Guidelines:

Linking Mechanism. The local EMS agency should have a mechanism that links prehospital records with dispatch, emergency department, inpatient and discharge records.

Current Status: Standard met/Recommended guideline being addressed.

Provider agencies, base hospitals and the EMS Agency perform audits of prehospital care. New access to the large database of patient care information generated through the ambulance providers' ePCR programs is available and is being used. Currently, prehospital records are manually linked with dispatch, emergency department, inpatient, and discharge records for critical trauma patients, cardiac arrest situations, and on a case-by-case, request for information basis. Further linkages of this information are planned.

Data Collection and System Evaluation

Standard:

6.04 Medical Dispatch Evaluation.

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.

Current Status: Standard met.

The dispatch staffs of all three fire/medical dispatch centers in the county have implemented the Emergency Medical Dispatch program. This program provides pre-arrival instructions, and for ongoing monitoring and evaluation which is performed in conjunction with the EMS Agency.

Data Collection and System Evaluation

Standard:

6.05 Data Management System.

The local EMS agency shall establish a data management system that supports system-wide planning and evaluation (including identification of high-risk patient groups) and the QA audit of the care provided to specific patients. It shall be based on State standards (when they are available).

Recommended Guidelines:

Integrated Data Management System. The local EMS agency should establish an integrated data management system that includes system response and clinical (both prehospital and hospital) data. The EMS agency should use patient registries, tracer studies, and other monitoring systems are used to evaluate patient care at all stages of the system.

Current Status: Standard met/Recommended guideline being addressed.

Much work is being done locally to fully implement a comprehensive data management system. Prehospital ambulance response data is available electronically for all responses, and clinical data is now captured. The current emphasis is on linking information from the various providers and developing programs to evaluate available data. Computer resources are now available to EMS Agency staff support the management of large amounts of data.

Data Collection and System Evaluation

Standard:

6.06 System Design/Operations Evaluation.

The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations. This shall include structure, process, and outcome evaluations, utilizing State standards and guidelines when they exist.

Current Status: Standard met.

The EMS Agency has a program to evaluate system components.

Data Collection and System Evaluation

Standard:

6.07 Provider Participation.

The local EMS agency shall have the resources and authority to require provider participation in the system-wide evaluation program.

Current Status: Standard met.

Contracts and written agreements with EMS providers contain provisions that require participation in EMS system evaluation activities. Local EMS providers are interested and willing to participate in EMS system review processes. Such processes include participation on the Emergency Medical Care Committee, the Medical Advisory Committee, the QI/Data Committee and the Helicopter Utilization Review Committee. EMS providers are also active participants on specialized evaluation projects and programs. Contract emergency ambulance providers submit to periodic program review.

Data Collection and System Evaluation

Standard:

6.08 Reporting.

The local EMS agency shall periodically report on EMS system operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

Current Status: Standard met.

The EMS Agency reports to the Board of Supervisors, the EMCC and its advisory committees on a regular basis.

Data Collection and System Evaluation

Standard:

6.09 ALS Audit.

The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (and alternative base station) and prehospital activities.

Recommended Guidelines:

Integrated Data Management System. The local EMS agency's integrated data management system should include prehospital, base hospital, and receiving hospital data.

Current Status: Standard met and recommended guideline being considered.

Quality improvement procedures are used to evaluate care provided by paramedics and by base hospital personnel. The EMS agency's integrated data management system includes dispatch, ambulance (PCR data and dispatch data), base hospital and trauma system data. Ways to integrate first responder and receiving hospital data are being considered.

Data Collection and System Evaluation

Trauma Care System

Standard:

6.10 Trauma System Evaluation.

The local EMS agency shall develop a trauma system including:

a) A trauma registry,

b) A mechanism to identify patients whose care fell outside of established criteria, and

c) A process of identifying potential improvements to the system design and operation.

Current Status: Standard met.

The local trauma system evaluation process includes a comprehensive trauma registry, and a mechanism to identify "under triaged" trauma patients, and methods to assure continued optimal operation.

Data Collection and System Evaluation

Trauma Care System

Standard:

6.11 Trauma Center Data.

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 and system evaluation.

Recommended Guideline:

Non-Trauma Center Data. The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in its quality assurance/quality improvement and system evaluation program.

Current Status: Standard and recommended guideline met.

The EMS Agency collects required trauma system data from the local designated level II trauma center, and seeks necessary trauma related data from the other hospitals that might, on occasion receive critical trauma patients.

G. Public Information and Education

Public Information and Education

Standard:

7.01 Public Information Materials.

The local EMS agency shall promote the development and dissemination of materials for the public that addresses:

a) Understanding of EMS system design and operation,

b) Proper access to the system,

c) Self help, e.g., CPR, first aid, etc.

d) Patient and consumer rights as they relate to the EMS system,

e) Health/safety habits as they relate to prevention/reduction of health risks in target areas.

f) Appropriate utilization of ED's.

Recommended Guideline:

Community Education Programs. The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area.

Current Status: Standard and recommended guideline met.

The EMS Agency has developed information and materials for dissemination to the public including a 9-1-1 brochure, and has targeted schools countywide for distribution. EMS participants have been involved in the Health Services Division Prevention Programs including Child Injury Prevention Coalition, Violence Prevention, Drowning Prevention, and in Child Death Review. The EMS Agency has acquired a “1-800-GIVE CPR” telephone number to promote CPR training.

A number of local businesses and other organizations have developed Public Access Defibrillation programs to assure rapid availability of defibrillation. The EMS Agency should consider expanding available materials to include information about public access defibrillation.

Public Information and Education

Standard:

7.02 Injury Control.

The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

Recommended Guideline:

Programs for Targeted Groups. 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: Standard met.

The EMS Agency supports and provides resources to injury control efforts including the Child Injury Prevention Coalition of the Health Services Department. The local designated trauma center provides a trauma prevention education program directly and financially supports the county's programs to decrease violence and to prevent injury.

Public Information and Education

Standard:

7.03 Disaster Preparedness Promotion.

The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

Recommended Guideline:

Disaster Preparedness Activities. 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: Standard and recommended guideline met.

The EMS Agency works with the Office of Emergency Services and other local agencies in promoting and disseminating information to the public on disaster preparedness.

Public Information and Education

Standard:

7.04 First Aid and CPR Training.

The local EMS agency shall promote the availability of first aid and CPR training for the general public.

Recommended Guideline:

Training Goals: The local EMS agency should adopt a goal for training an appropriate percentage of the general public in first aide and CPR. A higher percentage should be achieved in high-risk groups.

Current Status: Standard met.

The EMS Agency has taken a lead in promoting CPR training for the general public by maintaining the “800 GIVE-CPR" phone number which, when called, provides information regarding locations of citizen CPR classes. Multiple providers within the County have provided CPR training and are actively promoting such programs.

The EMS Agency should consider expanding public information and education activities to include public access defibrillation.

H. Disaster Medical Response

Disaster Medical Response

Standard:

8.01 Disaster Medical Planning.

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.

Current Status: Standard met.

The EMS Agency is actively involved in medical response planning for the county including bioterrorism response.

Disaster Medical Response

Standard:

8.02 Response Plans.

Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

Recommended Guidelines:

Model Plan. 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: Standard and recommended guideline met.

County Health Services has implemented a new comprehensive medical/health emergency plan for the county based on SEMS that interfaces with the County Disaster Plan. Medical response plans under SEMS are in place for a variety of potential disastrous or hazardous incidents.

A Multicasualty Response (MCI) Plan provides for a multidisciplinary response to incidents with multiple victims including hazardous materials medical incidents.

Need:

A revision of the current local MCI plan to assure that the broadest possible scope of response possibilities is covered.

Disaster Medical Response

Standard:

8.03 HAZMAT Training.

All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

Current Status: Standard met.

The County's fire departments and the County Health Services Hazardous Materials Division have addressed hazardous materials response. All emergency ambulance providers are required to attend eight hours of HAZMAT training.

Disaster Medical Response

Standard:

8.04 Incident Command System.

Medical response plans and procedures for catastrophic disasters shall use the Incident Command System as the basis for field management.

Recommended Guidelines:

ICS Training. The EMS agency should ensure that ICS training is provided for all medical providers.

Current Status: Standard and recommended guideline met.

Medical response plans and procedures for catastrophic events use the incident command system (ICS) as the basis for field management and coordination. Training for incident command system activities by ambulance personnel is required in the emergency ambulance contracts.

Disaster Medical Response

Standard:

8.05 Distribution of Casualties.

The local EMS agency, using State guidelines when they are available, shall establish written procedures for distributing disaster casualties to the most appropriate facilities in its service area.

Recommended Guidelines:

Special Facilities and Capabilities. The local EMS agency, using State guidelines and in consultation with the Regional Poison Center, should identify hospitals with special facilities and capabilities for receipt and treatment of patient with radiation and chemical contamination and injuries.

Current Status: Standard met.

Patient distribution procedures are provided for by the County multicasualty plan. Specialized HAZMAT training has been provided to hospital emergency personnel. All basic emergency departments are considered capable of receiving and treating patients with hazardous materials contamination.

Disaster Medical Response

Standard:

8.06 Needs Assessment.

The local EMS agency shall establish written procedures for early assessment of needs and resources and an emergency means for communicating requests to the State and other jurisdictions.

Recommended Guideline:

Annual Exercises. The local EMS agency's procedures for determining necessary outside assistance in a disaster should be exercised yearly.

Current Status: Standard and recommended guideline met.

Specific components of the county disaster plan address out-of-county medical mutual aid requests. A comprehensive Regional Disaster Health and Medical Coordination (RDHMC) system has been established in Region II with the CCC EMS Agency as the lead. The EMS Agency maintains RIMS server that replicates with Region II OES. Local hospitals, ambulance providers and the EMS Agency drill together during the statewide disaster exercise.

Disaster Medical Response

Standard:

8.07 Disaster Communication.

A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

Current Status: Standard met.

CALCORD is the frequency in the County for interagency coordination at the command level. Fire and emergency ambulance units are capable of unit-to-unit communication, and a single frequency has been identified for this purpose. All paramedic ambulances are equipped with cellular telephones.

Disaster Medical Response

Standard:

8.08 Inventory of Resources.

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 the service area.

Recommended Guidelines:

Medical Resource Provider Agreements. The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated disaster medical resource providers.

Current Status: Standard met.

Resource directories have been developed by County OES and by the EMS Agency. There are no plans to require emergency medical providers and health care facilities to develop written agreements with anticipated disaster medical resource providers.

Disaster Medical Response

Standard:

8.09 DMAT Teams.

The local EMS agency shall establish and maintain relationships with disaster medical assistance teams (DMAT) teams in its area.

Recommended Guideline:

Local DMAT Team. The local EMS agency supports the development and maintenance of DMAT teams in its area.

Current Status: Standard and recommended guideline met.

The county sponsors and supports the OES Region II DMAT team, CA-6.

Disaster Medical Response

Standard:

8.10 Mutual Aid Agreements.

The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES Region and elsewhere, as needed, to ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be available during significant medical incidents and during periods of extraordinary system demand.

Current Status: Standard met.

Inter-county medical mutual aid planning has been extensive particularly in the EMS Agency's role as the Regional Disaster Medical Health Coordinator (RDMHC). The County is signatory to the California Mutual Aid Agreement.

Disaster Medical Response

Standard:

8.11. CCP Designation.

The local EMS agency, in coordination with the local OES and County health officer(s), and using State guidelines when they are available, shall designate casualty collection points (CCP's).

Current Status: Standard met.

CCP sites have been designated for all areas of the County.

Disaster Medical Response

Standard:

8.12 Establishment of CCP's.

The local EMS agency shall develop plans for establishing CCP's and a means for communicating with them.

Current Status: Standard met.

CCP sites have been designated. There is a plan to dispatch an ambulance to the CCP to communicate with the County EOC.

Disaster Medical Response

Standard:

8.13 Disaster Medical Training.

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 substance.

Recommended Guideline:

EMS Responders Appropriately Trained. The EMS agency should assure 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: Standard and recommended guideline met.

Policies, procedures, and treatment guidelines for substance specific hazardous material incidents have been developed. EMS Agency requires eight hours of HAZMAT training for all ambulance personnel. EMS providers participate in training exercises.

Disaster Medical Response

Standard:

8.14 Hospital Plans.

The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disaster are fully integrated with the County's medical response plan(s).

Recommended Guideline:

Hospital Disaster Drills. At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and prehospital medical care agencies.

Current Status: Standard and recommended guideline met.

Hospitals have internal and external disaster plans in place. There is integration with the County's disaster plans. EMS Agency facilitates the Hospital Disaster Forum for hospitals to share ideas and assist each other in disaster planning. Local hospitals, ambulance providers and the EMS Agency participate in the annual EMSA statewide hospital/ambulance disaster exercise held each fall at a minimum.

Disaster Medical Response

Standard:

8.15 Inter-hospital Communications.

The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

Current Status: Standard met.

ReddiNet, an inter-hospital microwave communications system, links hospitals with each other, the EMS Agency, Sheriff's Dispatch Communications Center, and all 3 ambulance dispatch centers.

Need:

Develop a schedule for either Sheriff's Communications staff or EMS Agency staff to hold ReddiNet polling and status drills with the hospitals on a periodic basis on all three nursing shifts (days, evenings, nights)

Disaster Medical Response

Standard:

8.16 Prehospital Agency Plans.

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 Guideline:

Prehospital Training. The local EMS agency ensures the availability of training in management of significant medical incidents for all prehospital medical response agencies and acute-care hospital staffs in its service area.

Current Status: Standard and recommended guideline met.

All hospitals and medical response agencies have written policies and procedures for the management of significant medical incidents. Generally, all hospitals participate in multi-agency exercises on an annual basis.

Disaster Medical Response

Advanced Life Support

Standard:

8.17 ALS Policies.

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.

Current Status: Standard met.

Current policies waive restrictions on responders during disasters. There are reciprocal agreements with surrounding county EMS agencies.

Disaster Medical Response

Critical Care System

Standard:

8.18 Specialty Center Roles.

Local EMS agencies developing trauma or other critical care systems shall determine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures.

Current Status: Standard met.

In a significant medical incident, trauma or other specialty center designation would not be taken into consideration in patient triage.

Disaster Medical Response

Exclusive Operating Areas/Ambulance Regulation

Standard:

8.19 EOA/Disasters.

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.

Current Status: Standard met.

Current policies and County contracts with providers allow exclusivity waiver in the event of disaster and mutual aid requests.

MAJOR SYSTEM CHANGES

Major System Changes

EMS System Management and Organization

EMS Agency staff functions and assignments have been evaluated and consolidated in light of Plan priorities and goals. A computer system upgrade has expanded EMS staff capabilities in data management and one staff member has received training in information system management.

The Contra Costa Board of Supervisors instructed the EMS Agency to look at ways to better integrate local fire services into the EMS system at no additional cost to the County. The EMS Agency has contracted with Fitch and Associates, a specialized EMS system consultant group to evaluate system resources and to make recommendations to further fire involvement into EMS. The Fitch report based on its evaluation has been developed, recommendations identified in the report are being considered.

Emergency Medical Guidelines For Law Enforcement Agencies, approved by the County Police Chiefs' Association and Emergency Medical Care Committee, were developed and implemented to provide direction to law enforcement personnel when they are the first to arrive on the scene of a medical emergency. These guidelines, newly revised in 2002, address only the medical aspects of the officer's responsibility.

Staffing and Training

Virtually all fire first responders are trained as EMT-I's at a minimum. Local fire services are increasingly interested in providing paramedic first response services, and the number of paramedics continues to rise. All first responder units carry defibrillators.

A fingerprint background check process through the California Department of Justice is now required for individuals applying for EMT-I certification.

Communications

Emergency Medical Dispatch (EMD) in accordance with State EMD Guidelines has been adopted countywide and currently all dispatchers are trained and tested according to these standards.

The ReddiNet system, implemented locally in 2001, is a microwave communications link between hospitals. Hospitals and the EMS Agencies in Alameda and Contra Costa Counties are included in our local ReddiNet system. In Contra Costa, Sheriff's Dispatch is the coordination point, and the dispatch centers for all three emergency ambulance providers are also included. On a day-to-day basis, hospitals can receive alert notices and timely incident updates from EMS and from Sheriff's dispatch, post hospital diversion and "census alert" status, and send any important message to other hospitals individually or as a group. During multicasualty incidents, ReddiNet facilitates the reporting of hospital information and tracking ambulance assignments and patient information. During a major disaster, ReddiNet is designed to provide a reliable communication path between hospitals the counties' disaster operations centers.

Response and Transportation

Significant time and effort has been spent reviewing and re-evaluating the model used for response to emergency medical requests. In cooperation with the EMS Agency, several local fire first-responder agencies have implemented and/or expanded first responder advanced life support programs. Changes in ambulance staffing configuration and response time standards are being contemplated for areas providing first responder paramedics, but have not yet been achieved.

Local EMS aircraft policies and procedures for classification, authorization, request for, transport criteria and field operations have been implemented. Two currently classified and accredited air medical providers are based within the County.

To meet the needs of local hospitals, Paramedic Interfacility Transfer Program standards and criteria were established which allow specially trained paramedics to transport critical, but stable patients from hospital to hospital for specialized procedures or higher level of care. Included in the program are training, staffing, equipment, approval, and monitoring criteria. Two local ambulance services have been approved and are providing this service.

Facilities and Critical Care

Eight acute care hospitals currently provide Basic Emergency Medical Services. In the past 6 years two other hospitals downgraded services and no longer have emergency departments. A third hospital has increased service from Stand-By Emergency Medical Services to Basic during the same period.

In 2000, the EMS Agency conducted an Impact Evaluation Study, including two public hearings, prior to the March closing of Doctor's Medical Center, Pinole Campus emergency department.

Data Collection and System Evaluation

American Medical Response, the County's largest contract emergency ambulance provider, implemented a new electronic patient care reporting system. Information about at patient including evaluation findings and treatment are documented on a computer. The patient care report (PCR) is printed at the patient's receiving hospital and specified data points are entered into a database. This information can be used for a variety of functions including quality improvement activities. Certain EMS staff has access to this database for countywide QI activities and data evaluation.

Public Information and Education

Public education efforts are directed towards 9-1-1 and EMS system awareness through distribution of a brochure designed to inform Contra Costans about their local system. Brochures are distributed at health fairs and other community activities. Distribution has been targeted at the families of elementary school children. The EMS Agency maintains its 1-800-GIVECPR phone line that is identified in the health section of local telephone books. This program is designed to advise callers about CPR classes in their neighborhoods.

In 2002 the EMS Agency obtained an EMSA grant to fund the "Medication Education for Drug Safety (MEDS), a project being undertaken by John Muir Medical Center to address the unique issues of older adults in an effort to reduce the number of

preventable injuries to the population in the County. Through the project, medications taken by elderly adults were evaluated on an individual basis, and education about medications being taken, including side effects, duplication and intended purpose of each medication, was provided.

Disaster Medical Response

Disaster planning continues to be a high local priority. EMS Agency staff members participate on the Health Services Bioterrorism Response Planning Committee that provides education and training on biological threats for emergency responders, clinicians, and the public.

In Contra Costa, the Health Services Public Health Division has added a fulltime bioterrorism coordinator, and has established a Bioterrorism Advisory Committee with representation from fire, law enforcement, Red Cross, EMS, and other Health Services divisions. The Bioterrorism Advisory Committee is currently working on plans for receiving and distribution medical equipment and supplies that may be received from state and federal stockpiles in the event of a disaster and on plans to establish mass inoculation sites in communities throughout the county.

County and other organizations have been involved in the preparation of several grant applications related to bioterrorism and homeland security. Under the public health grant program administered by the federal Centers for Disease Control and Prevention (CDC) through the State Department for Health Services, Contra Costa will receive approximately $1 million for enhancements to the public health infrastructure. Hospitals in the county will receive a total of approximately $140,000 to purchase personal protective equipment for treatment teams and decontamination units through a grand administered by the federal Health Resources and Services Administration (HRSA) through the State EMS Authority. A federal Homeland Security grant administered through State OES will provide some $953,000 to Contra Costa fire, law enforcement, and health services for equipment purchases, planning, and exercises. Much of this money will be used for personal protective equipment for responders, but funds will also be used for medical supply trailers to treat mass casualty victims and to enhance the capabilities of hazardous materials response teams and the Public Health Laboratory.

The new ReddiNet communications system has important features that provide for communications and data collection during disasters.

Contra Costa Health Services is the sponsor of the Bay Area Disaster Medical Assistance Team (DMAT). Having its designation elevated to Level II honored this DMAT, one of only eight within California, by the US Public Services and Office of Emergency Preparedness.

SPECIFIC OBJECTIVES

Specific Objectives

Significant progress has been made in meeting many of the objectives identified in the five-year plan. Specific information has been incorporated into the revised System Assessment Form for each standard.

1.14 Policy/Procedure manual

An ongoing review process is in place to assure that all EMS Agency policies and procedures and guidelines are reviewed on a periodic basis to assure that EMS policies remain current.

1.18 QA/QI

Prehospital care providers have in-house procedures that identify methods of improving the quality of care provided. Continued work to integrate into a countywide QI plan is being addressed.

1.27 Pediatric System Plan

A comprehensive pediatric emergency medical and critical care system plan is in place. A consultant was obtained though a EMSA grant to organize and coordinate a process to develop and implement a system which would provide optimum care for pediatric patients. A multidisciplinary committee including representatives of all local hospitals, ambulance providers, EMS personnel and the local EMS agency developed the plan that best used local EMS resources.

5.10 Pediatric System Design

The pediatric system plan includes roles and responsibilities of EMS providers including hospital emergency departments and ambulance providers, triage protocols, criteria for designation of pediatric facilities, and oversight activities. Most seriously injured children are transported or interfacility transferred to Children's Hospital Oakland. Pediatric treatment, advanced airway and other prehospital procedures for children have been implemented in the County.

5.11 Emergency Departments – Pediatric Standards

The pediatric system planning process included consideration of resources and equipment for the care of pediatric patients in local ED's. Physician and RN representatives of Children's Hospital Oakland, a pediatric specialty care center, provided consultation to the staff of each of the local hospitals with emergency departments with respect to training, equipment, and staffing.

6.03 Prehospital Care Audits

Each transport provider collects prehospital dispatch and clinical patient information electronically. A comprehensive database consisting of data points from electronic patient care reports "ePCR's" is available to each provider for internal patient care audits, and collectively is available to the EMS Agency for system audits. Random audits are done now, but a routine and special audit plan is in the development stages.

6.05 Data Management System

Patient data is collected electronically in the field for approximately 99% of ambulance patients. The EMS Agency has access to this data for EMS system monitoring.

TIMELINE/ACTIONS

Timeline/Actions:

All State standards have been met. We plan to address or reassess the following objectives.

	Standard	Meets State Standard	Objective	Time Frame
1.08	ALS Planning	Yes	Identify opportunities for interested fire first-responder agencies to provide paramedic services at no additional cost to the county.	1 -- 2 years
1.11	System Participants	Yes	Work with interested fire first-responder agencies that are interested in providing paramedic service.	Ongoing
1.15	Compliance With System Policies	Yes	Review and update local ambulance ordinance.	2 – 3 years
1.18	QA/QI	Yes	Implement a system-wide CQI plan that is monitored by a quality council and integrates individual provider QI plans.	1 – 2 years
1.28	Exclusive Operating Area Plan	Yes	Review, and if necessary, redesign the EOA system	1 – 2 years
2.05	First Responders (non-transporting)	Yes	Review recommended guideline with respect to staffing	1 year
4.01	Service Area Boundaries	Yes	See Standard 1.28 EOA Plan	1 – 2 years
4.05	Response Time Standards	Yes	Consider adjusting response time standards in areas where fire first responder paramedics are dispatched.	1 – 2 years
4.10	Aircraft Availability	Yes	Complete enhanced air ambulance written agreement process.	1 – 2 years
4.16	ALS Staffing (ambulance)	Yes	Consider adjusting staffing standards in areas where fire first responder paramedics are dispatched.	1 - 2 years

	Standard	State Standard Met?	Objective	Time Frame
4.22	EOA Evaluation	Yes	Review EOA design	1 -2 years
5.01	Assessment of Capabilities.	Yes	Consider adjusting the recommended guideline for receiving hospital agreements.	1 year
6.03	Prehospital Care Audits	Yes	Develop a plan for routine and special audits	1 year
6.05	Data Management System	Yes	Complete implementation of an integrated data management system.	1 - 2 years
6.09	ALS Audit	Yes	Consider ways to integrate first responder and receiving hospital data.	1 - 2 years
7.01	Public Information Materials	Yes	Consider adding information about public access defibrillation for distribution to business and other agencies as well as individuals.	1 - 2 years
7.04	First Aid and CPR Training	Yes	Consider expanding public information activities to include public access defibrillation (PAD).	1 - 2 years
8.02	Response Plans	Yes	Consider revising the current local MCI plan to assure that the broadest possible scope of response possibilities is covered.	1 - 2 years
8.15	Inter-hospital Communications	Yes	Develop a local ReddiNet polling and status drill procedure with the hospitals.	1 year

ORGANIZATIONAL CHART

Contra Costa Health Services, Emergency Medical Services