CONTRA COSTA
HEALTH SERVICES

Contra Costa
Emergency Medical Services Agency

EMS System Plan Update
2013-2014

1340 ARNOLD DRIVE, SUTIE 126
MARTINEZ, CA 94553
(925) 646-4690
FAX (925) 646-4379
WWW.CCCEMS.ORG

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EXECUTIVE SUMMARY:
The following is a summary of the significant changes in the Contra Costa EMS System Plan since the last reporting period:

In 2013 Contra Costa EMS initiated a countywide EMS Modernization Study to evaluate and redesign the current EMS System in preparation for the emergency ambulance procurement process for Zone I, II and V in progress. The Study engaged more than 130 stakeholders and laid out the challenges threatening the sustainability of the Contra Costa EMS system and the opportunities for EMS System enhancement. The comprehensive study took engaged over 130 stakeholders and was conducted between December of 2012 and June 3, 2014 . The final report is available at http://cchealth.org/ems/pdf/2014-EMS-System-Modernization-Study.pdf

The purpose of the EMS System Modernization Study was to explore and make recommendations on how best to create a value added, sustainable EMS system focused on the patient. Priorities included:

- Retention of a high performance, high reliability and high trust EMS system.
- Preservation of quality Fire EMS first medical response.
- Exploration of alternative EMS first medical response and ambulance delivery models.
- Promote a concept an "intelligent medical transportation system".
- Promote a culture of safety for patients and providers.
- Integration with hospital and health care systems to improve patient outcome and well-being.
- Improve capability in the strategic matching of EMS resources while identifying opportunities to reduce call processing time.
- Improve coordination of resources to reduce cost for patients, communities and the county.
- Sustain evidenced based EMS system oversight and coordination

The results of the study were used to initiate and construct an RFP designed to allow the LEMSA Governing Board (County Board of Supervisors) flexibility to respond and adapt with to anticipated and unanticipated challenges in EMS service delivery during the next competitive contract. The RFP process is ongoing and is documented transparently on the EMS Agency website at http://cchealth.org/ems/system-review.php#simpleContained8.

The study identified significant gaps in secondary PSAP and Fire EMS Dispatch efficiencies affecting response time and appropriate utilization of EMS System resources. There is an ongoing dialogue to encourage the adoption of consolidated medical dispatch countywide due to this study. The EMS Agency is encouraging the stakeholders responsible for this function to strengthen their quality and performance in this area and to explore consolidation of dispatch in the coming years. This aspect was not able to be included in the RFP however opportunities exist to support the improvement of the quality of emergency medical dispatch over the next five years as EMS resources will likely need to be more strategically deployed to support service levels in local communities.

The EMS Agency has also initiated a process to update our county ambulance ordinance which has significant gaps that no longer support the level of oversight and public safety in the area of non-emergency ambulance service. As gaps in safety and compliance with policy and procedures have been identified the EMS agency began a process of engagement to support clear expectations and improve communication between the EMS Agency as the permitting authority and the BLS non-emergency ambulance community. Our efforts documented on our website at http://cchealth.org/ems/ambulance-providers.php.

Since the last EMS System Plan was submitted to the EMS Authority Contra Costa EMS has been providing ongoing evaluation of the downgrade and impact of the potential closure of Doctor's Medical Center. On June 13, 2014 the EMS Agency pursuant ot California Health and Safety Code 1300 completed a comprehensive impact report. That report and documentation of countywide efforts to save the hospital are available on the Contra Costa Health Services website at cchealth.org/dmc. In preparation for the disruption in emergency ambulance destination and service delivery Contra Costa led a regional response planning effort engaging the EMS Agencies of Alameda County, Solano County and Marin County in partnership with the Hospital Council of the Bay Area. Contra Costa County continues to work closely with affected regional stakeholders to address and mitigate the consequences of changes in emergency services on West Contra Costa County.

After a four year effort of data review and hospital feedback in 2013 the County EMS Agency initiated a transfer of care (TOC) safety initiative in partnership with all community hospitals in our operational area. The EMS Agency has instituted a comprehensive program of data sharing to create opportunities to support improvement. In 2014 we instituted the following countywide policy to support timely transfer of care and eliminate EMS patient extended times greater than 60 minutes. The initiative, data and improvement processes are described in the public report available at http://cchealth.org/ems/pdf/Hospital-Transfer-of-Care-Performance.pdf

Contra Costa EMS continues to be active in the promotion of local, regional, state and national neonatal and pediatric disaster preparedness. In June of 2013, Contra Costa presented at the Institute of Medicine (IOM) Workshop. The workshop summary "Preparedness, Respoonse and Recovery Considerations for Children and Families" includes our presentation and is available at the IOM website at http://www.iom.edu/reports/2013/preparedness-response-and-recovery-considerations-for-children-and-families.aspx. The EMS Agency is home to the California Neonatal, Pediatric and Perinatal Disaster Coalition.

Under the leadership of Dr. Joe Barger, EMS Medical Director the following EMS System quality initiatives and improvements were undertaken:

- Pediatric Medication Safety: In response to documented pediatric medication inaccuracies. This resulted in the drop in pediatric error rates.
- Video Laryngoscopy Trials: This is a clinical pilot to determine the efficacy of new technology to support advanced airway management.
- Established a new spinal motion restriction guideline to improve patient safety.
- High performance CPR and expanded AED, CPR and law enforcement participation as first responders in cardiac arrest.
- Implemented technology to enable real time 12 lead transmission to hospitals from the field.
- Since 2009 Contra Costa EMS has contributed to the science of improving patient outcomes in cardiac arrest as a participant in the CDC National Cardiac Arrest Registry for Enhanced Survival (CARES) supported by Emory University. The EMS Agency continues to actively partner with stakeholders throughout Contra Costa to improve cardiac arrest survival. Survival rates over the last five years and improved from 28% to 37-38% when bystanders initiated CPR.
- Evaluated STEMI and Stroke System performance measures demonstrating performance that is consistent or better than national benchmarks.
- Exploration of opportunities for health information exchange (HIE) with the County Health Services to trial a continuity of care document (CCD) that could serve as a template to promote meaningful HIE exchange between health care providers caring for emergency patients.

LEMSA: Contra Costa County **FY: 2013-2014**

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.04	Each local EMS Agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.	X	X		Progress to Date: In progress. Current Director continuing as retired annuitant until replacement selected	Medical Director succession transition expected within 12 months
1.06	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.	X	X		Progress to Date: Met. Prior 2012-13 Plan Submitted January 2014 and approved by EMSA effective April 1, 2014	EMS System Plan Update to be completed as of April 1, 2015
1.08	Each local EMS Agency shall plan for eventual provision of advance life support services throughout its jurisdiction.	X	X		Progress to Date: Staged implementation in progress. EMS System Study completed as part of comprehensive stakeholder process. Recommendations submitted to the board. Initial changes incorporated into current Zone I, II and V ambulance procurement process.	EMS System Study completed as of June 2014 to faciltate comprehensive EMS system redesign to improve patient care outcomes and assure fiscal sustainability of EMS System over the next 10 years
1.1	Each local EMS Agency shall identify population groups served by the EMS system which require specialized services (e.g. elderly, handicapped, children, non-English speakers).	X		X	Progress to Date: Incorporating trials of TRAIN tool into med/health disaster exercises.	Exploration of alternative delivery models to match patient need to resource over next 24 months in neonatal, pedatric and perinatal patient populations
1.11	Each local EMS Agency shall identify the optimal roles and responsibilities of system participants.	X		X	Progress to Date: EMS System study completed and vetted by EMS System Stakeholders. Implementation to be staged over next ten years.	Complete comprehensive EMS System Modernization Study and implement recommendations supported by EMS System stakeholder and LEMSA governing board over next 10 years.
1.13	Each local EMS Agency shall coordinate EMS system operations.	X		X	Progress to Date: In progress. Implementing enhancement to support coordination of EMS system operations supporting HIE, data management and closer system collaboration with health care.	Coordination of EMS Modernization recommendations as supported by EMS System stakeholders and LEMSA governing board over next 10 years.
1.14	Each local EMS Agency shall develop a policy and procedures manual which includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services and hospitals) within the system.	X	X		Progress to Date: Met Updated policies and protocols posted on EMS website at www.cccems.org. Reliable processes to review clinical and operational policy and procedures with stakeholders in place. Materials	Annual update of clinical and operational policies and procedures based on evidenced-based care to improve patient outcome or EMS System effeciencies. Update prehospital care handbook annually.
1.16	Each local EMS Agency shall have a funding mechanism which is sufficient to ensure its continued operation and shall maximize use of its EMS fund.	X		X	Progress to Date: Met. EMS Modernization study identified numerous challenges and opportunities that impact funding. Solutions being addressed with EMS system stakeholders and LEMSA governing board.	Review of costs and fees to support sustainable EMS System and EMS Agency oversight and operations.
1.2	Each local EMS Agency shall have a policy regarding "Do Not Resuscitate (DNR" situations in the prehospital setting, in accordance with the EMS Authority's DNR guidelines.	X		X	Progress to date: Met Active participant facilitating POLST within county	Participating on the Steering Committee for POLST with EMS System Stakeholders supporting the conversation project over 12-24 months
1.21	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.	X	X		Progress to date: Partially Met. Refinement of current protocols in progress	Annual review and update policies, resources and training for unexpected deaths in pediatrics and adults.

1.23	The local EMS medical director shall establish policies and protocols for scope of practice of prehospital medical personnel during interfacility transfers.	X	X		Progress to date: Met Review and update of triage and transfer policies for Trauma STEMI and Stroke as needed	Annual evaluation and process improvement supporting rapid interfaciltiy transfer in high-risk populations e.g. Trauma, STEMI, Stroke
1.27	The local EMS Agency shall develop a pediatric emergency medical and critical care care system plan based on community needs and utilization of appropriate resources which determines; (a) the optimal system design for ambulance service and advance life support services in the EMS area and (b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.	X		X	Progress to date: In progress. New EMSC regulations still in development. Participating on EMSC Technically Advisory Committee	Pediatric EMSC System Plan regulation review and update within 1-5 years
1.28	The local EMS Agency shall develop and submit for state approval a plan based on community needs and utilization of appropriate resources for granting of exclusive operating areas which determines: (a) the optimal system design for ambulance service and ALS services in the EMS area and (b) the process for assigning roles to participants, including a competitive process for implementation of exclusive operating areas.	X	X		Progress to date: In progress. EOA utilization, response times, staffing, urban/rural designation, ambulance ordinance update and communications priorities in next RFP. Update and modification of response zones in exclusive operating areas in progress.	Review and Update of county ambulance ordinance within 24 months. Initiate RFP for ambulance services in 2015 based on population needs assessment from EMS System Study Modernization Project.
2.01	The local EMS Agency shall shall routinely assess personnel and training needs.	X		X	Progress to date: Partially met. Study validates need for sustainable EMS agency staffing and resources to perform statutory functions. EMS Agency staffing and workflows redesign in progress	EMS System Study and Modernization Project review of EMS staffing needs and workflows to support statutory requirements within 1-2 years
2.04	Public safety answering point (PSAP) operators with medical responsibility shall have e mergency medical orientation and all medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.	X		X	Progress to date: In progress. EMS Study validates need for consolidated and accredited dispatch with improved training. Improvement plan dependent of EMS System stakeholder and LEMSA governing body support	Expand and support dispatcher training for Center of Excellence Accreditation within 1-3 years
2.06	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.	X		X	Progress to date: Ongoing CCEMS has been active in the mitigation for several fire districts with over 7 fire station closures as of May 2013 and with ongoing threats to sustainable fire station services.	Annually evaluate and mitigate as possible system impacts of fire station closures as a result of reductions in EMS first responder funding and municipal funding and encourage law enforcement and citizen participation in first response.
2.12	The local EMS Agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.	X	X		Progress to Date: Met. Ongoing program support of community first responders and citizen responders	Annual expansion of public access AED and Law AED programs with integration into dispatch
5.06	The local EMS Agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.	X		X	Progress to date: In progress as part of ongoing medical health coalition preparedness program	Update of medical surge and transportation plan for hospitals within 2 years.
5.08	Local EMS Agencies that develop trauma care systems shall determine the optimal system (based n community eed and available resources) including, but not limited to: (a) the number and level of trauma centers (including the use of trauma centers in other counties); (b) the design of catchment areas (including areas in other countie, 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 specialty centers; (d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center and; (e) a plan for monitoring and evaluation of the system	X	X		Progress to Date: Met updated trauma plan as part of Annual Trauma Plan Update and submitted to EMSA January 2015.	Annual Update of trauma plan

5.1	Local EMS Agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including: (a) the number and role of system participants, particularly of emergency departments; (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 primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers; (d) identification of providers who are qualified to transport such patients to a designated facility; (e) identification of tertiary care centers for pediatric critical care and pediatric trauma; (f) the role of non-pediatric specialty care care hospitals including those which are outside of the primary triage area and; (g) a plan for monitoring and evaluation of the system.	**X**	**X**		Progress to date: Met. Active participant in local, regional and state efforts to improve pediatric emergency care for children with major focus on improving neonatal, pediatric and perinatal medical surge capability.	Continued networking with pediatric emergency care advocates throughout the local, regional and state EMS systems supporting pediatric emergency care best practices.
5.13	Local EMS Agencies developing spedialty 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 the non-designated hospitals including those which are outside of the of the primary triage area; and (e) a plan for monitoring and evaluation of the system.	**X**	**X**		Progress to date: Met. Ongoing reliable processes to monitor and report on systems of care incorporating mechanisms for quality improvement.	Annually sustain oversight of mature programs for Stroke, STEMI, Cardiac Arrest, Trauma, EMS for Children System Program Evaluation
5.14	In planning other specialty care systems, the local EMS Agency shall ensure input from prehospital, hospital providers and consumers.	**X**		**X**	Progress to date: Met. Ongoing processes in place for EMS stakeholder and public participation in System Review and Modernization Study, Ambulance Ordinance and Ambulance RFP	EMS System Review and Modernization Study, Ambulance Ordinance and Ambulance RFP
6.01	The local EMS Agency shall establish an EMS quality assurance/quality improvement (QA/OI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all prehospital provider agencies, base hospitals and receiving hospitals. It shall address compliance with policies, procedures, protocols, identification of preventable morbidity and mortality and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers	**X**		**X**	Progress to date: Partially met with ongoing extensive stakeholder participation to address recommendations of EMS System modernization report and to participate in process will continue.	Evaluate EMS-Hospital data system integration supporting patient safety and prehospital care to support system redesign over the next 10 years
7.01	The local EMS Agency shall promote the development and dissemination of information materials for the public which addresses: (a) understanding of EMS system design and opperations; (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 and safety habits as they relate to the prevention and reduction of health risks in target areas; (f) appropriate utilization of emergency departments.	**X**		**X**	Progress to date: partially met with challenges to support sustainable community efforts. Stakeholders, LEMSA and governing board continuing to support efforts.	Continued annual expansion of HeartSafe Communities to include support for CPR, PAD, Heart Attack, Stroke and Healthy Lifestyle over the next 5-10 years.
7.03	The local EMS Agency, in conjunction with the local OES, shall promote citizen disaster preparedness activities.	**X**		**X**	Progress to date: partially met and requires ongoing efforts to sustain	Continued annual advocacy and implementation of regional pediatric medical surge planning
8.13	The local EMS Agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.	**X**		**X**	Progress to date: Met with ongoing efforts required to sustain capability.	Annually sustain development and recruitment of Contra Costa Medical Reserve Corp volunteers. Effectively deploy MRC for medical health response as needed
8.15	The local EMS Agency shall ensure that there is an emergency system for interhospital communications, including operational procedures.	**X**		**X**	Progress to date: Met with ongoing efforts to enhance Reddinet and hospital communication platforms	Address ongoing gaps and improvement opportunities for ReddiNet platform to support reliable use by hospitals. Replace old MEDARS radios when sunsets and implement new EBRECS hospital radio system as of 2014

8.19	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.	X		X	Progress to date: Not met regulations not completed. Actively participating in regulation development process.	Evaluate pending new regulations for specialty care systems e.g. STEMI, Stroke, EMS for Children.

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			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.04 Medical Director		X	X		
Planning Activities:					
1.05 System Plan		X			
1.06 Annual Plan Update		X			
1.07 Trauma Planning		X	X		
1.08 ALS Planning		X			
1.09 Inventory of Resources		X			
1.10 Special Populations		X	X		
1.11 System Participants		X	X		
Regulatory Activities:					
1.12 Review & Monitoring		X			
1.13 Coordination		X			
1.14 Policy & Procedures Manual		X			
1.15 Compliance w/Policies		X			
System Finances:					
1.16 Funding Mechanism		X			
Medical Direction:					
1.17 Medical Direction		X			
1.18 QA/QI		X	X		
1.19 Policies, Procedures, Protocols		X	X		

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20	DNR Policy		X			
1.21	Determination of Death		X			
1.22	Reporting of Abuse		X			
1.23	Interfacility Transfer		X			
Enhanced Level: Advanced Life Support						
1.24	ALS Systems		X	X		
1.25	On-Line Medical Direction		X	X		
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		X			
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		X			

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			
2.02 Approval of Training		X			
2.03 Personnel		X			
Dispatchers:					
2.04 Dispatch Training		X	X		
First Responders (non-transporting):					
2.05 First Responder Training		X	X		
2.06 Response		X			
2.07 Medical Control		X			
Transporting Personnel:					
2.08 EMT-I Training		X	X		
Hospital:					
2.09 CPR Training		X			
2.10 Advanced Life Support		X	X		
Enhanced Level: Advanced Life Support:					
2.11 Accreditation Process		X			
2.12 Early Defibrillation		X			
2.13 Base Hospital Personnel		X			

C. COMMUNICATIONS

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

D. RESPONSE/TRANSPORTATION

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

E. FACILITIES/CRITICAL CARE

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

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			
6.03 Prehospital Care Audits		X	X		
6.04 Medical Dispatch		X			
6.05 Data Management System		X	X		
6.06 System Design Evaluation		X			
6.07 Provider Participation		X			
6.08 Reporting		X			
Enhanced Level: Advanced Life Support:					
6.09 ALS Audit		X	X		
Enhanced Level: Trauma Care System:					
6.10 Trauma System Evaluation		X			
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	X		
7.02 Injury Control		X	X		
7.03 Disaster Preparedness		X	X		
7.04 First Aid & CPR Training		X	X		

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			
8.02 Response Plans		X	X		
8.03 HazMat Training		X			
8.04 Incident Command System		X	X		
8.05 Distribution of Casualties		X	X		
8.06 Needs Assessment		X	X		
8.07 Disaster Communications		X			
8.08 Inventory of Resources		X	X		
8.09 DMAT Teams		X	X		
8.10 Mutual Aid Agreements		X			
8.11 CCP Designation		X			
8.12 Establishment of CCPs		X			
8.13 Disaster Medical Training		X	X		
8.14 Hospital Plans		X	X		
8.15 Interhospital Communications		X	X		
8.16 Prehospital Agency Plans		X			
Enhanced Level: Advanced Life Support:					
8.17 ALS Policies		X			
Enhanced Level: Specialty Care Systems:					
8.18 Specialty Center Roles		X			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:					
8.19 Waiving Exclusivity		X			

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year: 2013

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1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: Contra Costa County

A.	Basic Life Support (BLS)	0 %
B.	Limited Advanced Life Support (LALS)	0 %
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. The person responsible for day-to-day activities of the EMS agency 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 which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	X
Designation of trauma centers/trauma care system planning	X
Designation/approval of pediatric facilities	X
Designation of STEMI centers	X
Designation of Stroke centers	X
Designation of other critical care centers	X
Development of transfer agreements	X
Enforcement of local ambulance ordinance	X
Enforcement of ambulance service contracts	X
Operation of ambulance service	N/A

Table 2 - System Organization & Management (cont.)

Continuing education	X
Personnel training	N/A
Operation of oversight of EMS dispatch center	
Non-medical disaster planning	X
Administration of critical incident stress debriefing team (CISD)	N/A
Administration of disaster medical assistance team (DMAT)	N/A
Administration of EMS Fund [Senate Bill (SB) 12/612]	X
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: Planning for/coordinating disaster medical response at local/regional levels	X

Table 2 - System Organization & Management (cont.)

5. EXPENSES FY 12/13	
Salaries and benefits	$1,277,900
Contract services	$412,440
Operations (e.g. copying, postage, facilities)	$565,998
Travel	$11,418
Fixed assets	$0
Indirect expenses (overhead)	$535,422
Ambulance subsidy	$0
EMS Fund payments to physicians/hospital	$1,852,981
Dispatch center operations (non-staff)	$250,000
Training program operations	$0
Other: 1st Responder Enhancements	$2,331,133
Other: HazMat	$150,000
TOTAL EXPENSES	$7,387,292
6. SOURCES OF REVENUE FY 12/13	
Special project grant(s) [from EMSA]	$0
Preventive Health and Health Services (PHHS) Block Grant	$0
Office of Traffic Safety (OTS)	$0
State general fund (RDMHS)	$0
County general fund	$0
Other local tax funds (e.g., EMS district)	$4,716,387
County contracts (e.g., multi-county agencies)	$0
Certification fees	$35,467
Training program approval fees	$0
Training program tuition/Average daily attendance funds (ADA)	$0
Job Training Partnership ACT (JTPA) funds/other payments	$0
Base hospital application fees	$0
Base hospital designation fees	$0
Trauma center application fees	$0
Trauma center designation fees	$250,000
Pediatric facility approval fees	$0
Pediatric facility designation fees	$0
Other critical care center designation fees (STEMI)	$85,000
Ambulance service/vehicle fees/CCTP revenue	$39,217
Contributions	$0
EMS Fund (SB 12/612)	$2,043,619
Other grants: UASI, HIE, NACCHO, SHGP,DHS	$101,810
Other grants: Hospital Preparedness Program	$115,310
TOTAL REVENUE	$7,386,810
Surplus (deficit)	-$482

Table 2 - System Organization & Management (cont.)

7. Fee structure: Our fee structure is:

First responder certification		$0
EMS dispatcher certification		$0
EMT-I certification (This includes the $60 EMSA fee)		$135
EMT-I recertification (This includes the $60 EMSA fee)		$97
EMT-defibrillation certification		$0
EMT-defibrillation recertification		$0
AEMT certification		N/A
AEMT recertification		N/A
EMT-P accreditation		$60
Mobile Intensive Care Nurse/		
Authorized Registered Nurse (MICN/ARN) certification		$60
MICN/ARN recertification		$60
EMT-I training program approval		$3,000
AEMT training program approval		N/A
EMT-P training program approval		$12,000
MICN/ARN training program approval		N/A
Base hospital application		$0
Base hospital designation		$0
Trauma center application		$0
Trauma center designation		$250,000
Pediatric facility approval		$0
Pediatric facility designation		$0
Other critical care center application		
Type: STROKE CENTER DESIGNATION (No Application Fee)	(Annually)	$5,000
Type: STEMI CENTER DESIGNATION (No Application Fee)	(Annually)	$5,000
Ambulance service license		N/A
Ambulance vehicle permits (Emergency)	(Per ERA)	$7,500
Other: Ambulance Vehicle Permit (Non-Emergency)		$7,500
Other: EMS Aircraft Classification		$250
Other: EMS Aircraft Authorization[5]	(Biennal)	$15,000

[5] 50% Fee reduction as performance incentive per written agreement.

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT[2]	BENEFITS (%of Salary)[3]	COMMENTS
EMS Admin./Coord./Director	EMS Director	1	$ 51.04 (base)	37%	
Asst. Admin./Admin. Asst./Admin. Mgr.	EMS Program Manager Assistant Director	1	$ 47.59 (base)	37%	Vacant
ALS Coord./Field Coord./ Training Coordinator	Pre-hospital Care Coordinator(s)/Advanced RN	0.5	$ 50.66 (base)	Non benefitted	Temp retired annuitant
Program Coordinator/ Field Liaison	Prehospital Care Coordinator(s)	4	$ 41.47 (base)	37%	
Trauma/STEMI/Stroke Coordinator	Pre-hospital Care Coordinator Advanced RN	1	$ 51.39(base)	37%	
Medical Director	EMS Medical Director	1	$ 80.83 (base)	37%	
Other MD/Medical Consult/ Training Medical Director	N/A	N/A	N/A	N/A	N/A
Disaster Medical Planner	Emergency Preparedness Manager	1	$ 45.56 (base)	37%	HPP supported position

Staffing as of 12/31/2014
N/A = not applicable

[2] Top salary equivalent in the position category. Individual staff salaries based on position qualifications and longevity with organization.
[3] Standard percentage used to calculate benefits. Actual benefits may be considerably more depending on position and benefits selected by employee, etc. County contribution is not reflected.

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE[4] POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT[5]	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor	Prehospital Care Coordinator Dispatch/LE	1	$ 41.47(base)	N/A	Dispatch oversight assigned
Medical Planner	Emergency Preparedness Training Coordinator	1	$37.10 (base)	37%	HPP supported position
Data Evaluator/Analyst	N/A	N/A	N/A	N/A	
QA/QI Coordinator	Prehospital QI Coordinator	1	$ 43.54 (base)	37%	
Public Info. & Education Coordinator	EMS Specialist and MRC Coordinator	1	$30.45 (base)	37%	
Executive Secretary	Secretary Advanced	1	$ 21.34 (base)	37%	
Other Clerical	Clerk	1	$16.43 (base)	37%	
Data Entry Clerk	Administrative Analyst	1	$ 26.73 (base)	37%	
Other	Account Clerk	1	$ 24.38 (base)	37%	

[4] Top salary equivalent in the position category. Individual staff salaries based on position qualifications and longevity with organization.
[5] Standard percentage used to calculate benefits. Actual benefits may be considerably more depending on position and benefits selected by employee, etc. County contribution is not reflected

Local EMS Agency and County Organization Chart(s)

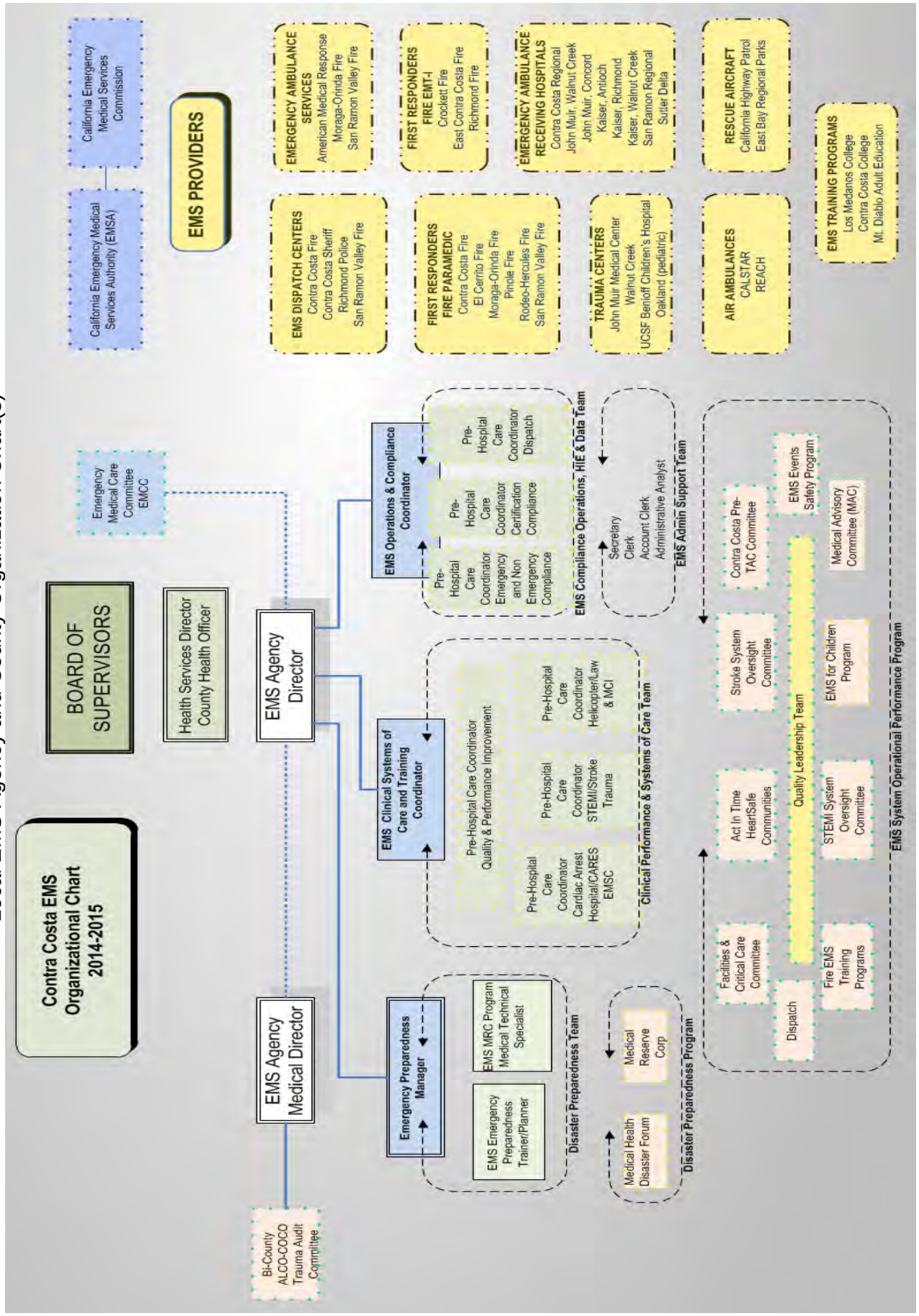

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Reporting Year: __2013__

	EMT - Is	AEMTs	EMT - Ps	MICN
Total Certified	631	0		16
Number newly certified this year	168	0		N/A
Number recertified this year	463	0		N/A
Number of accredited personnel this year	N/A	0	277	16
Total number of accredited personnel on July 1 of the reporting year	N/A	0	N/A	N/A
Number of certification reviews resulting in:				
a) formal investigations	14	0		0
b) probation	3	0	0	0
c) suspensions	0	0	0	0
d) revocations	0	0		0
e) denials	1	0		0
f) denials of renewal	0	0		0
g) no action taken	8	0	0	0

N/A = not available/applicable

1. Early defibrillation:
   a) Number of EMT-I (defib) authorized to use AEDs __-631__
   b) Number of public safety (defib) certified (non-EMT-I) __N/A__

2. Do you have an EMR training program ☐ yes **X no**

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

County: ___ Contra Costa County___

Reporting Year: ___2013____

1.	Number of primary Public Service Answering Points (PSAP)	10
2.	Number of secondary PSAPs	3
3.	Number of dispatch centers directly dispatching ambulances	3
4.	Number of EMS dispatch agencies utilizing EMD guidelines	3
5.	Number of designated dispatch centers for EMS Aircraft	3

6. Who is your primary dispatch agency for day-to-day emergencies?
Contra Costa County Fire Protection District, Richmond Police Department
San Ramon Valley Fire Protection District

7. Who is your primary dispatch agency for a disaster?
Contra Costa County Sheriff's Office

8. Do you have an operational area disaster communication system? **X Yes** ☐ No
   a. Radio primary frequency XCC EMS1 (MEDARS T-Band 4 Channel)
   b. Other methods ReddiNet[6]
   c. Can all medical response units communicate on the same disaster communications system? **X Yes** ☐ No
   d. Do you participate in the Operational Area Satellite Information System (OASIS)? **X Yes** ☐ No
   e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? **X Yes** ☐ No
      1) Within the operational area? **X Yes** ☐ No
      2) Between operation area and the region and/or state? **X Yes** ☐ No

[6] ReddiNet communications between hospitals, ambulance dispatch centers and EMS Agency; Satellite phones

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

Reporting Year: 2013

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers:
   a. 3 Crockett, ECCFD and Richmond (Non-ALS Fire First Responders)
   b. 14 Police Agencies

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder[7]	6-8 min	N/A	N/A	6-8 min
Early defibrillation responder[8]	6-8 min	N/A	N/A	6-8 min
Advanced life support responder[9]	<10 min	N/A	N/A	Varies by Local Jurisdiction
Transport Ambulance (EMS)	< 12 min Varies by EOA	20 min	30 min	Varies by EOA

N/A = not available

[7] Includes bystanders, law enforcement and EMS
[8] Includes bystander with PAD, law enforcement and EMS
[9] Fire EMS first medical response paramedic

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

Reporting Year: 2013

Trauma

Trauma patients:	
1. Number of patients meeting trauma triage criteria	1588
2. Number of major trauma victims transported directly to a trauma center by ambulance	1251
3. Number of major trauma patients transferred to a trauma center[10]	43
4. Number of patients meeting triage criteria who were not treated at a trauma center	1405

Emergency Departments

Total number of emergency departments	9
1. Number of referral emergency services	0
2. Number of standby emergency services[11]	1
3. Number of basic emergency services	8
4. Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of receiving hospitals with written agreements	8[12]
2. Number of base hospitals with written agreements	1

[10] Defined as total number of undertriages for that year.
[11] Doctor's Medical Center in San Pablo stopped receiving emergency ambulance traffic as of 8/7/2014 and was downgraded by State Licensing and Accreditation to a standby receiving center as of 8/25/2014
[12] Includes STEMI, Stroke and Trauma

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year: 2013

County: Contra Costa County

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
   a. Where are your CCPs located?

Attachment 1: Potential Sites and Site Assessment Checklist

Site Name	Address	City
1. Buchanan Airport	550 Sally Ride Drive	Concord
2. Contra Costa Community College	2600 Mission Bell Drive	San Pablo
3. Diablo Valley Community College	321 Golf Club Road	Pleasant Hill
4. Los Medanos Community College	2700 E. Leland Road	Pittsburg
5. Diablo Valley Comm. College Extension	Watermill Road	San Ramon
6. PG&E Conference Center	3301 Crow Canyon Road	San Ramon
7. County Fairgrounds	1201 West 10th Street	Antioch

   b. How are they staffed? Situational[13]
   c. Do you have a supply system for supporting them for 72 hours? **X Yes** ☐ No

2. CISD
   Do you have a CISD provider with 24 hour capability? **X Yes** ☐ No

3. Medical Response Team
   a. Do you have any team medical response capability? **X Yes** ☐ No
   b. For each team, are they incorporated into your local response plan? **X Yes** ☐ No
   c. Are they available for statewide response?[14] **X Yes** ☐ No
   d. Are they part of a formal out-of-state response system?[15] **X Yes** ☐ No

4. Hazardous Materials
   a. Do you have any HazMat trained medical response teams? **X Yes** ☐ No
   b. At what HazMat level are they trained? **First Responder**
   c. Do you have the ability to do decontamination in an emergency room? **X Yes** ☐ No
   d. Do you have the ability to do decontamination in the field? **X Yes** ☐ No

[13] As specified in Field Treatment Site Appendix F of County MCI Plan
[14] Volunteer Medical Reserve Corps
[15] Through Office of Civilian Volunteers

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? **X Yes** ☐ No

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 20

3. Have you tested your MCI Plan this year in a:

   a. Real event? Medical **Mutual Aide Response to Asiana Airlines Crash on July 6, 2013**
   X Yes ☐ No
   9 Declared MCI's during 2013

   b. Exercise? **Contra County Medical Health Exercise November 2013** **X Yes** ☐ No
   - Operational response to mass casualty training (Feb 2013)

4. List all counties with which you have a written medical mutual aid agreement. **All counties in CA through the Mutual Aid Agreement**[16]

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? **X Yes** ☐ No

6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? **X Yes** ☐ No

7. Are you part of a multi-county EMS system for disaster response? **X Yes** ☐ No

8. Are you a separate department or agency? ☐ Yes **X No**

9. If not, to whom do you report **Health Officer of Contra Costa Health Services**

8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **Not applicable**[17]

[16] Through California Disaster Mutual Aid Agreement
[17] Agency is part of Contra Costa Health Services (County Health Department)

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

County: Contra Costa County **Provider** American Medical Response **Response Zone:** ERA I-

Address: 5151 Port Chicago Hwy; Suites A
Concord, CA 94520

Number of Ambulance Vehicles in Fleet: 58

Phone Number: 888-267-6591

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 29 countywide

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**			
X Yes ❑ No	**X Yes** ❑ No	**X Yes** ❑ No	**X Transport** ❑ Non-Transport	**X ALS** **X BLS**	**X 9-1-1** ❑ 7-Digit ❑ CCT ❑ IFT	**X Ground** ❑ Air ❑ Water

Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
❒ Public **X Private**	❒ Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agency[18]

73,579	Total number of responses	58,469	Total number of transports
53,103	Number of emergency responses	- 41,873	Number of emergency transports
-20,476	Number of non-emergency responses	- 16,596	Number of non-emergency transports

[18] Data reflects responses and transports for all response zones provider is responsible for

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

County: Contra Costa County **Provider** American Medical Response **Response Zone:** ERA II

Address: 5151 Port Chicago Hwy; Suites A
Concord, CA 94520

Number of Ambulance Vehicles in Fleet: 58

Phone Number: 888-267-6591

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 29 countywide

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**			
X Yes ❑ No	**X Yes** ❑ No	**X Yes** ❑ No	**X Transport** ❑ Non-Transport	**X ALS** **X BLS**	**X 9-1-1** ❑ 7-Digit ❑ CCT ❑ IFT	**X Ground** ❑ Air ❑ Water

Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
❒ Public **X Private**	❒ Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

County: Contra Costa County **Provider** American Medical Response **Response Zone:** ERA V

Address: 5151 Port Chicago Hwy; Suites A
Concord, CA 94520

Number of Ambulance Vehicles in Fleet: 58

Phone Number: 888-267-6591

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 29 countywide

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**			
X Yes ❑ No	**X Yes** ❑ No	**X Yes** ❑ No	**X Transport** ❑ Non-Transport	**X ALS** **X BLS**	**X 9-1-1** ❑ 7-Digit ❑ CCT ❑ IFT	**X Ground** ❑ Air ❑ Water

Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
❒ Public **X Private**	❒ Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

County: Contra Costa County

Provider Contra Costa County Fire Protection District

Response Zone: Contra Costa Fire Protection District

Address: 2010 Geary Road
Pleasant Hill, CA 94523

Number of Engines/Apparatus in Fleet: 23 Engines; 42 Apparatus

Phone Number: 925- 941-3300

Average Number of Engines/Apparatus on Duty At 12:00 (noon) on Any Given Day: 65

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**			
X Yes ❑ No	**X Yes** ❑ No	**X Yes** ❑ No	❑ Transport **X Non-Transport**	**X ALS** **X BLS**	**X 9-1-1** ❑ 7-Digit ❑ CCT ❑ IFT	**X Ground** ❑ Air ❑ Water

Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ❒ Private	**X Fire** ❒ Law ❒ Other Explain: _____	❒ City ❒ State ❒ Federal **X County** **X Fire District**	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

First Responder Agency

79,354 Total number of responses
65,416 Number of emergency responses
13,938 Number of non-emergency responses

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

County: Contra Costa County

Provider Crockett-Carquinez Fire Protection District

Response Zone: Crockett-Carquinez Fire Protection District

Address: 746 Loring Avenue
Crockett, CA 94525

Number of Trucks/Apparatus in Fleet: 9

Phone Number: 510-787-2717

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

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**
X Yes ❑ No	**X Yes** ❑ No	**X Yes** ❑ No	❑ Transport ❑ ALS **X 9-1-1** **X Ground** **X Non-Transport** **X BLS** ❑ 7-Digit ❑ Air ❑ CCT ❑ Water ❑ IFT

Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ❒ Private	**X Fire** ❒ Law ❒ Other Explain: _____	❒ City **X County** ❒ State **X Fire District** ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

First Responder Agency

292	Total number of responses
226	Number of emergency responses
66	Number of non-emergency responses

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

County: Contra Costa County

Provider: East Contra Costa Fire Protection District

Response Zone: East Contra Costa Fire Protection District

Address: 134 Oak Street
Brentwood, CA 94513

Number of Engines in Fleet: **12** (11 ECCCFD) (1 Cal Fire)

Phone Number: Phone: 925- 634-3400

Average Number of Engines on Duty At 12:00 p.m. (noon) on Any Given Day: 5

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**			
X Yes ❑ No	**X Yes** ❑ No	**X Yes** ❑ No	❑ Transport **X Non-Transport**	❑ ALS **X BLS**	**X 9-1-1** ❑ 7-Digit ❑ CCT ❑ IFT	**X Ground** ❑ Air ❑ Water

Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ❒ Private	**X Fire** ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State **X Fire District** ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

First Responder Agency

5595	Total number of responses
4302	Number of emergency responses
1293	Number of non-emergency responses

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

County: Contra Costa County

Provider: El Cerrito Fire Department

Response Zone: El Cerrito Fire Department

Address: 10900 San Pablo Avenue
El Cerrito, CA 94530

Number of Engines/Apparatus in Fleet: 8
No Bariatric Equipment

Phone Number: Phone: 510-215-4450

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

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**			
X Yes ❑ No	**X Yes** ❑ No	**X Yes** ❑ No	❑ Transport **X Non-Transport**	**X ALS** ❑ BLS	**X 9-1-1** ❑ 7-Digit ❑ CCT ❑ IFT	**X Ground** ❑ Air ❑ Water

Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ❒ Private	**X Fire** ❒ Law ❒ Other Explain: _____	**X City** ❒ State ❒ Federal ❒ County ❒ Fire District	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

First Responder Agency

1572 Total number of responses
1572 Number of emergency responses
N/A Number of non-emergency responses

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

County: Contra Costa County

Provider: Moraga-Orinda Fire Protection

Response Zone: Moraga-Orinda Fire Protection

Address: 1280 Moraga Way
Moraga, CA 94556

Number of Engines/Trucks in Fleet: 5 Engines & 1 ALS Truck

Phone Number: Phone: 925- 258-4599

Average Number of Engines on Duty At 12:00 p.m. (noon) on Any Given Day: 3: 2 Full Time & 1 Cross Staff

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**			
X Yes ❑ No	**Yes** ❑ No	**X Yes** ❑ No	**X Transport** **X Non-Transport**	**X ALS** **X BLS**	**X 9-1-1** ❑ 7-Digit ❑ CCT ❑ IFT	**X Ground** ❑ Air ❑ Water

Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ❒ Private	**X Fire** ❒ Law ❒ Other Explain: _____	❒ City ☐ County ❒ State **X Fire District** ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

First Responder and Transporting Agency

2003	Total number of responses	1296	Total number of transports
-	Number of emergency responses	-	Number of emergency transports
	Number of non-emergency responses	-	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

County: Contra Costa County **Provider:** Pinole Fire Department **Response Zone:** Pinole Fire Department

Address: 880 Tennent Avenue
Pinole, CA 94564

Number of Engines in Fleet: 4

Phone Number: Phone: 510-724-8969

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

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**			
X Yes ❑ No	**X Yes** ❑ No	**X Yes** X No	❑ Transport **X Non-Transport**	**X ALS** **X BLS**	**X 9-1-1** ❑ 7-Digit ❑ CCT ❑ IFT	**X Ground** ❑ Air ❑ Water

Ownership:	**If Public:**	**If Public:**		**If Air:**	**Air Classification:**
X Public ❒ Private	**X Fire** ❒ Law ❒ Other Explain: _____	**X City** ❒ State ❒ Federal	❒ County ❒ Fire District	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

First Responder Agency

1443	Total number of responses
1443	Number of emergency responses
N/A	Number of non-emergency responses

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

County: Contra Costa County **Provider:** Richmond Fire Department **Response Zone:** Richmond Fire Department

Address: 440 Civic Center Plaza
Richmond, CA 94804

Number of Engines/Apparatus in Fleet: 7

Phone Number: Phone: 510-307-8031

Average Number of Engines on Duty At 12:00 p.m. (noon) on Any Given Day: 7

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**
X Yes ❑ No	**X Yes** ❑ No	**X Yes** ❑ No	❑ Transport ☐ ALS **X 9-1-1** **X Ground** **X Non-Transport** **X BLS** ❑ 7-Digit ❑ Air ❑ CCT ❑ Water ❑ IFT

Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ❒ Private	**X Fire** ❒ Law ❒ Other Explain: _____	**X City** ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

First Responder Agency

9,714	Total number of responses
9,714	Number of emergency responses
N/A	Number of non-emergency responses

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

County: Contra Costa County **Provider:** Rodeo-Hercules Fire Protection District **Response Zone:** Rodeo-Hercules Fire Protection

Address: 1680 Refugio Valley Road
Hercules, CA 94547

Number of Engines in Fleet: 3

Phone Number: Phone: 510-799-4561

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

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**
X Yes ❑ No	**X Yes** ❑ No	**X Yes** ❑ No	❑ Transport **X Non-Transport**; **X ALS** **X BLS**; **X 9-1-1** ❑ 7-Digit ❑ CCT ❑ IFT; **X Ground** ❑ Air ❑ Water

Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ❒ Private	**X Fire** ❒ Law ❒ Other Explain: _____	**X City** ❒ State ❒ Federal ❒ County **X Fire District**	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

First Responder Agency

1,147	Total number of responses
1,110	Number of emergency responses
37	Number of non-emergency responses

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

County: Contra Costa County

Provider: San Ramon Valley Fire Protection District

Response Zone: San Ramon Valley Fire Protection District

Address: 1500 Bollinger Canyon Road
San Ramon, CA 94583

Number of Ambulance/Apparatus in Fleet: 7 Ambulances-
-

Phone Number: Phone: 925- 838-6680

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5 Ambulances

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**			
X Yes ❑ No	**X Yes** ❑ No	**X Yes** ❑ No	**X Transport** **X Non-Transport**	**X ALS** **X BLS**	**X 9-1-1** ❑ 7-Digit ❑ CCT ❑ IFT	**X Ground** ❑ Air ❑ Water

Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ❒ Private	**X Fire** ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State **X Fire District** ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

First Responder and Transporting Agency

6,243	Total number of responses	4,057	Total number of transports
5,267	Number of emergency responses	418	Number of emergency transports
976	Number of non-emergency responses	3,639	Number of non-emergency transports

Reporting Year: 2013

Response/Transportation/Providers

County: Contra Costa County **Provider:** CALSTAR Air Ambulance **Response Zone:** CALSTAR Air Ambulance

Address: 177 John Glenn Drive
Concord, CA 94520

Number of Helicopters in Fleet: 2

Phone Number: 925- 798-7670

Average Number of Helicopters on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**
X Yes ❑ No	**X Yes** ❑ No	**X Yes** ❑ No	**X Transport** ❑ Non-Transport; **X ALS** ❑ BLS; **X 9-1-1** ❑ 7-Digit **X CCT** **X IFT**; ❑ Ground **X Air** ❑ Water

Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
❒ Public **X Private**	❒ Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal	**X Rotary** **X Fixed Wing**	❒ Auxiliary Rescue **X Air Ambulance** ❒ ALS Rescue ❒ BLS Rescue

Air Ambulance Services

0	Total number of responses	146	Total number of transports
346	Number of emergency responses	146	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

County: Contra Costa County **Provider:** REACH Air Medical Services **Response Zone:** REACH Air Medical Services

Address: 5005 Marsh Drive
Concord, CA 94520

Number of Helicopters in Fleet: 2

Phone Number: 925-691-2099

Average Number of Helicopters on Duty At 12:00 p.m. (noon) on Any Given Day: 2 – Concord & Vacaville

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**		
X Yes ❑ No	**X Yes** ❑ No	**X Yes** ❑ No	**X Transport** ❑ Non-Transport	**X ALS** ❑ BLS	**X 9-1-1** ❑ Ground ❑ 7-Digit **X Air** **X CCT** ❑ Water **X IFT**

Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
❒ Public **X Private**	❒ Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal	**X Rotary** **X Fixed Wing**	❒ Auxiliary Rescue **X Air Ambulance** ❒ ALS Rescue ❒ BLS Rescue

Air Ambulance Services

662	Total number of responses	527	Total number of transports
336	Number of emergency responses	156	Number of emergency transports
326	Number of non-emergency responses (IFT)	371	Number of non-emergency transports (IFT)

Table 9: Resources Directory

Reporting Year: 2013 **Facilities**

County: Contra Costa County

Facility: Contra Costa Regional Medical Center Telephone Number: 925-370-5000
Address: 2500 Alhambra Avenue
Martinez, CA 94553

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
X Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency **X Basic Emergency** ❒ Comprehensive Emergency	❒ Yes **X No**	❒ Yes **X No**

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center	❒ Yes **X No**	❒ Yes **X No**	❒ Level I ❒ Level II ❒ Level III ❒ Level IV
EDAP	❒ Yes **X No**		
PICU	□ Yes **X No**		

STEMI Center:	**Stroke Center:**
❒ Yes **X No**	❒ Yes **X No**

Table 9: Resources Directory

Reporting Year: 2013 **Facilities**

County: Contra Costa County

Facility: Doctors Medical Center, San Pablo Telephone Number: 510-970-5000
Address: 2000 Vale Road
San Pablo, CA 94806

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
X Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency **X Basic Emergency**[19] ❒ Comprehensive Emergency	❒ Yes **X No**	❒ Yes **X No**

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center	❒ Yes **X No**		
EDAP	❒ Yes **X No**		
PICU	❒ Yes **X No**	❒ Yes **X No**	❒ Level I ❒ Level II ❒ Level III ❒ Level IV

STEMI Center:	**Stroke Center:**
X Yes ❒ No	**X Yes** ❒ No

[19] Doctor's Medical Center (DMC) stopped receiving emergency ambulance traffic on 8/7/2014. They were officially downgraded by State Licensing and Accreditation to a standby emergency department on 8/25/2014 and their STEMI and Stroke Center Designation was suspended as of 8/7/2014.

Table 9: Resources Directory

Reporting Year: 2013 **Facilities**

County: Contra Costa County

Facility: John Muir Health, Concord Campus Telephone Number: 925-682-8200
Address: 2540 East Street
Concord, CA 94520

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
X Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency **X Basic Emergency** ❒ Comprehensive Emergency	❒ Yes **X No**	❒ Yes **X No**

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center	❒ Yes **X No**		
EDAP	❒ Yes **X No**		
PICU	❒ Yes **X No**	❒ Yes X No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV

STEMI Center:	**Stroke Center:**
X Yes ❒ No	**X Yes** ❒ No

Table 9: Resources Directory

Reporting Year: 2013 **Facilities**

County: Contra Costa County

Facility: John Muir Health, Walnut Creek Campus Telephone Number: 925-939-3000
Address: 1601 Ygnacio Valley Road
Walnut Creek, CA 94598

Written Contract:	Service:	Base Hospital:	Burn Center:
X Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency **X** Basic Emergency ❒ Comprehensive Emergency	**X Yes** ❒ No	❒ **Yes** **X No**

		Trauma Center:	If Trauma Center what level:	
Pediatric Critical Care Center	❒ Yes **X No**			
EDAP	❒ Yes **X No**			
PICU	❒ Yes **X No**	**X Yes** ❒ No	❒ Level I	**X Level II**
			❒ Level III	❒ Level IV

STEMI Center:	Stroke Center:
X Yes ❒ No	**X Yes** ❒ No

Table 9: Resources Directory

Reporting Year: 2013 **Facilities**

County: Contra Costa County

Facility: Kaiser Permanente Medical Center, Antioch Telephone Number: 925-813-6500
Address: 5601 Deer Valley Road
Antioch, CA 94531

Written Contract:	Service:	Base Hospital:	Burn Center:
X Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency X Basic Emergency ❒ Comprehensive Emergency	❒ Yes **X No**	❒ Yes **X No**

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center	❒ Yes **X No**	❒ Yes **X No**	❒ Level I ❒ Level II ❒ Level III ❒ Level IV
EDAP	❒ Yes **X No**		
PICU	❒ Yes **X No**		

STEMI Center:	Stroke Center:
❒ Yes **X No**	**X Yes** ❒ No

Table 9: Resources Directory

Reporting Year: 2013

Facilities

County: Contra Costa County

Facility: Kaiser Permanente Med. Ctr., Walnut Creek Telephone Number: 925-295-4000
Address: 1425 South Main Street
Walnut Creek, CA 94596

Written Contract:	Service:	Base Hospital:	Burn Center:
X Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency **X Basic Emergency** ❒ Comprehensive Emergency	❒ Yes **X No**	❒ Yes **X No**

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center	❒ Yes **X No**		
EDAP	❒ Yes **X No**		
PICU	❒ Yes **X No**	❒ Yes **X No**	❒ Level I ❒ Level II ❒ Level III ❒ Level IV

STEMI Center:	Stroke Center:
X Yes ❒ No	**X Yes** ❒ No

Table 9: Resources Directory

Reporting Year: 2013

Facilities

County: Contra Costa County

Facility: Kaiser Permanente Med. Ctr., Richmond Telephone Number: 510-307-1500
Address: 901 Nevin Avenue
Richmond, CA 94801

Written Contract:	Service:	Base Hospital:	Burn Center:
X Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency **X Basic Emergency** ❒ Comprehensive Emergency	❒ Yes **X No**	❒ Yes **X No**

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center	❒ Yes **X No**	❒ Yes **X No**	❒ Level I ❒ Level II ❒ Level III ❒ Level IV
EDAP	❒ Yes **X No**		
PICU	❒ Yes **X No**		

STEMI Center:	Stroke Center:
❒ Yes **X No**	**X Yes** ❒ No

Table 9: Resources Directory

Reporting Year: 2013

Facilities

County: Contra Costa County

Facility: San Ramon Regional Medical Center Telephone Number: 925-275-9200
Address: 6001 Norris Canyon Road
San Ramon, CA 94583

Written Contract:	Service:	Base Hospital:	Burn Center:
X Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency **X Basic Emergency** ❒ Comprehensive Emergency	❒ Yes **X No**	❒ Yes **X No**

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center	❒ Yes **X No**		
EDAP	❒ Yes **X No**		
PICU	❒ Yes **X No**	❒ Yes **X No**	❒ Level I ❒ Level II ❒ Level III ❒ Level IV

STEMI Center:	Stroke Center:
X Yes ❒ No	**X Yes** ❒ No

Table 9: Resources Directory

Reporting Year: 2013

Facilities

County: Contra Costa County

Facility: Sutter Delta Medical Center Telephone Number: 925-779-7200
Address: 3901 Lone Tree Way
Antioch, CA 94509

Written Contract:	Service:	Base Hospital:	Burn Center:
X **Yes** ❒ No	❒ Referral Emergency ❒ Standby Emergency **X Basic Emergency** ❒ Comprehensive Emergency	❒ Yes **X No**	❒ Yes **X No**

Pediatric Critical Care Center	❒ Yes **X No**	**Trauma Center:**	**If Trauma Center what level:**
EDAP	❒ Yes **X No**		
PICU	❒ Yes **X No**	❒ Yes **X No**	❒ Level I ❒ Level II ❒ Level III ❒ Level IV

STEMI Center:	Stroke Center:
X Yes ❒ No	❒ Yes **X No**

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Contra Costa County **Reporting Year:** 2013

Training Institution: Los Medanos College
Address: 2700 East Leland Road
Pittsburg, CA 94563
Telephone Number: 925-439-2181

Program Level EMT

Student Eligibility: Open to The public

Cost of Program:
Basic: $46/unit
Refresher: $46/unit

Number of students completing training per year:

Initial training:	118
Refresher: **No Classes Due to State Budget Cuts**	25
Continuing Education:	0
Expiration Date:	5/31/2016

Number of courses:

Initial training:	1
Refresher:	2
Continuing Education:	0

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Contra Costa County **Reporting Year:** 2013

Training Institution: Mount Diablo Adult Education **Telephone Number:** (925) 685-7340

Address: 1266 San Carlos Avenue
Concords, CA 94518

Program Level EMT-1

Student Eligibility: Open to General Public

Cost of Program:
Basic: $1586
Refresher: $286

Number of students completing training per year:
Initial training 22
Refresher: 0
Continuing Education: 1

Expiration Date: 3/31/2017

Number of courses:
Initial Training: 2
Refresher: 0
Continuing Education: 0

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Contra Costa County **Reporting Year:** 2013

Training Institution: John Muir Health, Walnut Creek **Telephone Number:** 925-947-4438
Address: 1601 Ygnacio Valley Road
Walnut Creek, CA 94598

Program Level: MICN Training

Student Eligibility:

a. BLS
b. ACLS
c. PALS
d. TNCC
e. Minimum 2 years ED. Exper.
f. In-House Training only

Cost of Program:
Basic: $0.00
Refresher: $0.00

Number of students completing training per year:
Initial Training: 5
Refresher: 0
Continuing Education: 24 Hours
Expiration Date: 9/30/2015

Number of Courses:
Initial Training: (annually in the spring) 1
Refresher: ongoing
Continuing Education: TNCC PALS, ACLS, Trauma, Other (All provided in house.)

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Contra Costa County **Reporting Year:** 2013

Training Institution: Contra Costa County Fire Protection District **Telephone Number:** 925-941-3642
Address: 2945 Treat Blvd.
Concord, CA 94518

Program Level: EMT Training

Student Eligibility: District Personnel Only

Cost of Program:
Basic: $0
Refresher: $0

1. No charge to fire district employees.
2. In-house training only.

Number of students completing training per year:

Initial Training:	0
Refresher:	0
Continuing Education:	230
Expiration Date:	08/31/15

Number of Courses:

Initial Training:	0
Refresher:	0
Continuing Education:	**6**

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Contra Costa County **Reporting Year:** 2013

Training Institution: Contra Costa College **Telephone Number:** 510-235-7800; ext 4229
Address: 2600 Mission Bell Drive
San Pablo, CA 94806

Program Level: EMT Training

Student Eligibility: Open to Public

Cost of Program:
Basic: $276
Refresher: $46/unit

Number of students completing training per year:

Initial Training:	5
Refresher:	0
Continuing Education:	0
Expiration Date:	8/31/2015

Number of Courses:

Initial Training	2
Refresher:	0
Continuing Education:	0

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Contra Costa County **Reporting Year:** 2013

Name: San Ramon Valley Fire Dispatch
Address: 800 San Ramon Valley Road
Danville, CA 94526

Primary Contact:
Denise Pangelinan
Communications Center Manager

Telephone Number: 925-838-6645

Written Contract:
X Yes ☐ No

Medical Director:
X Yes ☐ No

X Day-to-Day
X Disaster

Ownership:
X Public ☐ Private

If Public:
X Fire
☐ Law
☐ Other
Explain: _____

Number of Personnel Providing Services:
12 EMD Training ___ EMT-D _____ ALS
_____ BLS _____ LALS _____ Other

If Public: ☐ City ☐ County ☐ State **X Fire District** ☐ Federal

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Contra Costa County Reporting Year: 2013

Name: Contra Costa Sheriff's Office
Address: 40 Glacier Drive, Martinez, CA 94553
Primary Contact: Gail Bowen, Communications Center Director

Telephone Number: 925-313-2454

Written Contract: **X Yes** ☐ No

Medical Director: **X Yes** ☐ No

X Day-to-Day
X Disaster

Number of Personnel Providing Services:
_____ EMD Training **48[20] EMT-D** _____ ALS
_____ BLS ____ LALS _____ Other

Ownership:
X Public ☐ Private

If Public:
☐ Fire
X Law
☐ Other
Explain: _____

If Public: ☐ City **X County** ☐ State ☐ Fire District ☐ Federal

[20] Average staffing 22 dispatchers/supervisors per day

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Contra Costa County **Reporting Year:** 2013

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

Name: Contra Costa Fire Dispatch
Address: 2010 Geary Road
Pleasant Hill, CA 94523

Primary Contact: Kody Kerwin
Communications Specialist

Telephone Number: 925-941-3550

Written Contract:
X Yes ☐ No

Medical Director:
X Yes ☐ No

X Day-to-Day
X Disaster

Number of Personnel Providing Services:
15 EMD Training _____ EMT-D _____ ALS
_____ BLS _____ LALS _____ Other

Ownership:
X Public ☐ Private

If Public:
X Fire
☐ Law
☐ Other
Explain: _____

If Public: ☐ City ☐ County ☐ State **X Fire District** ☐ Federal

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Contra Costa County **Reporting Year:** 2013

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

Name: Richmond Communications Center

Address: 326 27th Street
Richmond, CA 94804

Primary Contact: Byron Baptiste, Communication Specialist

Telephone Number: 510-620-6660

Written Contract:
☐ Yes **X No**

Medical Director:
X Yes ☐ No

X Day-to-Day
X Disaster

Ownership:
X Public ☐ Private

If Public:
X Fire
X Law
☐ Other
Explain: _____

Number of Personnel Providing Services:
28 EMD Training _____ EMT-D _____ ALS
_____ BLS _____ LALS _____ Other

If Public: **X City** ☐ County ☐ State ☐ Fire District ☐ Federal

AMBULANCE ZONE SUMMARY FORM: ERA I

Local EMS Agency or County Name: **Contra Costa County**
Area or subarea (Zone) Name or Title: **ERA I**
Name of Current Provider(s): **American Medical Response**
Area or sub area (Zone) Geographic Description: **ERA-I includes the cities of El Cerrito, Richmond, Pinole, Hercules, San Pablo, Kensington, Martinez, Pleasant Hill, Lafayette, and Walnut Creek west of Highway 680 and adjacent to unincorporated areas, excluding that portion of ERA I included in the Moraga-Orinda Fire Protection District.**
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): **Exclusive.**
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **Emergency Ambulance, ALS, 9-1-1 emergency response.**
Method to achieve Exclusivity, if applicable (HS 1797.224): **Competitively-determined. Periodic Request for Proposal (RFP) and review process held approximately every 10 years. EMS Authority approved an RFP August 10, 2004. An exclusive 9-1-1 contract with American Medical Response went into effect as of July 1, 2005 with an extension approved by the Contra Costa Board of Supervisors (BOS) to June 30, 2014. On March 11, 2013 the BOS extended the contract through December 31, 2015 in accordance with the County Local Ambulance Ordinance number 83-28 regulation adopted June 2, 1989.**

AMBULANCE ZONE SUMMARY FORM: ERA II

Local EMS Agency or County Name: **Contra Costa County**
Area or subarea (Zone) Name or Title: **ERA II**
Name of Current Provider(s): **American Medical Response**
Area or sub area (Zone) Geographic Description: **ERA-II includes the cities of Clayton, Concord, Walnut Creek, east of Highway 680 and adjacent to unincorporated areas.**
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): **Exclusive**
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **Emergency Ambulance - ALS, 9-1-1 Emergency Response**
Method to achieve Exclusivity, if applicable (HS 1797.224): **Competitively-determined. Periodic Request for Proposal and review process held approximately every 10 years. EMS Authority approved an RFP August 10, 2004. An exclusive 9-1-1 contract with American Medical Response went into effect as of July 1, 2005 with an extension approved by the Contra Costa Board of Supervisors (BOS) to June 30, 2014. On March 11, 2013 the BOS extended the contract through December 31, 2015 in accordance with the County Local Ambulance Ordinance number 83-28 regulation adopted June 2, 1989.**

AMBULANCE ZONE SUMMARY FORM: ERA III

Local EMS Agency or County Name: **Contra Costa County**
Area or subarea (Zone) Name or Title: **ERA III**
Name of Current Provider(s): **Moraga-Orinda Fire Protection District**
Area or sub area (Zone) Geographic Description: **ERA-III includes the territory of the Moraga-Orinda Fire Protection District.**
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): **Exclusive**
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **Emergency Ambulance –ALS, 9-1-1 Emergency Response**
Method to achieve Exclusivity, if applicable (HS 1797.224): **Grandfathered with exclusivity pursuant to H.S. 1797.224. Moraga Fire Protection District began providing paramedic ambulance service throughout the territory of its jurisdiction in June 1977 and has continued on an uninterrupted basis. In December 1997, the territory of the Moraga Fire Protection District was combined with the territory of the Orinda Fire Protection District and a new Moraga-Orinda Fire Protection District formed and the County exclusive operating area agreement update to reflect the expanded territory. EMSA approved this boundary adjustment on January 30, 2003.**

AMBULANCE ZONE SUMMARY FORM: ERA IV

Local EMS Agency or County Name: **Contra Costa County**
Area or subarea (Zone) Name or Title: **ERA IV**
Name of Current Provider(s): **San Ramon Valley Fire Protection District**
Area or sub area (Zone) Geographic Description: **ERA IV includes the territory of San Ramon Valley Fire Protection District.**
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): **Exclusive.**
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **Emergency Ambulance –ALS, 9-1-1 Emergency Response**
Method to achieve Exclusivity, if applicable (HS 1797.224): **Periodic Request for proposal process. Request for proposal process held in 2008 resulted in a contract that expires October 21, 2018**

AMBULANCE ZONE SUMMARY FORM: ERA V

Local EMS Agency or County Name: **Contra Costa County**
Area or subarea (Zone) Name or Title: **ERA V**
Name of Current Provider(s): **American Medical Response West**
Area or sub area (Zone) Geographic Description: **ERA-V includes all of East County including the cities of Pittsburg, Bay Point, Antioch, Brentwood and unincorporated areas along the 9-1-1 boundary line separating East from Central County.**
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): **Exclusive.**
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **Emergency Ambulance, ALS, 9-1-1 Emergency Response**
Method to achieve Exclusivity, if applicable (HS 1797.224): **Competitively-determined. Periodic Request for Proposal and review process held approximately every 10 years. EMS Authority approved an RFP August 10, 2004. An exclusive 9-1-1 contract with American Medical Response went into effect as of July 1, 2005 with an extension approved by the Contra Costa Board of Supervisors (BOS) to June 30, 2014. On March 11, 2013 the BOS extended the contract through December 31, 2015 in accordance with the County Local Ambulance Ordinance number 83-28 regulation adopted June 2, 1989.**