

# County of Santa Clara Santa Clara Valley Health & Hospital System

Public Health  
Emergency Medical Services



HHS04 111505

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DATE: November 15, 2005

TO: Board of Supervisors

FROM:

Handwritten signature of Robert Sillen.

Robert Sillen  
Executive Director, Santa Clara Valley Health & Hospital System

SUBJECT: 2002–2004 Santa Clara County Emergency Medical Services System Plan

### **RECOMMENDED ACTION**

Adopt the 2002–2004 Santa Clara County Emergency Medical Services System Plan.

### **FISCAL IMPLICATIONS**

Meeting Date November 15, 2005

There is no impact to the County General Fund as a result of this action.

Processor Name Kelly M.../

Item Number 9

**REASONS FOR RECOMMENDATION**

Pursuant to Section 1797.254 of the California Health and Safety Code, each local Emergency Medical Services (EMS) Agency must develop and submit an annual update to its approved EMS Plan. The 2002–2004 EMS Plan Annual Update fulfills the statutory requirement, and brings the EMS Agency's plan up to date. The EMS Plan, its attachments and Annual Updates must be adopted by the Board of Supervisors before it can be submitted to the State.

**BACKGROUND**

The California Emergency Medical Services Authority established October as the due date for EMS Plans and Annual Updates. The 1995 Santa Clara County EMS Plan was adopted by the Board of Supervisors on May 25, 1996. Annual updates to the EMS Plan were submitted to the California EMS Authority in 1997 and 2001; however, the last approved annual update to Santa Clara County's EMS Plan was adopted by the Board of Supervisors on May 6, 1997.

The 2002–2004 EMS Plan Annual Update, which covers the period from 2002 – 2004, has been developed in cooperation with the EMS system constituents and other stakeholders. In addition, the draft Annual Update was widely distributed and made available for public comment. The final version of the 2002–2004 Annual Update was reviewed and approved by the Emergency Medical Services Advisory Committee of the Health Advisory Commission on October 6, 2005.

In addition to meeting statutory requirements, the EMS Plan and its attachments provide a framework for the ongoing development and enhancement of the EMS system, as well as a detailed assessment of the EMS system's current strengths and weaknesses. Acceptance of the EMS Plan allows the state EMS Authority to approve the County sole ALS transport system now in effect. Establishing baseline system performance and system objectives are essential to continued progress in EMS.

**CONSEQUENCES OF NEGATIVE ACTION**

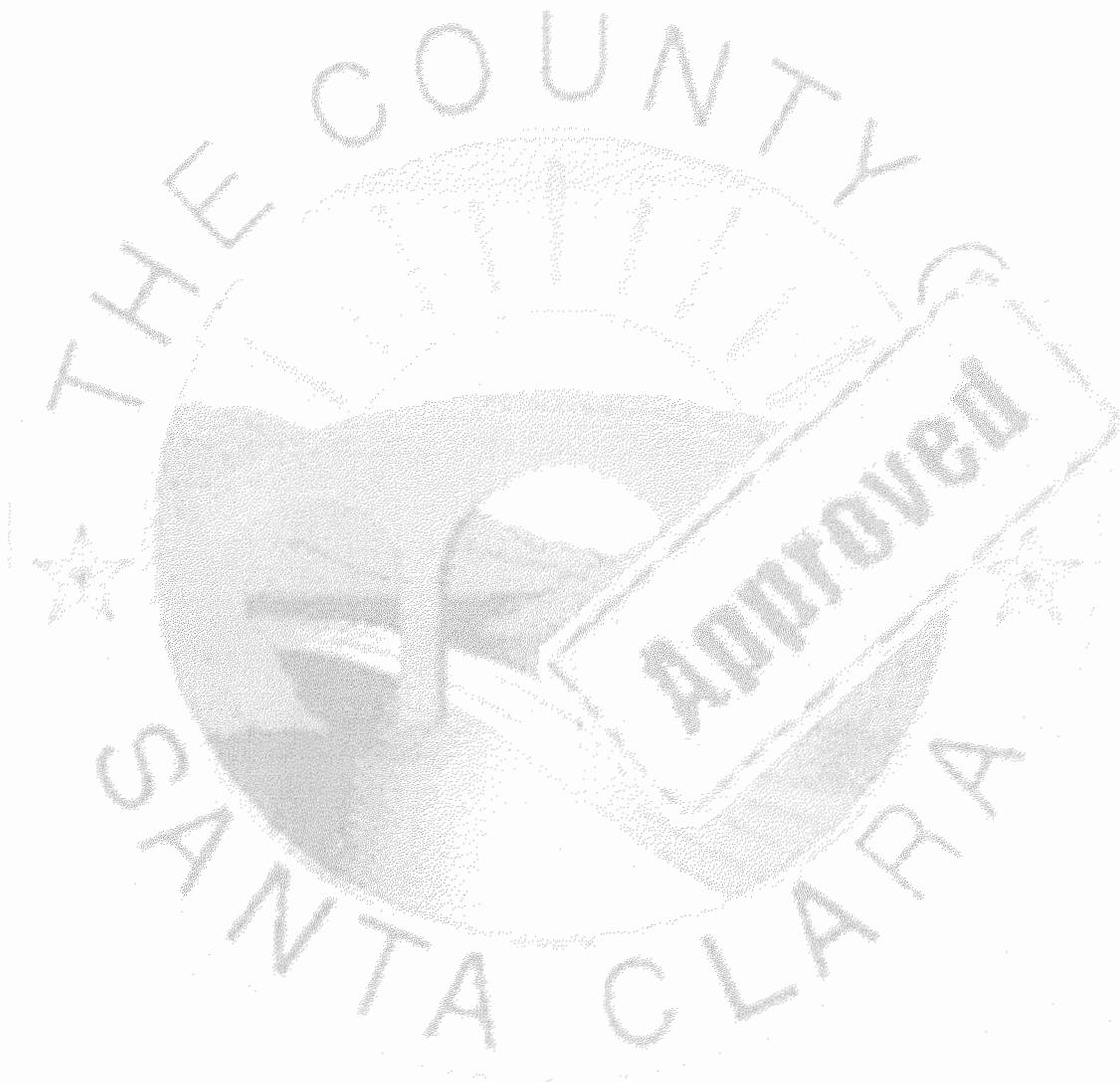
Failure to accept the recommended action will delay submission of the 2002–2004 EMS Plan Annual Update to the California Emergency Medical Services Authority.

**ATTACHMENTS**

Processor name Kelly Munoz

Item Number 9

- 2002–2004 EMS Plan Annual Update

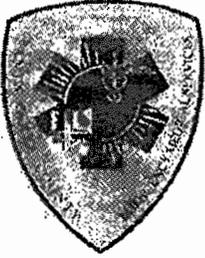


Meeting Date November 15, 2005

Processor name Kelly Munoz

Item Number 9

Document is on file with Clerk of the Board



**County of Santa Clara  
Emergency Medical Services Agency**

**2002-2004  
Emergency Medical Services  
System Plan**

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Revised  
2004



# **County of Santa Clara Emergency Medical Services Agency**

## **2002-2004 Emergency Medical Services System Plan**

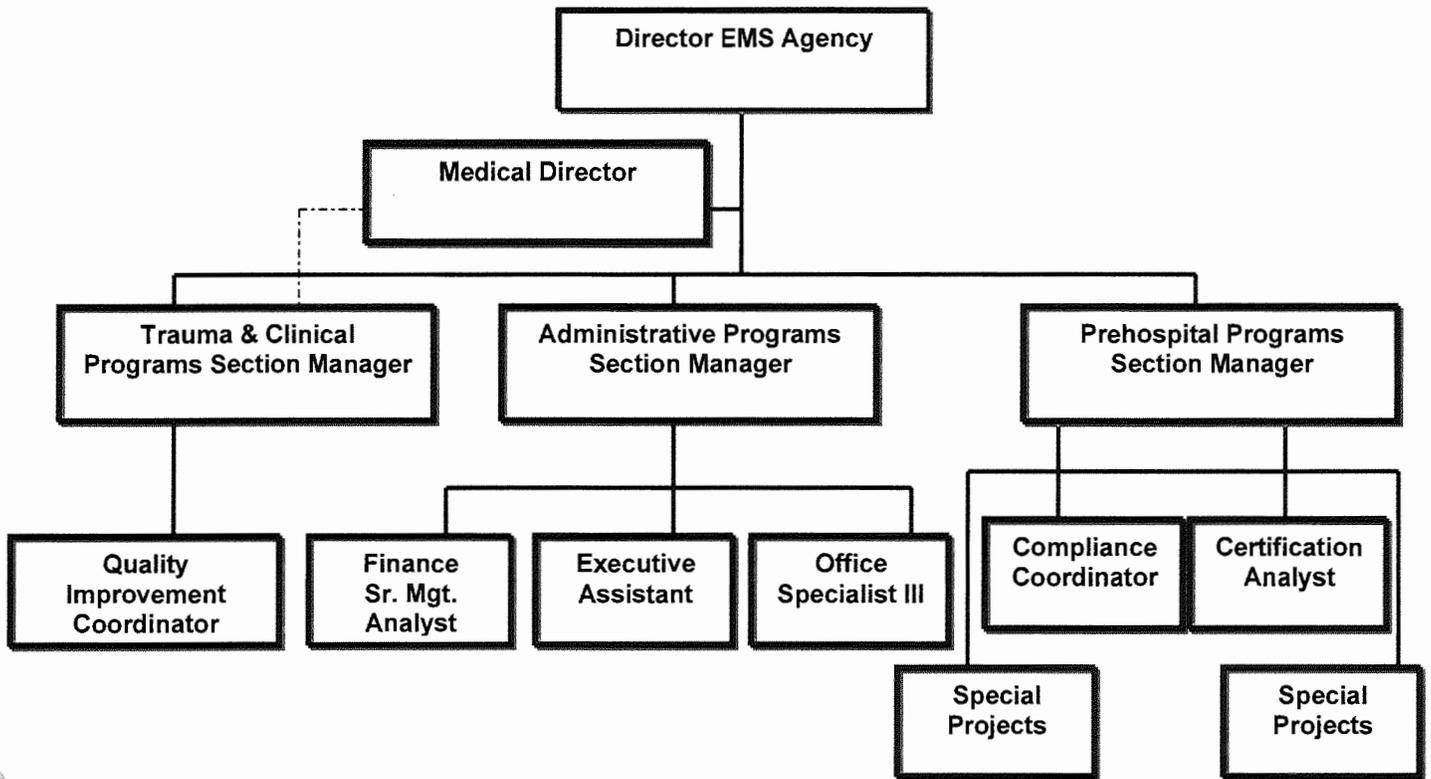
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**Revised  
2004**

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**A. SYSTEM ORGANIZATION AND MANAGEMENT**



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

**SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Medical Direction:</b>					
1.17	Medical Direction*	✓	N/A	✓	✓
1.18	QA/QI	✓	✓	✓	✓
1.19	Policies, Procedures, Protocols	✓	✓	✓	
1.20	DNR Policy	✓	N/A		
1.21	Determination of Death	✓	N/A		
1.22	Reporting of Abuse	✓	N/A		
1.23	Interfacility Transfer	✓	N/A	✓	✓
<b>Enhanced Level: Advanced Life Support</b>					
1.24	ALS Systems	✓	✓		✓
1.25	On-Line Medical Direction	✓	✓		✓
<b>Enhanced Level: Trauma Care System:</b>					
1.26	Trauma System Plan	✓	N/A		
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>					
1.27	Pediatric System Plan	✓	N/A		
<b>Enhanced Level: Enhanced Level: Exclusive Operating Areas:</b>					
1.28	EOA Plan	✓	N/A		

**B. STAFFING/TRAINING**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Local EMS Agency:</b>					
2.01	Assessment of Needs	✓	N/A		
2.02	Approval of Training	✓	N/A	✓	
2.03	Personnel	✓	N/A		
<b>Dispatchers:</b>					
2.04	Dispatch Training	✓			✓
<b>First Responders (non-transporting):</b>					
2.05	First Responder Training	✓	✓	✓	
2.06	Response	✓	N/A		✓
2.07	Medical Control	✓	N/A		
<b>Transporting Personnel:</b>					
2.08	EMT-I Training	✓	✓	✓	
<b>Hospital:</b>					
2.09	CPR Training	✓	N/A		
2.10	Advanced Life Support	✓			
<b>Enhanced Level: Advanced Life Support:</b>					
2.11	Accreditation Process	✓	N/A		
2.12	Early Defibrillation	✓	N/A		
2.13	Base Hospital Personnel	✓	N/A		

## C. COMMUNICATIONS

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

## D. RESPONSE/TRANSPORTATION

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

## E. FACILITIES/CRITICAL CARE

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

**F. DATA COLLECTION/SYSTEM EVALUATION**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
6.01	QA/QI Program		✓			
6.02	Prehospital Records		✓	N/A		
6.03	Prehospital Care Audits		✓			
6.04	Medical Dispatch		✓	N/A		
6.05	Data Management System*	✓			✓	✓
6.06	System Design Evaluation		✓	N/A		✓
6.07	Provider Participation		✓	N/A		
6.08	Reporting		✓	N/A		
<b>Enhanced Level: Advanced Life Support:</b>						
6.09	ALS Audit		✓			
<b>Enhanced Level: Trauma Care System:</b>						
6.10	Trauma System Evaluation		✓	N/A		
6.11	Trauma Center Data		✓			

**G. PUBLIC INFORMATION AND EDUCATION**

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

## H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
8.01	Disaster Medical Planning*		✓	N/A		
8.02	Response Plans		✓	✓		
8.03	HazMat Training		✓	N/A	✓	✓
8.04	Incident Command System		✓	✓		✓
8.05	Distribution of Casualties*		✓			✓
8.06	Needs Assessment		✓	✓		
8.07	Disaster Communications*		✓	N/A		✓
8.08	Inventory of Resources		✓	✓	✓	✓
8.09	DMAT Teams		✓	✓		
8.10	Mutual Aid Agreements*		✓	N/A		✓
8.11	CCP Designation*		✓	N/A	✓	✓
8.12	Establishment of CCPs		✓	N/A		✓
8.13	Disaster Medical Training		✓	✓		✓
8.14	Hospital Plans		✓	✓		
8.15	Interhospital Communications		✓	N/A		✓
8.16	Prehospital Agency Plans		✓	✓	✓	✓
<b>Enhanced Level: Advanced Life Support:</b>						
8.17	ALS Policies		✓	N/A	✓	✓
<b>Enhanced Level: Specialty Care Systems:</b>						
8.18	Specialty Center Roles		✓	N/A		
<b>Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:</b>						
8.19	Waiving Exclusivity		✓	N/A		

## APPENDIX 1: System Assessment Form

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### STANDARD:

1.01 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:

The Santa Clara County EMS Agency has an organizational structure, which includes Agency staff, other County resources, and access to technical and clinical expertise not possessed by regular staff members.

### COORDINATION WITH OTHER EMS AGENCIES:

The EMS Agency coordinates with surrounding county's with an emphasis in disaster/mutual aid operations and trauma system coordination.

### NEED(S):

1. The EMS Agency is in need of additional personnel to meet the demands of a high performance EMS System. This includes additional staff in the area of clinical care and integrated countywide medical response services.

### OBJECTIVE:

1. Hire additional personnel to meet increasing workloads.

### TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

The EMS Agency anticipates the addition of additional staff in the Summer of 2005 through various grant opportunities. The EMS Agency will continue to evaluate and research means to provide financial resources to add appropriate personnel.

Long-range Plan

Long range planning in this area focuses on the development of self-sustaining funding mechanisms through various means.

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### STANDARD:

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

### CURRENT STATUS:

The EMS Agency is in the process of implementing the revised EMS Quality Improvement Plan (EQIP) regulations promulgated by the State. The foundation for a sound system is in place with the need to make minor modifications to the current program is coordinated through the EOA contractor and subcontractors. The EQIP model will expand the breadth of review to all provider agencies in the County.

The lack of a comprehensive data management system has severely limited the ability to perform detailed evaluation of the system. While the majority of the County does maintain electronic data records, the transmission and coordination of data is fragmented.

The lack of a dedicated EMS Medical Director and Trauma and Clinical Programs Nurse Manager have been barriers to achieving better results in this area. In 2004, the EMS Medical Directors position was increased to 50% time on contract. Additionally, the Agency was successful in the recruitment of a full-time Trauma and Clinical Programs Nurse Manager. The combination of the increased Medical Director hours and the filling of the vacant Trauma and Clinical Programs Nurse Manger position has assisted greatly in addressing clinical

and CQI programs.

The Agency has also implemented a non-clinical care quality assurance program. Prehospital Command and Control (review of all significant EMS responses such as MCI's, aircraft emergencies, greater alarm structure fires, and others that involve the EMS system).

**COORDINATION WITH OTHER EMS AGENCIES:**

Coordination with other EMS agencies is related to event/incident review in addition to significant clinical care reviews related to trauma care.

**NEED(S):**

1. Continued implementation of the State EQIP
2. Implementation of a countywide data collection and management solution.

**OBJECTIVE:**

1. Complete the implementation of a countywide quality assurance and improvement.

**TIMEFRAME FOR OBJECTIVE:**

**X** Annual Implementation Plan

1. It is estimated that the EOA contractor and all subcontractors are compliant with the EQIP by the end of Calendar Year 2005.

**X** Long-range Plan

2. It is estimated that all provider agencies in the county are compliant with the EQIP by the end of Calendar Year 2006
3. It is estimated that a countywide integrated data collection and management solution are in place by Calendar Year 2007

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**STANDARD:**

1.03 Each local EMS agency shall have a mechanism (including the emergency medical care committee(s) and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies, and procedures, as described throughout this document.

**CURRENT STATUS:**

The EMS Agency interfaces with a number of committees and work groups in order to obtain constituent input in the development of local plans, policy and procedure.

The EMS Agency maintains a robust stakeholder committee structure. Some of these committees are coordinated with County Commissions such as the Health Advisory Commission, Senior Care Commission, and Health and Hospital Committee. See Attachment A - Committees

**COORDINATION WITH OTHER EMS AGENCIES:**

The EMS Agency coordinates with surrounding counties by attending partner advisory groups and open invitations for out-of-county participation in our existing committee structure.

**NEED(S):**

1. Redesign and implementation of a countywide data committee.

**OBJECTIVE:**

1. Redesign and implementation of a countywide data committee

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

**X** Long-range Plan

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**STANDARD:**

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.

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

Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and prehospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

**CURRENT STATUS:**

The EMS Medical Director is a licensed physician, Board certified in emergency medicine, with experience working in the emergency care setting.

The EMS Medical Director is a former fire service officer with over 13 years of experience in the direct provision and management of emergency medical service. He is currently a half-time contract employee with the County and a full time emergency department physician in a neighboring county.

The County's Clinical Practice Advisory Committee is shared with the Provider Medical Directors Advisors Committee, in that, non-physician advisors work with physicians and nurses to make clinical recommendations to the EMS Medical Director that encompass the field, in-hospital, EMD, disaster, and public health disciplines.

The EMS Medical Director is supported by a series of advisory groups that include EMT's, paramedics, physicians, and specialists in the area of trauma, stroke, and cardiac care; pediatrics, disaster medicine, and public health.

**COORDINATION WITH OTHER EMS AGENCIES:**

The EMS Medical works closely with neighboring counties.

**NEED(S):**

Ensure Medical Direction of the EMS System

**OBJECTIVE:**

Monitor and amend, as needed, the structure of the agency's medical advisory committees to best meet the needs of the EMS system.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

**X** Long-range Plan

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**STANDARD:**

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

- a) assess how the current system meets these guidelines,
- b) identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
- c) provide a methodology for meeting these needs.

**CURRENT STATUS:**

The EMS Agency submitted its last EMS Plan in 2001, which was approved by the EMS Authority, and has completed the current EMS Plan process with the submission of this document to the Authority.

An annual review and submission process has been developed and implemented by the Agency that will ensure timely annual submission. This process now includes participation of a greater breadth of stakeholders and public review forums - see Attachment B – EMS System Plan Annual Update Process

**COORDINATION WITH OTHER EMS AGENCIES:**

The EMS Agency coordinates with neighboring counties.

**NEED(S):**

- 1. Increase neighboring county participation in annual planning.

**OBJECTIVE:**

- 1. Implement an annual review process that includes neighboring counties.

**TIMEFRAME FOR OBJECTIVE:**

X Annual Implementation Plan

It is estimated that an annual review process including neighboring counties will be implemented by the EMS Plan 2005 review period.

Long-range Plan

**STANDARD:**

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.

**CURRENT STATUS:**

The EMS Agency has submitted annual updates to its EMS Plan as requested by the Authority.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None.

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

1.07 Trauma System Planning - The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

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

**CURRENT STATUS:**

The EMS Agency has an approved Trauma Plan, which includes an optimal system design component, and has designated two (2) Level I trauma centers and one (1) Level II trauma center within its jurisdiction. The designated trauma centers serve not only Santa Clara county but include the counties of San Mateo, Santa Cruz, San Benito and Monterey. An updated and revised Trauma System Plan will be submitted to the State in 2005. An evaluation of the trauma centers was completed in 2003/4.

**COORDINATION WITH OTHER EMS AGENCIES:**

The trauma care system is currently informally coordinated with the surrounding counties. However, one trauma center is also a designated receiving facility for another county. The SCCEMS system requires trauma system planning to consider adjoining systems when determining resource availability and catchment areas.

**NEED(S):**

Ensure the availability of trauma services for critically injured patients. A regionalized trauma service plan which includes inter-county agreements with the surrounding counties.

**OBJECTIVE:**

The Santa Clara County EMS Agency, in cooperation with its Trauma Centers and the adjacent counties, should develop a formal plan to integrate the trauma services within the region.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

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

**CURRENT STATUS:**

The Santa Clara County EMS Agency planned, implemented, and has continuously provided for advanced life support throughout its jurisdiction since 1979.

**COORDINATION WITH OTHER EMS AGENCIES:**

Advanced life support service implementation (c. 1979) was not coordinated with other EMS agencies; however, a variety of program operation aspects were and continue to be coordinated with adjacent EMS agencies and regional groups.

**NEED(S):**

None.

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

1.09 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:**

A detailed personnel and vehicle inventory is maintained, and continuously updated.

**COORDINATION WITH OTHER EMS AGENCIES:**

Data is available to neighboring counties.

**NEED(S):**

- 1. Increased inventory tracking related to non-traditional EMS resources.

**OBJECTIVE:**

- 1. Develop and implement a robust EMS asset inventory control and management system. This system will include human, equipment, skills, and specialty resources.

**TIMEFRAME FOR OBJECTIVE:**

X Annual Implementation Plan

It is estimated that a more robust inventory control and management system will be in place by the end of Calendar Year 2005. The current inventory is shown in Attachment C.

Long Range Plan

**STANDARD:**

1.10 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).

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

**CURRENT STATUS:**

The EMS Agency has developed educational programs to serve the geriatric population and also those in the care of nursing facilities.

**COORDINATION WITH OTHER EMS AGENCIES:**

The EMS Agency has coordinated development of its pediatric sub-system with three neighboring EMS systems. Coordinated activity to address other target groups has not taken place.

**NEED(S):**

Continue the process of identifying population groups served by the EMS system that may require special services. Ensure that all population groups know how to access and appropriately utilize the EMS system.

**OBJECTIVE:**

Conduct a needs assessment with special focus on special needs population groups. Work with other agencies, both county and private, to identify and develop service plans for population groups identified as requiring specialized services.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

X Long-range Plan

**STANDARD:**

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

Each local EMS agency should ensure that system participants conform with their assigned EMS system roles

and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

**CURRENT STATUS:**

The optimal roles for all of the various system participants have not been clearly identified. Through local ordinance, provider agreements, exclusive operating areas, and designation of trauma centers, system roles and responsibilities for some principal system participants have been identified and mechanisms are in place to ensure conformance with assigned roles and responsibilities.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

1. Clarification of System participant roles and responsibilities.

**OBJECTIVE:**

1. Develop and implement receiving hospital agreements.
2. Develop policy that will clarify system participant roles and responsibilities with in the Santa Clara County EMS System.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

It is anticipated that objectives 1 and 2 will be completed by the end of Calendar Year 2005.

Long-range Plan

Long-range planning will focus on establishing ongoing growth objectives for various system participant roles.

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**STANDARD:**

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

**CURRENT STATUS:**

The EOA with AMR includes many provisions to ensure the review and monitoring of the contractor (AMR) and associated subcontractors (fire departments). Through the County Ordinance, the private ambulance service providers submit detailed data to the EMS Agency for review. Several existing operational quality improvement and review groups focus on non-clinical matters.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard at this time.

**NEED(S):**

1. Inclusion of other stakeholders
2. A data management system to store and retrieve the data.

**OBJECTIVE:**

1. Increase review and monitoring activities related to the City of Palo Alto EOA.
2. Increase the review and monitoring of volunteer and private service (non-ambulance) EMS providers.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

It is estimated that increased review and monitoring will begin by the end of Calendar Year 2005.

Long-range Plan

Once all system participants are included in review and monitoring activities, opportunities for system wide improvements will be realized and able to be implemented on an ongoing basis.

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**STANDARD:**

1.13 Each local EMS agency shall coordinate EMS system operations.

**CURRENT STATUS:**

The EMS Agency serves as the central coordination point for all EMS system activity within the County.

**COORDINATION WITH OTHER EMS AGENCIES:**

Currently, the EMS Agency interfaces with other local and regional EMS agencies for development and implementation of specialized activities.

**NEED(S):**

1. Greater system awareness of the EMS Agency's role.

**OBJECTIVE:**

1. Increase stakeholder awareness of the EMS Agency's role and scope of authority.
2. Increase stakeholder support of the EMS Agency in meeting established areas of responsibility.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

**X** It is estimated that through the annual EMS Plan review process and continuing growth with public and private partners, the role of the EMS Agency will become more refined and understood almost immediately.

**X** Long-range Plan

Long-range planning will focus on facilitated and cooperative management of the Santa Clara County EMS System.

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**STANDARD:**

1.14 Each local EMS agency shall develop a policies and procedure 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.

**CURRENT STATUS:**

A Santa Clara County Policy and Procedures manual has been developed, and is continuously updated. The manual and all updates are provided to all public safety agencies, hospitals, ambulance providers, training facilities, and other essential services operating in the EMS system, and are also available on the EMS Agency's website. Electronic updates are sent to each agency as is a compact data disk for easy updating.

**COORDINATION WITH OTHER EMS AGENCIES:**

Other than some minor coordination related to trauma system management, policies do not integrate with surrounding counties.

**NEED(S):**

1. Policies that integrate with surrounding jurisdictions.
2. Shared understanding of surrounding jurisdiction's policies.

**OBJECTIVE:**

1. Coordinate policy development with surrounding jurisdictions when applicable.
  2. Acquire policies from all surrounding counties.
-

3. Distribute Santa Clara County policies and annual updates to each of the surrounding counties.
4. Submit updated policy manual to EMSA and maintain a regular update schedule.

**TIMEFRAME FOR OBJECTIVE:**

X Annual Implementation Plan

It is estimated that all objectives will be met by the end of Calendar Year 2005.

X Long-range Plan

Long-range planning will focus on realizing cooperative policy development practices with surrounding jurisdictions.

---

**STANDARD:**

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

**CURRENT STATUS:**

The Agency has a comprehensive plan and associated staffing to monitor system compliance by all EMS providers (Reference Policy 109)

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None.

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

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 Emergency Medical Services Fund.

**CURRENT STATUS:**

The SB12 Fund has continued to decline, and there has been a decreasing maintenance of effort through general fund support. Other revenue sources (e.g., certification fees, ambulance permits) are fairly static, and meet the financial obligations of the programs they support.

**COORDINATION WITH OTHER EMS AGENCIES:**

The EMS Agency coordinates, on a limited basis, with surrounding jurisdictions (UASI, HRSA. BT funds).

**NEED(S):**

1. The need for local, regional, state, and federal grants is recognized.
2. Secure grants in cooperation with other neighboring jurisdictions as appropriate.

**OBJECTIVE:**

1. Obtain local, regional, state, and federal grants.

2. Coordinate grants with other neighboring jurisdictions as appropriate.

**TIMEFRAME FOR OBJECTIVE:**

- X** Annual Implementation Plan

It is estimated that, based on organizational restructuring and tasking, the EMS Agency will be able to obtain greater financial support through grant opportunities by the end of Calendar Year 2005.

- X** Long-range Plan

Long-range planning is directed at identification and implementation of strategic financial sustainability that includes regular grant awards.

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**STANDARD:**

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

**CURRENT STATUS:**

On-line medical direction is performed by a single base hospital. The single base model has been determined to be the optimal number in the current system configuration. The medical control model includes the roles, responsibilities, and relationship of the various providers and the base hospital.

The County-owned hospital serves as the single base station. Call volumes have decreased greatly due to the use of standing orders. The majority of base hospital communications are related to trauma triage, refusals of service, and narcotics administration (mostly related to responses in the very remote areas of the County).

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable at this time.

**NEED(S):**

On-line medical direction (base hospital) coordination and redundancy with neighboring jurisdictions.

**OBJECTIVE:**

1. Establish an agreement with neighboring jurisdictions in the event that the Santa Clara County Base Hospital is compromised.
2. Establish alternative on-line medical control methods and systems.

**TIMEFRAME FOR OBJECTIVE:**

- X** Annual Implementation Plan

It is estimated that agreements with neighboring jurisdictions will be completed by the middle of Calendar Year 2006.

- X** Long-range Plan

Long-range planning will focus on a detailed review of the mobile intensive care nurse program, physician medical direction, and EMS Medical Director coordination.

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**STANDARD:**

1.19 Each local EMS agency shall develop written policies, procedures, 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, and
- j) local scope of practice for prehospital personnel.

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

**CURRENT STATUS:**

Policies, procedures and protocols exist which include the above listed categories. The EMS Agency actively supports the use of pre-arrival/post dispatch instructions.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

Greater EMS Medical Director involvement with all PSAP's in the County. Continue development and revision of policies to meet the State minimum standards and recommendations

**OBJECTIVE:**

Review and revise policies, as needed to meet the minimum standards and the recommended guidelines. Continue development of regional inter-county agreements and regional policies for transport of patients to facilities appropriate for their injuries or illness. Evaluate and modify the ALS scope of practice as needed.

**TIMEFRAME FOR OBJECTIVE:**

**X** Annual Implementation Plan

The EMS Medical Director ensures the uniform and clinically sound delivery of pre-arrival clinical medical direction.

**X** Long-range Plan

The EMS Medical Director will develop a physician advisory forum for the development of treatment policies.

**STANDARD:**

1.20 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.

**CURRENT STATUS:**

The EMS Agency has a policy in effect regarding "Do Not Resuscitate (DNR)" situations in the out-of-hospital setting. This policy is based on the EMSA/CMA DNR Guidelines. All EMS system participants have received training in this procedure.

**COORDINATION WITH OTHER EMS AGENCIES:**

The local DNR policy utilizes the state-wide EMSA/CMA DNR Form and recognizes DNRs from other counties who have implemented similar policies based on the Guidelines.

**NEED(S):**

None.

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

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

**CURRENT STATUS:**

In cooperation with the Coroner, the EMS Agency has developed a policy regarding determination of death, including deaths at the scene of apparent crimes.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None.

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

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

**CURRENT STATUS:**

Local policy and procedure has been developed to ensure that providers have a mechanism for reporting child abuse, elder and dependent adult abuse, suspected SIDS deaths and suspected violent injury.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None.

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

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

**CURRENT STATUS:**

The local EMS medical director has established policies and protocols for the scope of practice of prehospital medical personnel during interfacility transfers.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

1. Optional Scope ALS level interfacility transportation programs
2. Coordination with surrounding jurisdictions for ALS level interfacility programs.

**OBJECTIVE:**

1. Implement a paramedic-based critical care transfer program.
2. Implement reciprocity agreements between counties for paramedic-based critical care transfer programs.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

It is estimated that Objectives 1 and 2 will be implemented by the end of Calendar Year 2005.

Long-range Plan

Long-range planning is related to on-going evaluation of the program. Additional modifications may be necessary based on the results of the EQIP.

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**STANDARD:**

1.24 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.

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

**CURRENT STATUS:**

Santa Clara County has developed exclusive operating areas, and has a written contract for ALS transport services in two of the three areas. Agreements are in place with all but one ALS first response provider.

**COORDINATION WITH OTHER EMS AGENCIES:**

Santa Clara County has an agreement with Santa Cruz County, and informal procedures with the Region and neighboring counties to provide ALS services if needed or requested for mutual aid.

**NEED(S):**

1. Formal agreements with all ALS providers that do not have existing written agreements.

**OBJECTIVE:**

1. Develop and implement an agreement with the City of Palo Alto.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

**X** Long-range Plan

It is estimated that an agreement with the City of Palo Alto could be in place by the middle of Calendar Year 2006.

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**STANDARD:**

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

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

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

**CURRENT STATUS:**

On-line medical direction is provided and available to all ALS and medical transport units through a single designated base hospital. The base hospital is staffed by both physicians and mobile intensive care nurses.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

A re-evaluation of the concurrent medical control model.

**OBJECTIVE:**

- 1. To review and evaluate the possible options to the current model, and make recommendations for changes or enhancements.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

**X** Long-range Plan

It is estimated that a review will be completed by the end of Calendar Year 2005 with the implementation of any changes in Calendar Year 2006.

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**STANDARD:**

1.26 The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, 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 which allows all eligible facilities to apply.

**CURRENT STATUS:**

Santa Clara County EMS currently contracts with three trauma centers, of which one is a Level II and two are Level I facilities. Policies and procedures are in place for triage and transport of traumatically injured patients. An independent consultant was hired to conduct a trauma system needs assessment within the past twelve months. An updated trauma system plan will be submitted to the State during 2005. The designated trauma centers have been reviewed by a trauma site review team within the last year and deemed acceptable. Agreements with the three (3) trauma centers will be renewed in 2005.

**COORDINATION WITH OTHER EMS AGENCIES:**

Santa Clara County receives trauma patients from Santa Cruz, San Benito, Monterey and San Mateo counties.

**NEED(S):**

Continue development of a regional trauma system plan, which includes formal inter-county agreements. Maintain the trauma audit process which includes regional representation from counties recognizing trauma centers in Santa Clara in their trauma plan.

**OBJECTIVE:**

Update and submit the trauma system plan by the end of 2005.

**TIMEFRAME FOR OBJECTIVE:**

X Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

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

**CURRENT STATUS:**

Santa Clara County has developed an EMSC project for delivery of care to pediatric patients.

**COORDINATION WITH OTHER EMS AGENCIES:**

The EMSC system is being developed in cooperation with San Mateo, Contra Costa and Alameda counties.

**NEED(S):**

Continue to develop a comprehensive pediatric emergency medical and critical care system plan that includes triage and destination and destination policies, recognition of pediatric facilities and formalizing agreements for the care of the pediatric patient.

**OBJECTIVE:**

Evaluate the effectiveness of the EMS system at meeting the needs of the critically ill and injured children. Implement the EMSC system based on State guidelines.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

X Long-range Plan

**STANDARD**

1.28 The local EMS agency shall develop, and submit for 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 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:**

The approved 1995 Santa Clara County EMS Plan and annual updates addressed exclusive operating areas, transportation services and a competitive process for ALS service providers. A revised Exclusive Operating Area Plan has been approved by the Board of Supervisors, and is attached as Annex 2 of this Plan.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

The EMS Agency, in concert with the prehospital care training facilities, continuously assesses training needs, and updates curriculum as needed. Personnel resource needs are also assessed based on individual and system performance indicators.

The EMS Agency maintains a database for the tracking and management of personnel and training needs. This data base provides reports on demand and is updated on a weekly basis.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None at this time.

**OBJECTIVE:**

None at this time.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

**X** Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

The prehospital care training programs approved by the Santa Clara County EMS Agency are routinely reviewed and monitored, both through evaluation of training material and site visits. Mechanisms are in place to ensure compliance with State regulation and County policy, and to take corrective action when necessary.

Regulatory changes that took effect in October of 2004 have been implemented with all affected parties.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

1. Greater communication with EMSA as to the current status of Santa Clara County approved programs.

**OBJECTIVE:**

1. Submission of regular updates to EMSA.

**TIMEFRAME FOR OBJECTIVE:**

X Annual Implementation Plan

It is anticipated that the submission of regular updates to EMSA will occur by the end of Calendar Year 2005.

Long-range Plan

**STANDARD:**

2.03 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 which could impact EMS personnel certification.

**CURRENT STATUS:**

The EMS Agency has established detailed mechanisms for certification, authorization, and accreditation of prehospital care personnel, in accordance with state statute and regulation. Processes are also in place for certificate review, and notification of unusual occurrence.

**COORDINATION WITH OTHER EMS AGENCIES:**

The EMS Agency provides notification to the state for any negative action taken against a certificate holder, in accordance with EMS Authority requirements.

**NEED(S):**

None.

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

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:**

Medical orientation is contained within the POST basic dispatch course taken by most, but not all of the PSAP dispatchers. Emergency medical dispatch training and testing has taken place at several dispatch centers, the County now hosts two Centers of Excellence.

**COORDINATION WITH OTHER EMS AGENCIES:**

The EMS Agency has supported and provided technical assistance to other local EMS agencies in the development and implementation of emergency medical dispatch programs in their areas.

**NEED(S):**

- 1. Agreement among all PSAP's to utilize priority dispatch as the standard for medical events.
- 2. Training for dispatchers.

**OBJECTIVE:**

- 1. Develop and implement prioritized medical dispatches as county-wide standard.
- 2. Provide for an emergency medical dispatch training course.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

**X** Long-range Plan

Long-range plans include both Objectives 1 and 2.

**STANDARD:**

2.05 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.

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

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

**CURRENT STATUS:**

All first response personnel have been trained in accordance with Title 22, Code of Regulations, requirements in CPR and first aid, and have completed all refresher training. At least one person on each non-transporting first responder unit is trained, accredited, and equipped to perform at the EMT-D level.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None.

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE:**

**X** Annual Implementation Plan

All first response BLS units in Santa Clara County must provide early defibrillation services by October 2006. This policy was implemented in 2003 to permit financial and operational planning and implementation.

Long-range Plan

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**STANDARD:**

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.

**CURRENT STATUS:**

All area public safety agencies are encouraged to participate in the local EMS system, and are included in the development and implementation of EMS system operations. The EMS Agency has assisted a number of industrial first aid team's participation in the EMS system.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

1. Greater Coordination with industrial/collegiate response teams.

**OBJECTIVE:**

1. Local industrial/institutional response teams are integrated into the EMS System.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

**X** Long-range Plan

Long-range planning to ensure industrial/institutional response team integration is expected by the middle of Calendar Year 2006.

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**STANDARD:**

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

**CURRENT STATUS:**

All non-transporting first responders operate under the medical direction policies and procedures of the Santa Clara County EMS Medical Director.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None.

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

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

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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:**

Local ordinance requires that all transport unit personnel be certified at least to the EMT-I level, all ALS units be staffed with a minimum of one EMT-I and one paramedic, and Critical Care Transport units be staffed with one critical care nurse and two EMT-I's.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

1. Updated Ordinance that permits alternative critical care transport delivery methods.

**OBJECTIVE:**

1. The Ordinance supports alternative critical care transport delivery methods.

**TIMEFRAME FOR OBJECTIVE:**

**X** Annual Implementation Plan

It is estimated that the Ordinance will be revised to permit alternative critical care transport methods by the end of Calendar Year 2005.

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

The hospitals report that all allied health personnel are trained in CPR.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

Guidelines for review and evaluation of hospital emergency services.

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

**X** Long-range Plan

**STANDARD:**

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

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

**CURRENT STATUS:**

The hospitals report that all physicians and registered nurses who provide direct emergency patient care are trained in advanced life support. The majority of the emergency department physicians are board certified in

emergency medicine.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

Ensure training in ALS for emergency department physicians and nurses who provide emergency patient care. Review and evaluate hospital guidelines for emergency services.

**OBJECTIVE:**

Develop written agreements with receiving facilities, with the recommendation that all emergency department physicians be board certified in emergency medicine.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

X Long-range Plan

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**STANDARD:**

2.11 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 assurance/quality improvement process.

**CURRENT STATUS:**

An orientation and accreditation process has been developed and implemented which addresses system policies and procedures, roles and responsibilities, optional scope of practice, and quality assurance/quality improvement.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None.

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

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

**CURRENT STATUS:**

Policies and procedures are in place for both public safety first responders and Emergency Medical Technician-I personnel to be perform defibrillation.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None.

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

2.13 All base hospital/alternative base hospital 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:**

All base hospital personnel have received training in radio and medical communications techniques and are knowledgeable in system policies and procedures.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None.

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

3.01 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.

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

**CURRENT STATUS:**

The Santa Clara County EMS Agency's communications plan, which is enforced through local ordinance and operational agreements, specifies the type and capability of communications for medical transport units, non-transport ALS units, and acute care facilities. All ALS units, whether transport or non-transport, and BLS transport units have direct communication access to the County's Communication Center, and to all acute care hospitals. Cellular telephones are currently used for medical control communication.

The County is currently in the middle of the implementation of the 2004/2005 EMS Communications Enhancement Plan (attached). Once implemented, all prehospital care providers (public/private, contracted/concentrated, auxiliary, etc.) will operate on a single system.

**COORDINATION WITH OTHER EMS AGENCIES:**

1. Coordination with other EMS agencies in communications system development has not occurred.

**NEED(S):**

1. A regional medical mutual aid communication system.

**OBJECTIVE:**

1. Improve mutual aid communication capability with other counties and state agencies.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

**X** Long-range Plan

The improvement of mutual aid communication capabilities will take a significant time to implemented based on the direction provided by the State. Attachment D is a copy of the EMS Communications Plan.

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**STANDARD:**

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

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

**CURRENT STATUS:**

All medical transport vehicles operating in the County have ambulance to dispatch and ambulance to hospital communication capability, which complies with the Santa Clara County EMS Communication Plan.

Significant enhancement to the overall EMS Communications System are in process - See attachment D - 2004/2005 EMS Communications Enhancement Plan.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None at this time. Additional needs are expected after the implementation of the 2004/2005 EMS Communications Enhancement Plan.

**OBJECTIVE:**

None at this time.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

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

**CURRENT STATUS:**

All Critical Care Transport (CCT) and ALS transport units in Santa Clara County are equipped with cellular

telephones. All transport units have radio communication capability with all acute care hospitals within the County.

**COORDINATION WITH OTHER EMS AGENCIES:**

There has been no coordination with surrounding area local EMS agencies. Each provider retains responsibility for ensuring that their operations integrate with the policies and procedures of the local EMS agency in whose jurisdiction they are providing service.

**NEED(S):**

None.

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

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

**CURRENT STATUS:**

Santa Clara County implemented a communications system for all emergency transport vehicles on December 7, 1994. This system included advanced life support transport vehicles operating on a single primary frequency, all basic life support and critical care transport vehicles operating on a second primary frequency to reduce channel load. In 2004, the EMS Agency was able to procure additional channels and migrate all ambulances and fire departments onto a single communications band. This band includes a primary dispatch frequency, hospital communications, and a series of Command and Tactical Channels. A countywide, multidisciplinary, mutual aid channel has also been put in to service that permits EMS, law enforcement, fire services, and public utilities to communicate on a single channel.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

1. Funding to support the implementation of the 2004/2005 EMS Communication Enhancement Plan.

**OBJECTIVE:**

1. Procure funding to support the implementation of the 2004/2005 EMS Communication Enhancement Plan.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

**X** Long-range Plan

Long-range planning consists of the identification of strategic communication system planning and financing.

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**STANDARD:**

3.05 All hospitals within the local EMS system shall (where physically possible) have the ability to

communicate with each other by two-way radio.

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:**

All acute care hospitals in Santa Clara County have at least one radio channel that may be used for emergency intra-hospital communication. Additionally, all hospitals have implemented cellular and satellite telephone back up systems, and have finalized arrangements to improve HAM radio service. All hospitals also have installed a web based status system that provides diversion monitoring and instant messaging capability.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

1. Funding to support inter/intrahospital communications.

**OBJECTIVE:**

1. Identify short and long-term funding mechanisms to support inter/intrahospital communication systems.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

**X** Long-range Plan

Long-range planning is focused on the procurement of funding mechanisms to support inter/intrahospital communications.

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**STANDARD:**

3.06 The local EMS agency shall review communications 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:**

Intra-agency and prehospital communications is regularly reviewed for its stability and usability in multi-casualty incidents and disasters. Radio communications systems have been upgraded, and additional redundant systems implemented to ensure uninterrupted communication capability.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

1. Funding mechanisms to support communication linkages are necessary.

**OBJECTIVE:**

1. Procure funding mechanisms to support communications linkages.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

**X** Long-range Plan

Long-range planning is focused on the procurement of funding to support communication linkages.

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**STANDARD:**

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

service.

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

**CURRENT STATUS:**

Santa Clara County is served, in its entirety, by an enhanced 9-1-1 system. Santa Clara County EMS actively supports the ongoing improvement of the existing 9-1-1 telephone system, including legislation to ensure that all customers are afforded the enhanced level system.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None.

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

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

**CURRENT STATUS:**

9-1-1 telephone service and system access have been essential components in CPR instruction, public presentations, and trauma service publications carried out by the provider agencies, under the general direction of the EMS Agency.

The primary EOA contractor is charged with this responsibility and provides an extensive schedule of educational programs throughout the County.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

1. A coordinated comprehensive public education program that expands on the services provided by the existing EOA provider and others.

**OBJECTIVE:**

1. Develop and implement a public information and education program.
2. Procure funding for a comprehensive public education program that includes personnel, financial support, and all associated resource needs.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

**X** Long-range Plan

It is estimated that the procurement of funding for a comprehensive public education program will take a significant amount of time to obtain.

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**STANDARD:**

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

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

**CURRENT STATUS:**

Prioritized dispatch has been implemented in the majority of the County. However, a great deal of additional work needs to be done to realize full implementation of MPDS.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable

**NEED(S):**

1. Funding mechanisms to ensure the implementation of MPDS in all emergency and non-emergency PSAP's in the County.

**OBJECTIVE:**

1. Obtain funding to implement full MPDS in all emergency and non-emergency PSAP's in the County.
2. Implement full MPDS in all emergency and non-emergency PSAP's in the County.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Annual objectives include the expanded use of MPDS as permitted by organizational finance and resources.

Long-range Plan

Long-range planning is directed towards the identification and procurement of long term financing.

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**STANDARD:**

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

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

**CURRENT STATUS:**

Santa Clara County Communications directly provides 95% of medical transport dispatch, and has limited integration with the remaining 5%. Santa Clara County Communications also serves as the coordinating agency for all emergency services, including medical, using established mutual aid and operational frequencies. The EMS Agency has established a mechanism, both through the contracted provider and the ambulance ordinance, for peak period coverage and back up resources.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

1. Improved communication capability with the primary and secondary Public Safety Answering Points (PSAPs).

**OBJECTIVE:**

1. Support the Silicon Valley Interoperability Project in establishing connections between all CAD's in the County.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

**X** Long-range Plan

CAD to CAD linkages remain a priority in the County and for the Silicon Valley Interoperability Project. However, establishing countywide CAD linkages is a significant project that must be approached through a strategic planning process. No timeline has been established for this objective as it is solely based on identified funding mechanisms.

**STANDARD:**

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

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

**CURRENT STATUS:**

Santa Clara County established four (4) emergency medical transport service areas in 1979 through service agreements with the provider agencies. One service provider discontinued operation in 1993.

**COORDINATION WITH OTHER EMS AGENCIES:**

An agreement has been established with a neighboring EMS agency for response to a remote area shared by the two jurisdictions. There has been no other formalized coordination with other local EMS agencies for mutual medical transport service response areas.

**NEED(S):**

- 1. Agreements with adjacent EMS Agency's and associated providers.

**OBJECTIVE:**

- 1. Execute signed agreements with adjacent EMS Agency's and associated providers.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

**X** Long-range Plan

It is estimated that signed agreements may be able to be in place by the middle of Calendar Year 2006.

**STANDARD:**

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

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

**CURRENT STATUS:**

The EMS Agency monitors all ALS, BLS, Critical Care Transport, and aeromedical transportation services through a County ambulance ordinance. The ordinance has been adopted by a number of municipal jurisdictions within the County, allowing for uniform enforcement and promoting system wide conformity and coordination.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None.

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

Developed a dispatch triage and call prioritization component to its existing Emergency Medical Dispatch program. The system currently responds to all calls with an ALS transport unit and fire first responder. The MPDS system has been implemented in all but one city.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

- 1. Funding for the ongoing development of prioritized dispatch.

**OBJECTIVE:**

- 1. Procure funding for ongoing prioritized dispatch.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

**X** Long-range Plan

Long-range planning is directed at the identification and implementation of long range funding mechanisms.

**STANDARD:**

4.04 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:**

Sufficient Critical Care Transport and basic life support transport vehicles are available to accommodate pre-scheduled transport needs. Transport units in the 911 system can only be used for scheduled transport when system levels are sufficient to provide adequate coverage for the County.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

- 1. Implementation of alternative ALS level interfacility transportation means.

**OBJECTIVE:**

- 1. Implement a paramedic-based critical care interfacility transport program.

**TIMEFRAME FOR OBJECTIVE:**

X Annual Implementation Plan

It is estimated that a paramedic-level critical care interfacility transport program will be implemented by the end of Calendar Year 2005.

Long-range Plan

**STANDARD:**

4.05 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.

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergent responses,:

*[response time standards not listed due to confines of space]*

**CURRENT STATUS:**

The Santa Clara County EMS Agency has established and monitors the response times of all EOA contracted resources on a monthly basis. A performance-based contract helps to ensure that immediate corrections are made if any substandard response trends are identified. Coordinated data permits accurate review of all EOA contracted units.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

- 1. Computer Aided Dispatch (CAD) links with all primary PSAP's.

**OBJECTIVE:**

- 1. Establish CAD links with all primary PSAP's within five (5) years.

**TIMEFRAME FOR OBJECTIVE**

Annual Implementation Plan

X Long-range Plan

The implementation of CAD to CAD linkages is a priority for the County and the Silicon Valley Interoperability Project. Achieving this objective will take considerable time and financial support.

**STANDARD:**

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

**CURRENT STATUS:**

All emergency transport vehicles are equipped and staffed according to current state and local EMS agency regulations. This is accomplished through local policy and procedure, contractual agreement, and local ambulance ordinance.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

4.07 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:**

Qualified public safety agencies and industrial first aid teams have been integrated into the local EMS system.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None.

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

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

- a) authorization of aircraft to be utilized in prehospital patient care,
- b) requesting of EMS aircraft,
- c) dispatching of EMS aircraft,
- d) determination of EMS aircraft patient destination,
- e) orientation of pilots and medical flight crews to the local EMS system, and
- f) addressing and resolving formal complaints regarding EMS aircraft.

**CURRENT STATUS:**

The EMS Agency has developed procedures for EMS aircraft authorization, requesting and dispatching EMS aircraft, patient destination, and complaint resolution, and executed agreements with local air medical providers.

**COORDINATION WITH OTHER EMS AGENCIES:**

The EMS Agency has interacted with a number of local EMS agencies across the state in developing an

aircraft classification process and executing provider agreements with the County.

**NEED(S):**

None at this time.

**OBJECTIVE:**

None at this time.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

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

**CURRENT STATUS:**

Santa Clara County Communications has been designated as the aeromedical and rescue aircraft dispatch center.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None.

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

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

**CURRENT STATUS:**

The availability and staffing of medical aircraft has been identified. An ambulance ordinance is in place which includes standards and minimum requirements for air ambulances. Helicopter (including air ambulances and rescue aircraft) availability are managed through a real-time internet-based tracking system. CAD linkages ensure coordinated dispatch and response. Written agreements were established with all providers in Calendar Year 2004.

**COORDINATION WITH OTHER EMS AGENCIES:**

Coordination has been focused at shared resource utilization. This has been facilitated through the use of an internet-based resource tracking tool.

**NEED(S):**

None.

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

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

**CURRENT STATUS:**

The EMS Agency has not identified formal response practices for the uses of non-traditional EMS resources. Through the creation of a Countywide Medical Response System (CMRS), this item has become a priority due to the demographics of the County.

**COORDINATION WITH OTHER EMS AGENCIES:**

Specialty vehicles are available for response within the local EMS system, and to surrounding jurisdictions, through a mutual aid request.

**NEED(S):**

- 1. An integrated response plan for non-traditional EMS resources.

**OBJECTIVE:**

- 1. Non-traditional resources are integrated into standard EMS response models.

**TIMEFRAME FOR OBJECTIVE:**

X Annual Implementation Plan

It is estimated that a complete inventory of available, non-traditional EMS resources, will be identified by the completion of Calendar Year 2005.

X Long-range Planning

Long-range planning will entail the standard utilization of non-traditional EMS resources in 911 System Responses. Due to the organizational nature of some of the organizations that operate these resources, partial implementation is expected by the middle of Calendar Year 2006.

**STANDARD:**

4.12 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:**

The EMS Agency will be updating the existing Multi-Casualty Incident to expand the scope and to include an "all-hazard" approach. The Plan will include multiple patient, multi-casualty, and mass casualty management operations.

**COORDINATION WITH OTHER EMS AGENCIES:**

Current coordination is limited.

**NEED(S):**

1. Countywide implementation of a tiered-level multiple management plan.
2. Coordinated plans with Region II.

**OBJECTIVE:**

1. Implement a revised multiple patient management plan.
2. Coordinate multiple patient management plans with the Region.

**TIMEFRAME FOR OBJECTIVE:**

**X** Annual Implementation Plan

It is estimated that the multiple patient management plan will be partially implemented by the end of Calendar Year 2005.

**X** Long-range Plan

Long-range planning is focused on the development of the mass-casualty sections of the plan and will include a significant amount of resource guides. Full plan completion and implementation is not expected until the middle of Calendar Year 2007.

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**STANDARD:**

4.13 The local EMS agency shall develop agreements permitting intercounty response of emergency medical transport vehicles and EMS personnel.

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

**CURRENT STATUS:**

Santa Clara County has established one agreement with a neighboring county for a designated auto-aid area. Mutual aid is either obtained or given based on informal verbal arrangements among the surrounding counties.

**COORDINATION WITH OTHER EMS AGENCIES:**

A Medical Mutual Aid work group, comprised of personnel from Santa Clara and the surrounding counties, was established to develop EMS mutual aid policies, procedures, and agreements; however, the work group was not able to resolve the financial responsibility issue, and no written agreements have been established.

**NEED(S):**

1. Establish written mutual aid agreements with surrounding counties.

**OBJECTIVE:**

1. Implement mutual aid request and response policies and procedures.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

**X** Long-range Plan

Based on surrounding county cooperation, it is estimated that mutual aid agreements could be in place by the middle of Calendar Year 2006.

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**STANDARD:**

4.14 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:**

The EMS Agency has developed multi-casualty response plans and procedures, in cooperation with the multi-disciplinary Multiple Casualty Committee. Both the currently active plan, and the new plan, which will be implemented during 2006, are based on the ICS, SEMS, FIREScope and NIMS; and have provisions for on-scene medical management.

The MCI Plan is currently under revision to include multiple patient, multi-casualty, and mass-casualty incidents.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

**X** Annual Implementation Plan

Tiers 1-3 of the revised Plan are scheduled to be implemented in January of 2006.

**X** Long-range Plan

Tiers 4 and 5 of the revised Plan are scheduled to be implemented by the middle of Calendar Year 2007.

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**STANDARD:**

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

**CURRENT STATUS:**

The Santa Clara County Multiple Casualty Incident Plan is in the process of revision. However, early work on the plan has ensured standardization with ICS, SEMS, FIREScope and NIMS.

**COORDINATION WITH OTHER EMS AGENCIES:**

Based on the use of standardized incident management practices, the Plan may be used in any jurisdiction that subscribes to ICS, SEMS, FIREScope and NIMS.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

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

The local EMS agency should determine whether advanced life support units should be staffed with two ALS

crew members or with one ALS and one BLS crew members.

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

**CURRENT STATUS:**

All ALS Ambulances staffed in Santa Clara County have one state licensed and County accredited paramedic and one certified EMT.

All BLS units are required to provide defibrillation capabilities by October of 2006. This will greatly increase the ability of the System to provide rapid care for those suffering from Sudden Cardiac Arrest.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

1. Funding to support BLS providers acquisition of AED equipment.

**OBJECTIVE:**

None

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

Implementation is expected by the end of Calendar Year 2006.

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**STANDARD:**

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

**CURRENT STATUS:**

All ambulances are equipped as stipulated by the EMS Agency Medical Director. The local minimum equipment requirements meet or exceed all state requirements and/or recommendations for both pediatric and adult patients. Inspection of equipment and vehicles is performed as a part of the ambulance ordinance permit process.

Additional inventory requirements have been established for nontraditional response methods. This includes tactical, search and rescue, bike, and other supplemental response teams/units.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None.

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

4.18 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:**

Santa Clara County has an ambulance ordinance which requires adherence to local policy and procedure, and includes both quality improvement and quality assurance mechanisms to assure that transportation agencies are in compliance with clinical care and operational objectives. One transportation agency (Palo Alto fire Department) is outside the limits of the County ordinance, and does not have a written agreement.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

1. A written agreement with Palo Alto Fire Department for medical transportation services.

**OBJECTIVE:**

1. Develop and implement a written agreement with the City of Palo Alto.

**TIMEFRAME FOR OBJECTIVE:**

X Annual Implementation Plan

Work has already begin to work towards a written agreement. Due to changes in the City of Palo Alto Fire Department command structure, the process has been delayed.

X Long-range Plan

It is anticipated that a written agreement will be in place by the end of Calendar Year 2006.

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**STANDARD:**

4.19 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:**

The approved 1995 and annual updated Santa Clara County EMS Plan addressed the development of exclusive operating areas. An update to that information is attached as Attachment E of this plan.

**COORDINATION WITH OTHER EMS AGENCIES:**

The systems and operations of the various California EMS systems will be evaluated for possible adaptation to Santa Clara County's needs.

**NEED(S):**

None.

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

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

**CURRENT STATUS:**

Santa Clara County has an approved EMS Plan which addresses transportation services and a competitive process for ALS service providers.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

4.21 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:**

A mechanism exists to ensure that the providers are in compliance with all applicable policies and procedures.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

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

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**CURRENT STATUS:**

The EMS Agency last reviewed the design of EOA's in 2001.

**COORDINATION WITH OTHER EMS AGENCIES:**

Input and information has been gathered by various other EMS agencies.

**NEED(S):**

1. Quantitative and qualitative information on the current exclusive operating area design.

**OBJECTIVE:**

1. A needs assessment of current service delivery system is completed and identification of any alternatives that better serve the system and patient are identified.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Limited review and planning are under weigh as the current EOA contract with AMR is due for extension in June 2006

Long-range Plan

Long-range planning will focus on a comprehensive review of the existing delivery method. The first opportunity for significant system changes are in June of 2006.

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**STANDARD:**

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

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

**CURRENT STATUS:**

The EMS agency periodically assesses the EMS-related capability of its acute care receiving facilities and specialty care centers, and will be addressing written agreements in the near future. Current work in the area of stroke care will also be factored into these agreements.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

1. Written agreements for participation in the local EMS system.

**OBJECTIVE:**

1. Signed agreements with receiving facilities to participate in the local EMS system.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-Range Plan

It is anticipated that written agreements will be in place by the end of Calendar Year 2006.

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**STANDARD:**

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

**CURRENT STATUS:**

Prehospital triage protocols have been developed, and are currently in use. The EMS Agency has scheduled a comprehensive Trauma System review to occur in the Spring of 2005 which will include the evaluation of the current trauma triage protocol. Transfer agreements are in place at the designated trauma centers with specialty centers (burn, spinal cord, pediatrics, rehab and cardiopulmonary bypass).

**COORDINATION WITH OTHER EMS AGENCIES:**

Work with surrounding EMS agencies to establish standard triage and transfer protocols. Limited formal coordination with surrounding counties is in place at this time.

**NEED(S):**

Evaluation of existing prehospital system triage protocols. Develop formal inter-county agreements for the triage and transfer of patients from adjacent counties.

**OBJECTIVE:**

Review and implement changes to the existing prehospital system triage and transfer protocols as appropriate, based on medical need and preferred transport. Continue research of alternative treatment and transport modalities as identified in various EMS system models.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

X Long-range Plan

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**STANDARD:**

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

**CURRENT STATUS:**

Transfer agreements are in place at the designated trauma centers with specialty centers (burn, spinal cord, pediatrics, rehab and cardiopulmonary bypass).

Although multiple projects have focused on this issue, no standards have yet been developed.

**COORDINATION WITH OTHER EMS AGENCIES:**

There is currently no coordination of patient transfer with other EMS agencies. Any future transfer policies or agreements will be coordinated and agreed to by the affected LEMSAs.

**NEED(S):**

Standard agreements with all hospitals, identifying and detailing level of care capabilities. Assist with the development of transfer guidelines for trauma and other specialty patient groups, which could be used as decision making tools by the emergency department physician in determining an appropriate disposition for EMS patients requiring specialty care.

**OBJECTIVE:**

Develop transfer policies, protocols and guidelines for trauma and other specialty patient groups. Development of receiving hospital agreements, which would identify the need for transfer agreements for specialty patient groups.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

X Long-range Plan

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**STANDARD:**

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

**CURRENT STATUS:**

Formal designation of general receiving facilities has not taken place, all facilities with a basic or comprehensive emergency certification have been allowed to participate in the EMS system. Level I and II Trauma Centers have been designated. Receiving facility monitoring is limited to patient diversion and cardiac arrest outcome reporting. Trauma Centers are regularly reviewed, and participate in multi-disciplinary audit committees.

**COORDINATION WITH OTHER EMS AGENCIES:**

SCCEMS agency has not designated any specialty care facilities in other counties. One receiving facility, located in Santa Clara County, has been designated as a receiving facility for a neighboring county.

**NEED(S):**

Receiving facility designation agreements with all hospitals who wish to participate in the Santa Clara County EMS system need to be developed and implemented. Ensure a process exists to monitor receiving hospitals and specialty care facilities.

**OBJECTIVE:**

Develop and implement receiving facility agreements with all hospitals who wish to participate in the SCCEMS system. Develop and implement specialty care center agreements for specified groups of prehospital patients. Develop a process to monitor receiving hospital and identified specialty care facilities.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

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

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

**CURRENT STATUS:**

Hospitals are encouraged to prepare for mass casualty management. Hospitals participate in planning through representation on the County Multiple Casualty Committee. In addition, the EMS Agency assists the hospitals with preparation for mass casualty management through the Hospital Conference EMS Subcommittee. Procedures are in place to coordinate hospital communications and patient flow.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None at this time.

**OBJECTIVE:**

None at this time

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

X Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

The EMS Agency provides technical assistance, including intra-hospital communications, to area hospitals for multi/mass casualty management, and has supported the implementation of HEICS within local receiving facilities. The Operational Area Disaster Medical Health Plan provides for the management and coordination of these events.

**COORDINATION WITH OTHER EMS AGENCIES:**

The Operational Area Disaster Medical Health Plan works in concert with regional and state emergency plans.

**NEED(S):**

1. Annual exercising of this objective.
2. Greater implementation of the existing internet-based hospital status management system.

**OBJECTIVE:**

1. Annual exercises focus on the components of this objective.
2. The existing internet-based hospital status management system supports inter-hospital communication.

**TIMEFRAME FOR OBJECTIVE:**

X Annual Implementation Plan

It is estimated that annual exercises and the existing internet-based hospital status management system will be expanded by the end of Calendar Year 2005.

Long-range Plan

**STANDARD:**

5.07 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:**

A base hospital has been identified and designated. Three hospitals indicated some interest, but were unable to assume the operational commitment necessary to participate as a base hospital. A medical control evaluation was performed, given the availability of only a single base hospital. Operational procedures were modified to accommodate the single base hospital model, and the designation of the one Base Hospital continued.

**COORDINATION WITH OTHER EMS AGENCIES:**

The EMS Agency has been researching alternative medical control models with the assistance of the other local EMS agencies.

**NEED(S):**

1. A financed and comprehensive review of the existing base hospital program.

**OBJECTIVE:**

1. A comprehensive review of the base hospital program is completed and appropriate changes are made to the existing system.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

**X** Long-range Plan

It is estimated that a comprehensive review will be completed by the middle of Calendar Year 2006.

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**STANDARD:**

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

The number and level of trauma centers (including the use of trauma centers in other counties)

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

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

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

A plan for monitoring and evaluation of the system.

**CURRENT STATUS:**

Santa Clara County Trauma System has been in operation since 1986 with three hospitals that were designated as trauma centers. The population includes 1.7 million population of the County, and an estimated 900,000 population from adjoining counties that generally result in additional 500 out-of-county major trauma patients a year that are transported to one of the designated trauma centers. Santa Clara County Central Trauma Registry shows an average of 5,000 trauma cases are entered on an annual basis, with approximately 2,700 trauma in-patient admissions. Santa Clara County does not use catchment areas due to the number and proximity of the trauma centers. Two trauma centers (Level I & II) are located in the metropolitan area of San Jose and receive majority of the trauma patients from the central and the southern portion as well as receiving transfers from other surrounding counties. Persons injured in the northern area of the County are generally transported to the Level I trauma center located in the northwestern portion of the County. In addition, major trauma victims from the southern portion of San Mateo County and northern portion of Santa Cruz are frequently transported to the Level I trauma center.

Santa Clara County has a defined field trauma triage criteria used by prehospital providers that identifies the major trauma victim (MTV) to be transported to the nearest trauma center. As mentioned above, approximately 5,000 MTV are received at the three trauma centers, most of which are scene calls and others, as interfacility transfers. Because the non-designated trauma hospitals do not collect data about all injuries, we are without the common denominator to accurately determine the over and under-triage rate. The trauma centers are experiencing an approximate 52% overtriage as determined by the number of MTV transported to the hospital that are found to have no significant injuries and are discharged from the emergency department. This results in inefficient use of resources that are dedicated to provide care for more seriously injured patients. Other specialty centers for burns and sexual assault victims are identified in policy.

Santa Clara County has, in addition to the three designated trauma centers, eight other acute care hospitals and one Federal hospital. The non-designated trauma hospitals are invited to participate as members on the County Trauma Audit Committee (TAC), where trauma cases are presented and input from these representatives is encouraged. In addition, four times a year, an educational program in conjunction with the TAC meeting is presented for all health care providers in Santa Clara and surrounding counties.

In addition to the Santa Clara County trauma centers and non-trauma hospitals participating in the Trauma Audit Committee, representatives from the surrounding LEMSAs are also invited to participate. Approximately 500 major trauma patients are transported either from the scene or transferred from out-of-county hospitals to the designated trauma centers for definitive trauma care. Designated trauma centers are required by regulations to have interfacility agreements with sending hospitals to expedite the transfer of trauma patients to their facility. There are currently no intercounty LEMSA agreements in place that recognizes mutual aid, field triage, trauma protocols, trauma data collection, or scene trauma designation policies. These component agreements are critical in providing a standardization for trauma system integrity and enhancing the concept of a seamless trauma system within all the counties that use the trauma resources.

Santa Clara County Trauma System Quality Improvement Plan consists of internal and external process. The internal process requires each designated trauma center to have a formal and fully functional internal medical quality improvement program for its trauma services, that includes its own case reviews by a multi-disciplinary committee.

For the external review, it is the responsibility of the respective trauma medical directors and trauma program managers to identify all trauma cases that meet the Santa Clara County Trauma System minimum medical audit criteria for external review. The identified cases are presented to the Trauma Screening Committee and the Trauma Audit Committee for additional review. The TAC then makes recommendations for improvement for facility care and/or systems enhancement.

Other external reviews consist of periodic audit of each trauma center by the Emergency Medical Services Agency, and a scheduled independent evaluation of trauma care and trauma care system by trauma experts drawn from outside of the County. The review for re-designation is based on meeting the minimum requirements of ACS and state/ county trauma standards.

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

Adjoining counties LEMSAs representatives are invited to become active members on the Santa Clara County Trauma Audit Committee. Trauma data from the designated trauma centers and the Agency's Central Trauma Registry are provided to the counties in aggregate form when requested. Representatives from the designated trauma centers and the County Trauma Systems Program Manager also participate in the Regional Quality Improvement Program in Santa Cruz and San Mateo Counties.

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

Ensure the availability of specialized trauma services to the critically injured patient. Inter-county EMS agency agreements need to be developed and implemented to assure services and resources of the trauma care system are being effectively utilized.

#### **OBJECTIVE:**

Maintain and refine a trauma system that effectively serves patients with critical injuries. Modify the current Trauma Plan to include inter-county agency agreements that will define the ability to transport trauma patients to the Santa Clara County Trauma System by using trauma resources more effectively.

#### **TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

By early 2006, establish and adopt inter-county trauma system agreements with adjoining counties that use the EMS/trauma system.

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#### **STANDARD:**

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

**CURRENT STATUS:**

All EMS system participants, including hospital, pre-hospital, trauma facilities, base station, Emergency Medical Care Commission and consumers have joined in the creation of the trauma system in Santa Clara County. Santa Clara County supports this commitment for a participatory approach for the ongoing planning of trauma services.

**COORDINATION WITH OTHER EMS AGENCIES:**

Santa Clara County receives trauma patients from Santa Cruz, San Benito, Monterey and San Mateo counties. Policy and procedures are shared and discussed for a coordinated effort, although, there is not a formal process for regional policy development.

**NEED(S):**

Ensure an open process for continuing trauma system development. Update the current trauma system plan to include the recent evaluation of the trauma care system. Establish formal inter-county agreements with all adjoining LEMSAs that utilize the Santa Clara County trauma system for trauma patient destination.

**OBJECTIVE:**

Maintain an open process for trauma system planning to include hospital, prehospital and public input. Obtain Board of Supervisors and EMSA approval on the revised Trauma System Plan.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

X Long-range Plan

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**STANDARD:**

5.10 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 hospitals including those that are outside of the primary triage area, and
- g) a plan for monitoring and evaluation of the system.

**CURRENT STATUS:**

Santa Clara County has developed a program for care of critically ill or injured pediatric patients.

**COORDINATION WITH OTHER EMS AGENCIES:**

Efforts for an EMSC System have been coordinated with San Mateo, Alameda, and Contra Costa Counties.

**NEED(S):**

Continue efforts to develop an EMSC system in Santa Clara County. Ensure that the pediatric services provided by the EMS system meets the needs of the critically ill and injured children within the EMS system.

Develop and implement a pediatric system design that incorporates the EMSC components.

**OBJECTIVE:**

Using the EMSC Implementation guidelines, institute a regional EMSC program. Develop and implement a pediatric system based on the components of an EMSC system.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

5.11 Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments 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/quality improvement, and
- f) data reporting to the local EMS agency.

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

**CURRENT STATUS:**

Santa Clara County has developed a program for care of critically ill or injured pediatric patients.

**COORDINATION WITH OTHER EMS AGENCIES:**

Efforts for an EMSC System have been coordinated with San Mateo, Alameda, and Contra Costa Counties.

**NEED(S):**

Continue efforts to develop an EMSC system in Santa Clara County. Ensure that the pediatric services provided by the EMS system meets the needs of the critically ill and injured children within the EMS system. Develop and implement a pediatric system design that incorporates the EMSC components.

Funding to support the ongoing EMSC development process.

**OBJECTIVE:**

Using the EMSC Implementation guidelines, institute a regional EMSC program. Develop and implement a pediatric system based on the components of an EMSC system.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

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

**CURRENT STATUS:**

The planning process for Santa Clara County's EMSC system included a multi-disciplinary task force with members from hospitals, trauma centers, PICN, National EMSC Resource Alliance, consumers, pre-hospital and interfacility transport agencies. Currently, this is not an active task force but will be reconvened in 2006.

**COORDINATION WITH OTHER EMS AGENCIES:**

Efforts for an EMSC System have been coordinated with San Mateo, Alameda, and Contra Costa Counties.

**NEED(S):**

Continue EMS stakeholder input and evaluation of the pediatric emergency medical and critical care system development and implementation.

**OBJECTIVE:**

Ensure continued stakeholder input and evaluation of the pediatric emergency medical and critical care system development and implementation.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

X Long-range Plan

**STANDARD:**

5.13 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, and
- e) a plan for monitoring and evaluation of the system.



**CURRENT STATUS:**

The EMS Agency has Trauma, Burn and Pediatric Trauma care as the only specialty care plans for EMS-targeted clinical conditions. These are addressed elsewhere in this plan. Spinal Cord Injury and Rehab care are addressed in the Trauma Plan.

**COORDINATION WITH OTHER EMS AGENCIES:**

Excluding trauma, there is no coordination for other specialty care activities.

**NEED(S):**

A specialty care needs assessment.

**OBJECTIVE:**

Assess the need for various types of specialty care within the EMS system. Examples may include specialty stroke care, cardiac care (angioplasty, by-pass, etc.), re-implantation, and high-risk obstetrics.

Develop plan for and implement specialty care centers within the EMS system as the need for specialty care is identified.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

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**STANDARD:**

5.13 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, and
- e) a plan for monitoring and evaluation of the system.

**CURRENT STATUS:**

The EMS Agency currently has Trauma, Burn and Pediatric Trauma care as the only specialty care plans for EMS-targeted clinical conditions. These are addressed elsewhere in this plan. Spinal Cord Injury and Rehab Care are addressed in the Trauma Plan. The EMS Agency has developed a Cardiac Care Task Force, which is actively assessing the need for identification of Cardiac Care Centers and optimal Cardiac Care System Design. In July 2004, the Stroke Care Task Force was developed and is currently evaluating the need for a Stroke Care System.

**COORDINATION WITH OTHER EMS AGENCIES:**

The EMS Agency works with the neighboring county LEMSA's to ensure the coordinated delivery of trauma care to out-of-county patients utilizing the SCC Trauma System. Representatives from the local LEMSA's are also involved in TAC and the SCC Stroke Task Force process.

**NEED(S):**

Assess and identify the needs of specialty care populations that would benefit from an EMS systems approach to optimal care. Develop system plans for the EMS targeted population.

**OBJECTIVE:**

Identify the need for specialty care centers within the EMS system. Examples may include specialty care centers for stroke care, cardiac care, acute spinal cord and high-risk obstetrics.

Develop, plan and implement specialty care centers within the EMS system as the need for specialty care is identified.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

**X** Long-range Plan

X Long-range Plan

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**STANDARD:**

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

**CURRENT STATUS:**

All planning in the EMS system occurs with input from prehospital providers, hospital providers and consumers. This is accomplished through various advisory committees and the Emergency Medical Care Commission.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

Ensure an open process for specialty care system development.

**OBJECTIVE:**

Keep the process used for developing specialty care systems open to the public.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

X Long-range Plan

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**STANDARD:**

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

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

**CURRENT STATUS:**

The EMS Agency has an approved QA/QI Plan in place, and is working to fully implement that Plan. Current QA/QI programs include aspects of the prehospital response, BLS Optional Skills, trauma center care, and Base Hospital operation and medical care. Most data is compiled and evaluated manually, severely limiting the amount of QA/QI that is performed. Mechanisms for identifying preventable morbidity and mortality are in place for the trauma system and BLS Optional Skills, and are being developed for the remainder of the system. Information from non-trauma receiving hospitals is limited to cardiac arrest outcome. The EMS Agency must rely on anecdotal information, and is not able to perform detailed study and analysis.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

Develop a system wide QA/QI plan based on the State EQIP guidelines.

**OBJECTIVE:**

Ensure the development and implementation of a system wide QA/QI plan based on the State EQIP

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guidelines.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

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

**CURRENT STATUS:**

A completed copy of the patient care record shall accompany every patient and be delivered to the health care provider receiving the patient upon arrival at the hospital.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

A computer-based patient record is required for retrieval, and review of the records.

**OBJECTIVE:**

Select and implement a prehospital computerized data system.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

6.03 Audits of prehospital care, including both system response and clinical aspects, shall be conducted.

The local EMS agency should have a mechanism to link prehospital records with dispatch, emergency department, in-patient and discharge records.

**CURRENT STATUS:**

Audits of system response related to prehospital care are being done. No electronic mechanism is in place to link prehospital records with dispatch. In-patient and discharge records have no link that allows for clinical audit.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

A prehospital computerized data system is needed to initiate the electronic link from system response to clinical outcome. Patient outcome will be linked once a unique identifier has been developed and implemented.

**OBJECTIVE:**

Select and implement a prehospital computerized data system that will meet the needs of the system.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

6.04 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:**

Two communications centers have been accredited as MPDS Centers of Excellence. These two centers cover approximately 80% of the EMS dispatches. Pre-arrival and post dispatch directions are provided according to policies and procedures approved by the EMS Medical Director, and are routinely reviewed by the appropriate staff.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

Coordinated countywide implementation of priority dispatching and pre-/post-arrival instructions, and accompanying QA/QI activities.

**OBJECTIVE:**

Countywide implementation of priority dispatch and pre-post-arrival instructions.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

6.05 The local EMS agency shall establish a data management system which supports its systemwide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

The local EMS agency should establish an integrated data management system which includes system response and clinical (both prehospital and hospital) data.

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

**CURRENT STATUS:**

The EMS Agency is in the process of re-establishing a data management system, which will monitor and report on EMS system operations. The current system only reports on the demographics of the responses without any clinical data capture.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not Applicable

**NEED(S):**

Evaluate the current data systems and identify the resources needed to link the data systems. Establish a process to link hospital outcome data to prehospital patients.

**OBJECTIVE:**

Develop a data system which supports systemwide planning and evaluation which is based on state standards.

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**STANDARD:**

6.05 The local EMS agency shall establish a data management system, which supports its system wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

The local EMS agency should establish an integrated data management system, which includes system response and clinical (both prehospital and hospital) data.

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

**CURRENT STATUS:**

The EMS Agency is in the process of evaluating the current data management system and identifying potential links to outside data systems. Through the development of links to already existing data basis within the EMS System the agency would be able to monitor and report on EMS system clinical and system response operations. The current Prehospital data system only reports on the demographics of the responses without any clinical data capture. The trauma registry currently meets the standard; although, the EMS Agency continues to try and identify a workable link between the prehospital patients care records and the registry database.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not Applicable

**NEED(S):**

Evaluate the current data systems and identify the resources needed to link the data systems. Establish a process to link hospital outcome data to prehospital patients.

**OBJECTIVE:**

Develop a data system, which supports system wide planning and evaluation, which is based on state standards.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

X Long-range Plan

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

**X** Long-range Plan

**STANDARD:**

6.06 The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

**CURRENT STATUS:**

In 2004, the EMS Agency commissioned a contractor to review the EMS System. The focus was aimed at the performance of the primary EOA contractor but also included a review of the system in its entirety. The recommendations of this report are being factored into projected enhancements to the EMS system and operations performed by the contractor.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

- 1. Implementation of appropriate system modifications.

**OBJECTIVE:**

- 1. Appropriate and applicable changes are made to the EMS system.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

**X** Long-range Plan

It is estimated that appropriate modifications to the EMS system will be completed by the middle of Calendar Year 2006.

**STANDARD:**

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

**CURRENT STATUS:**

Regulatory changes made in October of 2004 will provide the standards necessary to ensure all providers participate in system wide evaluation.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

- 1. Implementation of the EQIP

**OBJECTIVE:**

- 1. The EQIP is implemented by all levels of provider in the County.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

It is estimated that all providers will participate in the EQIP by the middle of Calendar Year 2006.

**STANDARD:**

6.08 The local EMS agency shall, at least annually report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

**CURRENT STATUS:**

Upon completion of the planned system evaluation, results will be forwarded to the appropriate governing bodies.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None.

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

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

**CURRENT STATUS:**

Audit processes are in place to review and evaluate advanced life support treatment. A comprehensive data management system based on EMSA guidelines which will include prehospital, base and receiving hospital data is being developed which will improve the EMS Agency's audit and review capability.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

A systemwide process to provide feedback to prehospital care personnel on patient outcomes. A systemwide CQI process that meets system needs and State guidelines. Funding to support the ongoing development and procurement of a comprehensive data management system.

**OBJECTIVE:**

Implement a systemwide process to provide feedback to prehospital care personnel on patient outcomes. Implement a systemwide CQI process that meets system needs and State guidelines.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

X Long-range Plan

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**STANDARD:**

6.10 The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: 1) 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:**

In 1998, Santa Clara County EMS Agency purchased a customized version of the COLLECTOR software trauma registry for installation in the three designated trauma centers and the EMS Agency. The COLLECTOR is a user-friendly software that allows the users to query on all fields and provides the ability to generate reports with great flexibility. Trauma centers download two months of trauma data to the Agency's Central Trauma Registry on a bi-monthly basis. Once the data is received by the Agency, periodic checks are made for accuracy and completion. Reports are generated for research, prevention activities, needs assessments, quality performance, and the Annual Trauma System Report.

Pre-Trauma Audit Committee Screening Committee (Pre-TAC) composed of trauma center and EMS medical director and program manager, review trauma cases identified through established audit filters, for consideration of further review at the larger committee of TAC that convene on a bi-monthly basis. TAC is a multidisciplinary group made up of trauma surgeons, trauma program managers, representatives from various subspecialties, trauma centers, non-trauma hospitals, pre-hospital providers and the EMS Agency staff, which after such trauma reviews, identify preventable/non-preventable deaths and make recommendations for areas of improvement to the trauma centers and the EMS Agency.

**COORDINATION WITH OTHER EMS AGENCIES:**

Santa Clara County is the only area trauma system with designated trauma centers that serve four adjoining counties: San Mateo, Santa Cruz, San Benito, and Monterey. County EMS Medical Directors from San Mateo, Santa Cruz, and San Benito are active members on the Santa Clara County Trauma Audit Committee (TAC). Santa Clara County Trauma System collaborates with these counties by providing trauma data derived from out-of-county trauma patients care that are scene calls or interfacility transfers to one of the designated trauma centers, which is used in their quality improvements programs for clinical review and reports. Santa Clara facility trauma program managers and the trauma systems program manager are invited to sit on these committees.

**NEED(S):**

Santa Clara County needs to develop receiving facility agreements to establish an inclusive trauma care system. Establishment of an inclusive trauma system will assist in recognizing the incidence of injury, outcome, and over-undertriage rates through collaborative injury data collection.

**OBJECTIVE:**

Develop and implement a modified version of the trauma registry in all Santa Clara County acute care hospitals to facilitate emergency operations, improve quality improvement activities and collect epidemiological data for research and prevention activities.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

X Long-range Plan

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**STANDARD:**

6.11 The local EMS agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information which is required for quality assurance/quality improvement and system evaluation.

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

**CURRENT STATUS:**

Designated trauma centers are required by contract to electronically download non-identifiable patient specific data to the Central Trauma Registry located at the EMS Agency office. Yearly schedules are provided to the trauma program staff indicating the time period parameter and the date that downloads are due. In addition, cases are identified that meet a minimum audit filter that are to be presented to the Pre-TAC Screening Committee for consideration of further review at the larger Trauma Audit Committee (TAC). TAC convenes six times a year for systems review and recommendations for enhancement. Four out of the six meetings also include special presentation for educational purposes that are open to all health care providers and interested parties.

All trauma cases that have been reviewed by the Pre-TAC Screening Committee are documented and shared with the larger committee. TAC cases that receive further review are recorded as to preventability and quality of care . It is also documented if there are further recommendations for enhancement or changes in clinical protocols or policies made to the EMS agency. Careful monitoring of loop closure is accomplished.

Data is not currently collected from the non-trauma hospitals. There are constraints from obtaining such data because of confidentiality and lack of resources. At this time, there is little incentive for the non-trauma hospitals to participate in such data collection and there is no mandate to do so. At the present time, coroner's death reports are reviewed for deaths that may have occurred out of the trauma system to determine need for follow-up. However, the Coroner's database is limited in being able to determine when the injury event actually occurred i.e., recent or as a late-effect related death.

The Santa Clara County Trauma Registry that is installed in each designated trauma center had been customized to meet the needs of the trauma centers and system. Assessment of the trauma registry for further revisions takes place approximately every two years.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

There is a need to have a more inclusive and comprehensive injury data collection system that will involve all acute care hospitals at some level. This would provide an ability to assess the needs of all injuries that occur and be able to affect changes in targeted prevention activities and decrease further deaths and disabilities. Investigation of funding for such expansion would need to be done if any incentive would be a consideration. A modified trauma registry would have to be developed to make it more attractive and user-friendly to limit the amount of energy or resources that would be required to operate such a program. Another consideration would be mandating participation of all acute care facilities in data collection. There is little chance of success without clearly defined incentives for the collaboration of hospitals in participating in such an endeavor.

**OBJECTIVE:**

Develop and implement receiving hospital agreements that would include the requirement for non-trauma hospitals to participate in injury data collection program

**TIMEFRAME FOR OBJECTIVE:**

X Annual Implementation Plan

Long-range Plan

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**STANDARD:**

7.01 The local EMS agency shall promote the development and dissemination of information materials for the public which address:

- 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 and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- f) appropriate utilization of emergency departments.

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

**CURRENT STATUS:**

The EMS Agency coordinates with the Santa Clara County Department of Public Health in prevention and reduction of health risks in target areas, and has included public CPR training requirements within the early defibrillation program agreements with the fire service providers. Much of the routine PI&E responsibility has been delegated to the contract ALS provider. AMR-West, on a monthly basis reports these activities to the EMS Agency.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

1. Greater breadth of public communication is necessary.
2. Greater emphasis on alternative medical care methods must be identified and then promoted throughout the community.

**OBJECTIVE:**

1. A coordinated public education program exists and provides a well-defined and diverse series of established public affairs messages.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

Based on available funding, it is estimated that a coordinated public education program is possible but is dependant on sustained financial support.

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**STANDARD:**

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

The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of illness or injury.

**CURRENT STATUS:**

The EMS Agency coordinates with the Santa Clara County Department of Public Health in prevention and reduction of health risks in target areas.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

- 1. Additional funding to support educational programs.

**OBJECTIVE:**

- 1. To obtain funding to support educational programs is provided on a continuous basis.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

**X** Long-range Plan:

Long-range planning in this area will focus on the procurement of funding opportunities.

**STANDARD:**

7.03 The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen 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:**

The majority of citizen disaster preparedness activities have been addressed through various grant resource opportunities.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable at this time.

**NEED(S):**

- 1. Funding to support State mandated disaster preparedness requirements.
- 2. Additional EMS Agency and OES staff.

**OBJECTIVE:**

- 1. Grant funding is obtained to support citizen disaster preparedness activities.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

**X** Long-range Plan

Based on the ability to procure grant funding, citizen disaster preparedness activities will be addressed countywide.

**STANDARD:**

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

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

**CURRENT STATUS:**

The EMS Agency has established public CPR and first aid training requirements within its contract with its advanced life support provider and early defibrillation providers. An overall goal and target groups have not yet

been established.

A wide variety of public service organizations (American Heart Association, American Red Cross, etc.) provide CPR classes that are open to the public. Many local companies also have highly developed Emergency Response Team programs for their employees. All cities have well-developed disaster training for their residents that includes first-aid issues related to disasters.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

1. Identification of target groups, and a cost assessment of providing CPR and first aid training to those groups.

**OBJECTIVE:**

1. Establish a lay public training CPR and first aid training goal.
2. Modify existing agreements to meet adopted goals.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

8.01 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:**

In coordination with the Operational Area, the EMS agency has participated in the development of a Disaster Medical Health Plan which provides for the continued delivery of medical care during disasters. The Agency continues to collaborate with the San Jose Office of Emergency Services in the development and revision of the Metropolitan Medical Response System.

**COORDINATION WITH OTHER EMS AGENCIES:**

Disaster planning is coordinated with the Region II Disaster Medical Health Coordinator.

**NEED(S):**

None.

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

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:**

The existing medical response plans for catastrophic disasters includes provisions for handling toxic substance incidents; and was developed using the state multi-hazard functional plan.

**COORDINATION WITH OTHER EMS AGENCIES:**

The Disaster Medical Health Plan incorporates the use of SEMS and the Region II RDMHC.

**NEED(S):**

None.

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

8.03 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:**

Roles and responsibilities for hazardous material incident response have been established; and personnel have been trained and equipped commensurate with their individual roles. The Agency actively supports continuing education in this area through a variety of exercises, drills and funding sources.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

1. Greater voluntary participation by field providers.

**OBJECTIVE:**

1. Field providers actively take advantage of funded educational opportunities.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

It is estimated that field providers will be made aware of fully funded educational opportunities by the end of Calendar Year 2005.

Long-range Plan

Long-range planning has been focused on the development of training standards that are beyond the basic components of EMT certification and paramedic licensure. It is anticipated that a standard policy will be implemented by the end of Calendar Year 2005 and that all system providers will be afforded fully funded training by the end of Calendar Year 2006.

---

**STANDARD:**

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

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

**CURRENT STATUS:**

All multiple casualty and disaster response plans are designed using ICS for field management. Current training is being scheduled to bring all private EMS providers up to the ICS 200 level. Fire service providers have already met this standard.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

- 1. Procure funding for system wide ICS training to the 200 level.

**OBJECTIVE:**

- 1. System wide, fully funded, training is provided to all EMS system participants.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

**X** Long-range Plan

It is estimated that funding and the delivery of training to the ICS 200 level will be completed by the middle of Calendar Year 2006.

**STANDARD:**

8.05 The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

**CURRENT STATUS:**

Casualty distribution procedures have been developed and are outlined in the Disaster Medical Health Plan.

**COORDINATION WITH OTHER EMS AGENCIES:**

The casualty distribution policies utilize facilities within the local jurisdiction only, and have not been coordinated with other local area EMS agencies.

**NEED(S):**

- 1. Establish a revised mechanism for regional distribution of casualties.

**OBJECTIVE:**

- 1. A revised regional casualty distribution policy.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

**X** Long-range Plan

Long-range planning is focused on increased participation of the Region in the identification of Regional planning efforts.

**STANDARD:**

8.06 The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions. The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

**CURRENT STATUS:**

Communication links are in place to convey emergency requests both to the region and the state. These linkages are available both at the Department DEOC and the Operational Area EOC.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None.

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

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

**CURRENT STATUS:**

Several frequencies have been designated for interagency communication and coordination during disaster operations. These frequencies are service specific to prevent over-utilization, and are all accessible by the local area emergency operations center. The EMS system is in the process of implementing the 2004/2005 EMS Communications Enhancement Plan. In addition, a countywide, multidisciplinary radio frequency has been established and is usable by all emergency response disciplines.

**COORDINATION WITH OTHER EMS AGENCIES:**

The EMS Agency has actively assisted the operational area in developing a coordinated disaster communication network.

**NEED(S):**

1. Fully funded and implemented statewide EMS communications channels.

**OBJECTIVE:**

1. A fully-funded statewide EMS communications channel is in place and regularly utilized by statewide partners.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

**X** Long-range Plan

Long-range planning is based on efforts made by the State to establish a fully-funded statewide EMS communications channel.

---

**STANDARD:**

8.08 The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

**CURRENT STATUS:**

A disaster medical resource inventory is included in the Disaster Medical Health Plan.

**COORDINATION WITH OTHER EMS AGENCIES:**

Available resource availability should be shared with neighboring jurisdictions.

**NEED(S):**

- 1. Coordinated resource availability with the Region.

**OBJECTIVE:**

None

**TIMEFRAME FOR OBJECTIVE:**

- X Annual Implementation Plan

It is estimated that a countywide inventory will be completed and submitted to EMSA and the Region by the end of Calendar Year 2005.

- X Long-range Plan

Long-range planning is based on the actions of the Region to ensure Region-wide resource management.

**STANDARD:**

8.09 The local EMS agency shall establish and maintain relationships with DMAT teams in its area. The local EMS agency should support the development and maintenance of DMAT teams in its area.

**CURRENT STATUS:**

Santa Clara County maintains a relationship with the local DMAT (CA-6).

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None at this time.

**OBJECTIVE:**

None at this time

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

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

**CURRENT STATUS:**

There are no mutual aid agreements with any other counties.

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**STANDARD:**

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

**CURRENT STATUS:**

There are no mutual aid agreements with any other counties.

**COORDINATION WITH OTHER EMS AGENCIES:**

A Bay Area Medical Mutual Aid task force was set up to develop mutual aid agreements among the local counties; however, a resolution on the financial responsibility issue could not be reached, and formal agreements have not been established. Informal mutual aid request procedures have been created, and verbal agreements for mutual aid support established. Santa Clara County and Santa Cruz County have approved an automatic aid agreement for response to an isolated area shared by the two EMS systems through the partner fire mutual aid system, but do not have a general mutual aid agreement.

**NEED(S):**

1. Political and financial support for mutual aid agreement development.
2. Coordinated mutual aid plans for medical health and other health resources.

**OBJECTIVE:**

1. Coordinated mutual aid agreements in place within the Region.

**TIMEFRAME FOR OBJECTIVE:**

Long-range Plan

**COORDINATION WITH OTHER EMS AGENCIES:**

A Bay Area Medical Mutual Aid task force was set up to develop mutual aid agreements among the local counties; however, a resolution on the financial responsibility issue could not be reached, and formal agreements have not been established. Informal mutual aid request procedures have been created, and verbal agreements for mutual aid support established. Santa Clara County and Santa Cruz County have approved an automatic aid agreement for response to an isolated area shared by the two EMS systems, but do not have a general mutual aid agreement.

**NEED(S):**

- 1. Political and financial support for mutual aid agreement development.
- 2. Coordinated mutual aid plans for mental health and other health resources.

**OBJECTIVE:**

- 1. Coordinated mutual aid agreements in place within the Region.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

**X** Long-range Plan

**STANDARD:**

8.11 The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate casualty collection points (CCPs).

**CURRENT STATUS:**

The EMS Agency is in the process of procuring mobile casualty collection point trailers and associated supplies. Once equipment and supplies are obtained, the EMS Agency will focus on the development of pre-identified CCP locations.

**COORDINATION WITH OTHER EMS AGENCIES:**

Future coordination opportunities exist.

**NEED(S):**

- 1. Established CCP operations locations.
- 2. System wide training on CCP operations.
- 3. Sustained funding to support CCP operations and re-supply.

**OBJECTIVE:**

- 1. CCP locations are established countywide.
- 2. All system participants are trained in CCP operations.
- 3. Sustained funding sources are in-place to support CCP operations including re-supply.

**TIMEFRAME FOR OBJECTIVE:**

**X** Annual Implementation Plan

It is estimated that CCP locations will be established by the end of Calendar Year 2005.

**X** Long-range Plan

It is estimated that system providers will be trained on CCP operations by the end of Calendar Year 2006. Funding considerations are submit to identified on-going sources that will enable continuation of the program.

---

**STANDARD:**

8.12 The local EMS agency, in cooperation with the local OES, shall develop plans for establishing CCP's and a means for communicating with them.

**CURRENT STATUS:**

In 2004, complete communications packages have been acquired for four in-county CCP's. This includes radio and satellite telephone communication ability.

**COORDINATION WITH OTHER EMS AGENCIES:**

Future opportunity exists for coordination in this area.

**NEED(S):**

1. Funding for sustained communications system support.

**OBJECTIVE:**

1. Funding that provides for sustained communication system support is in place.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

Long-range planning will focus on identification of sustained communication system funding.

---

**STANDARD:**

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.

The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

**CURRENT STATUS:**

Disaster medical training is under continuous revision to meet changing needs and requirements. The EMS Agency is in the process of implementing a countywide policy that addresses system wide CBRNE training requirements.

**COORDINATION WITH OTHER EMS AGENCIES:**

Future coordination opportunities exist.

**NEED(S):**

1. Additional funding to support system wide training initiatives.
2. Sustained funding to support system wide training initiatives.

**OBJECTIVE:**

1. Additional funding sources, including sustained methods, are identified and are in place to ensure that all system providers have access to coordinated training opportunities.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

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

The EMS Agency has encouraged all area hospitals to integrate their disaster plans with the County's medical response plan. The EMS Agency is currently a member of the Emergency Preparedness subcommittee of the local Hospital Council to address such issues.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None.

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

8.15 The local EMS agency shall ensure that there is an emergency system for interhospital communications, including operational procedures.

**CURRENT STATUS:**

The EMS Agency has greatly expanded available radio communications methods.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

1. System wide training and familiarity with enhanced communications systems.

**OBJECTIVE:**

1. All facilities are familiar with the use of enhanced communications systems.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

**X** Long-range Plan

It is estimated that all hospitals will be familiar and operationally proficient in the use of the expanded communication system by the middle of Calendar Year 2006.

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**STANDARD:**

8.16 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.

The local EMS agency should ensure the availability of training in management of significant medical incidents for all prehospital medical response agencies and acute-care hospitals in its service area.

**CURRENT STATUS:**

The EMS Agency has recognized the need for updated plans in this area.

**COORDINATION WITH OTHER EMS AGENCIES:**

Future opportunities exist in this area.

**NEED(S):**

1. Updated plans with all prehospital medical response agencies.

**OBJECTIVE:**

1. Update response plans are in place with all medical response agencies.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

It is estimated that first-draft plan revisions will be in place by the end of Calendar Year 2005.

Long-range Plan

Long-range planning will focus on fully integrated and updated prehospital medical response plans from all agencies within the County.

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**STANDARD:**

8.17 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:**

A clear mutual aid policy is under development.

**COORDINATION WITH OTHER EMS AGENCIES:**

Future opportunities exist.

**NEED(S):**

1. Formal adoption of inter-county medical mutual aid agreements between Santa Clara County, the adjacent counties, and Region II.

**OBJECTIVE:**

1. Revised mutual aid policies are in place.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

It is estimated that a formal medical mutual aid policy will in be in place by the end of Calendar Year 2005.

Long-range Plan

Long-range planning will focus on fully coordinated mutual aid policies and plans throughout the Region.

---

**STANDARD:**

8.18 Local EMS agencies developing trauma or other specialty 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:**

The County's Multiple Casualty Incident Plan was recently revised for better integration with specialty care services. Current triage and transport policies have been designed to accommodate trauma and other specialty care systems during significant medical incidents, and to limit their impact on day-to-day operations. Contingencies have also been developed to implement operational changes in the event a significant medical incident threatens to disrupt day-to-day operations or negatively impact receiving facility or specialty care service.

**COORDINATION WITH OTHER EMS AGENCIES:**

Policy, procedures and planning efforts are shared and discussed for a coordinated effort.

**NEED(S):**

None.

**OBJECTIVE:**

None.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**STANDARD:**

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.

**CURRENT STATUS:**

The Santa Clara County ambulance ordinance contains language, superseding all exclusive contracts and agreements for medical transportation vehicles, which allows for exclusivity to be waived and for utilization of non-permitted medical transportation resources in the event of a significant medical incident.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):** None.

**OBJECTIVE:** None.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**

System Organization and Management

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: CY 2004

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: Santa Clara

Basic Life Support (BLS)	<u>0%</u>
Limited Advanced Life Support (LALS)	<u>0%</u>
Advanced Life Support (ALS)	<u>100 %</u>

2. Type of agency

a

- 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 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)	<u>x</u>
Designation of trauma centers/trauma care system planning	<u>x</u>
Designation/approval of pediatric facilities	—
Designation of other critical care centers	<u>x</u>
Development of transfer agreements	—
Enforcement of local ambulance ordinance	<u>x</u>
Enforcement of ambulance service contracts	<u>x</u>
Operation of ambulance service	—
Continuing education	<u>x</u>
Personnel training	<u>x</u>

**Table 2 - System Organization & Management (cont.)**

Operation or oversight of EMS dispatch center	<u>  X</u>
Non-medical disaster planning	—
Administration of critical incident stress debriefing (CISD) team	—
Administration of disaster medical assistance team (DMA T)	—
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>  X</u>
Other:	
Other:	
Other:	

**Table 2 - System Organization & Management (cont.)**

**5. EMS Agency Budget for FY 2004**

**A. EXPENSES**

Salaries and benefits (All but contract personnel Contract Services (e.g. medical director)	<b>\$1,242,785</b>
Operations (e.g. copying, postage, facilities)	<b>\$12,500</b>
Travel	<b>\$8,873</b>
Fixed assets	<b>\$50,000</b>
Indirect expenses (overhead)	<b>\$17,600</b>
Ambulance subsidy	<b>\$0</b>
EMS Fund payments to physicians/hospital	<b>\$815,728</b>
Dispatch center operations (non-staff)	<b>N/A</b>
Training program operations	
Other: <b>Contract Services</b>	<b>\$764,088</b>
Other: Services, supplies and Other	<b>\$38,802</b>
Other: PC Hardware, Software, Equip., Small Tool etc	<b>\$13,903</b>
<b>TOTAL EXPENSES</b>	<b>2,148,551</b>

**Note:** \$51,942 of EMS portion of SB12 Funds were unspent in FY05 and are carried over to FY06

**Table 2 - System Organization & Management (cont.)**

**B. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$0
Office of Traffic Safety (OTS)	\$0
State general fund	\$0
County general fund	\$1,102,450
Other local tax funds (e.g., EMS district)	\$0
County contracts (e.g. multi-county agencies)	\$0
Certification fees	\$48,000
Training program approval fees	\$0
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	\$0
Base hospital application fees	\$0
Trauma center application fee	\$0
Trauma center designation fees	\$150,000
Pediatric facility approval fees	\$0
Pediatric facility designation fees	\$0
Other critical care center application fees	\$0
Type: _____	
Other critical care center designation fees	\$0
Type: _____	
Ambulance service/vehicle fees	\$200,000
Contributions	_____
EMS Fund (SB 12/612)	\$648,101
Other grants: _____	\$0
Other fees: _____	\$0
Other (specify): _____	\$0
<b>TOTAL REVENUE</b>	<b>\$2,148,551</b>

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.  
IF THEY DON'T, PLEASE EXPLAIN BELOW.*

**Table 2 - System Organization & Management (cont.)**

6. Fee structure for FY 2004

We do not charge any fees

Our fee structure is:

First responder certification	\$ _____
EMS dispatcher certification	_____
EMT-I certification	\$50
EMT-I recertification	\$50
EMT-defibrillation certification	N/A
EMT-defibrillation recertification	_____
EMT-II certification	N/A
EMT-II recertification	N/A
EMT-P accreditation	\$150
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	\$25
MICN/ARN recertification	_____
EMT-I training program approval	\$1,000
EMT-II training program approval	\$1,000
EMT-P training program approval	\$5000
MICN/ARN training program approval	_____
Base hospital application	N/A
Base hospital designation	N/A
Trauma center application	\$8,000
Trauma center designation	\$50,000
Pediatric facility approval	_____
Pediatric facility designation	_____

Other critical care center application

Type: \_\_\_\_\_

Other critical care center designation

Type: \_\_\_\_\_

Ambulance service license \$5,000

Ambulance vehicle permits \$800

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 2004.

**Table 2 - System Organization & Management (cont.)**

EMS System: Santa Clara County

Reporting year: FY 2005

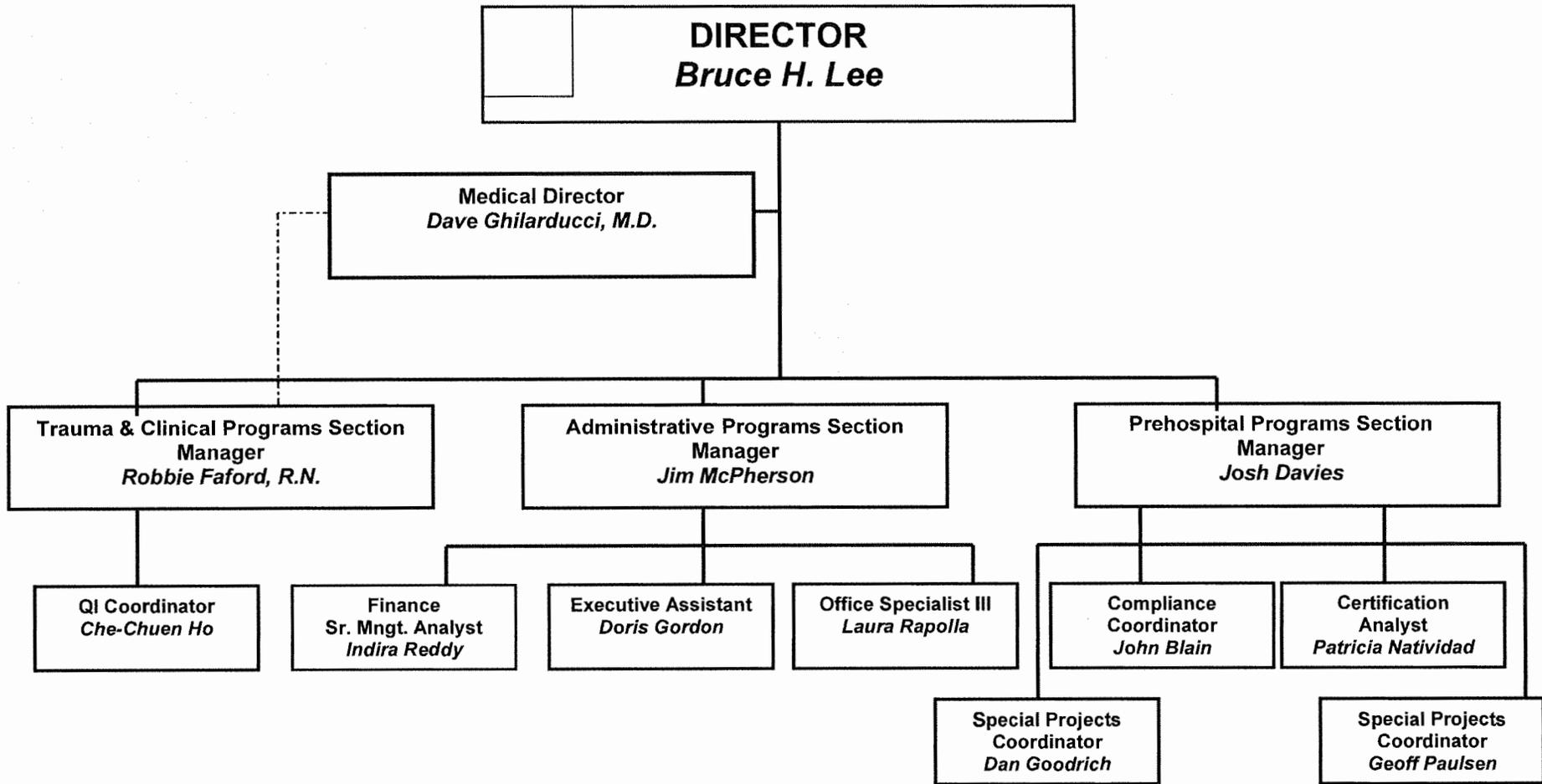
CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Director	1.0	\$53.66	30%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Administrative Section Manager	1.0	\$41.61	30%	
ALS Coord./Field Coord./ Training Coordinator	Prehospital Programs Section Manager	1.0	\$40.60	30%	
Training Coordinator	Certification Analyst	1.0	\$29.42	30%	
Program Coordinator/ Field Liaison (Non-clinical)	Compliance Coordinator	1.0	\$40.60	30%	
Trauma Coordinator	Trauma & Clinical Programs Section Manager	1.0	\$46.54	30%	
Medical Director	EMS Medical Director	0.5	\$120.00	No benefits PERS only	
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner	Special Projects Coordinator	1.0	\$39.06	30%	
Disaster Medical Planner	Special Projects Coordinator	1.0	\$35.42	30%	

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

**Table 2 - System Organization & Management (cont.)**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator	Quality Improvement Coordinator	1.0	\$40.60	30%	
Public Info. & Education Coordinator					
Executive Secretary	Executive Assistant	1.0	\$25.31	30%	
Other Clerical	Office Specialist III	1.0	\$20.85	30%	
Data Entry Clerk					
Other: Finance Analyst	Finance Senior Management Analyst	1.0	\$39.06	30%	

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.



**TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training**

EMS System: SANTA CLARA COUNTY EMERGENCY MEDICAL SERVICES

Reporting Year: FY 2004

**NOTE:** Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total Certified	495	N/A	50	5	N/A
Number newly certified this year	120	N/A	50	2	N/A
Number recertified this year	375	N/A	N/A	3	N/A
Total number of accredited personnel on July 1 of the reporting year	1065	N/A	651	26	N/A
Number of certification reviews resulting in:					
a) formal investigations (Total inc. reviewed)	3	0	1 = Referred to State EMS Authority	0	0
b) probation	0	N/A	0	0	N/A
c) suspensions	0	N/A	0	0	N/A
d) revocations	1	N/A	0	0	N/A
e) denials	0	N/A	0	0	N/A
f) denials of renewal	0	N/A	0	0	N/A
g) no action taken	2	N/A	0	0	N/A

1. Number of EMS dispatchers trained to EMSA standards: N/A
2. Early defibrillation:
  - a) Number of EMT-I (defib) certified N/A
  - b) Number of public safety (defib) certified (non-EMT-I) N/A
3. Do you have a first responder training program  yes  no

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications**

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: 2004

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

1. Number of primary Public Service Answering Points (PSAP) 13
2. Number of secondary PSAPs 3
3. Number of dispatch centers directly dispatching ambulances 2 emergency; 9 nonemergency
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system? Yes X No \_\_\_\_\_
  - a. Radio primary frequency 38.01 mHz
  - b. Other methods Leased phone lines
  - 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 the region and/or state? Yes X No \_\_\_\_\_
6. Who is your primary dispatch agency for day-to-day emergencies?  
Santa Clara County Communications
7. Who is your primary dispatch agency for a disaster? Santa Clara County Communications

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS Response/Transportation**

EMS System: Santa Clara County

Reporting Year: 2004

**Note:** Table 5 is to be reported by agency.

**TRANSPORTING AGENCIES**

1. Number of exclusive operating areas	3
2. Percentage of population covered by Exclusive Operating Areas (EOA)	100%
3. Total number responses	82,350
a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	82,350
b) Number non-emergency responses (Code 1: normal)	0
4. Total number of transports	51,980
a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	51,980
b) Number of non-emergency transports (Code 1: normal)	0

**Early Defibrillation Providers**

5. Number of public safety defibrillation providers	8
a) Automated	8
b) Manual	0
6. Number of EMT-Defibrillation providers	11
a) Automated	11
b) Manual	0

**Air Ambulance Services**

7. Total number of responses	545
a) Number of emergency responses	545
b) Number of non-emergency responses	0
8. Total number of transports	251
a) Number of emergency (scene) responses	251
b) Number of non-emergency responses	0

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response/Transportation (cont'd.)**

**SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)**

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1.BLS and CPR capable first responder	7:59	14:59	16:59	N/A
2.Early defibrillation responder	7:59	14:59	21:59	N/A
3.Advanced life support responder	7:59	14:59	41:59	N/A
4.Transport Ambulance	Code 3 – 11.0 Code 2 – 17.0	Code 3 – 17.5 Code 2 – 24.75	Code 3 – 25.75 Code 2 – 27.75	N/A

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS**

**Facilities/Critical Care EMS System:** Santa Clara County

Reporting Year: 2004      **NOTE:** Table 6 is to be reported by agency.

**Trauma**

Trauma patients:

a) Number of patients meeting trauma triage criteria,	5,060
b) Number of major trauma victims transported directly to a trauma center by ambulance	5,060
c) Number of major trauma patients transferred to a trauma center	416
d) Number of patients meeting triage criteria who weren't treated at a trauma center	13

**Emergency Departments**

Total number of emergency departments	12
a) Number of referral emergency services	0
b) Number of standby emergency services	0
c) Number of basic emergency services	11
d) Number of comprehensive emergency services	1

**Receiving Hospitals**

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

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical**

EMS System: Santa Clara County County: Santa Clara Reporting Year: 2004

**NOTE:** Table 7 is to be answered for each county.

**SYSTEM RESOURCES**

- 1. Casualty Collections Points (CCP) (Estimated summer 2005)
  - a. Where are your CCPs located? 16 foot mobile trailers – deployed as needed
  - b. How are they staffed? Public safety & ambulance companies as needed
  - c. Do you have a supply system for supporting them for 72 hours? \* yes X no \_\_\_\_\_  
\* Implementation date – summer 2005
- 2. CISD  
Do you have a CISD provider with 24 hour capability? yes X no \_\_\_\_\_
- 3. Medical Response Team
  - 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 X 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? FRO, OPS, TECH, SPEC
  - 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 EOCs you will need to interact with in a disaster? 16
- 3. Have you tested your MCI Plan this year in a:
  - a. real event? yes X no \_\_\_\_\_
  - b. exercise? yes X no \_\_\_\_\_
- 4. List all counties with which you have a written medical mutual aid agreement.  
NONE
- 5. Do you have formal agreements with hospitals in your operational area to



**TABLE 8: RESOURCES DIRECTORY -- Providers**

**EMS System:** Santa Clara County      **County:** Santa Clara      **Reporting Year:** 2004

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

<b>Name, address &amp; telephone:</b> American Medical Response-West 111 Pullman Way San José, CA 95111 408-574-3800			<b>Primary Contact:</b> Paul W. Davis Director of Operations		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> _____ PS      _____ PS-Defib 133 BLS      _____ EMT-D _____ LALS      184 ALS
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> ALS - 45 BLS - 27 CCT - 4

\* 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

<b>Name, address &amp; telephone:</b> Bayshore Ambulance P.O. Box 4622 Foster City, CA 94404 650-525-3855		<b>Primary Contact:</b> David Bockholt Vice President			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib <u>25</u> BLS      ____ EMT-D ____ LALS <u>2</u> ALS Note: All dispatch personnel have also completed POST Basic equivalent dispatch training.
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: ALS - BLS - 5 CCT -

<b>Name, address &amp; telephone:</b> California Department of Forestry Morgan Hill Ranger Unit 15670 Monterey Street Morgan Hill, CA 95037 408-779-2121		<b>Primary Contact:</b> Bart Kriek Battalion Chief-Training			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib ____ BLS <u>18</u> EMT-D ____ LALS <u>12</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input checked="" type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> California Department of Forestry San Mateo/Santa Cruz Ranger Unit P.O. Drawer F-2 Felton, CA 95013 408-335-5353 x109		<b>Primary Contact:</b> Jeff Malmin Battalion Chief			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib ____ BLS <u>18</u> EMT-D ____ LALS <u>12</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input checked="" type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> California Medical Transport 1124 Independence Avenue Mountain View, CA 94043 650-428-0911		<b>Primary Contact:</b> Greer Trice President			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib <u>20</u> BLS      ____ EMT-D ____ LALS      ____ ALS.
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: ALS - BLS - 3 CCT - 1

<b>Name, address &amp; telephone:</b> California Shock Trauma Air Rescue (CalSTAR) 20876B Corsair Hayward, CA 94545 510-887-3063		<b>Primary Contact:</b> Tom Goff Director			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib ____ BLS      ____ EMT-D ____ LALS <u>25</u> ALS.
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: ALS - 2 rotary BLS - CCT -

<b>Name, address &amp; telephone:</b> City of Gilroy Fire Department 7070 Chestnut Street Gilroy, CA 95020 408-848-0385		<b>Primary Contact:</b> Phil King Division Chief			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib ____ BLS <u>22</u> EMT-D ____ LALS <u>18</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: ALS - 1

<b>Name, address &amp; telephone:</b> Golden State Medical Services 3801 Charter Park Court, suite F San Jose, CA 95136 408-445-7400		<b>Primary Contact:</b> Dave Martinez Vice President/CEO			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib <u>33</u> BLS      ____ EMT-D ____ LALS      ____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: BLS - 5

<b>Name, address &amp; telephone:</b> City of Milpitas Fire Department 777 Main Street Milpitas, CA 95035 408-942-2394		<b>Primary Contact:</b> Bobby Dixon Asst. Fire Chief			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib ____ BLS <u>52</u> EMT-D ____ LALS <u>14</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> City of Mountain View Fire Department 1000 Villa Street Mountain View, CA 94040 650-903-6804		<b>Primary Contact:</b> Richard Alameda Battalion chief			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib ____ BLS <u>53</u> EMT-D ____ LALS <u>16</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> NASA Ames Fire Department 129th Air National Guard Building 580 Moffett Field, CA 94035-1000 650-604-5416		<b>Primary Contact:</b> John MacDonnel Fire Chief			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib ____ BLS <u>42</u> EMT-D ____ LALS      ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> City of Palo Alto Fire Department 250 Hamilton Avenue Palo Alto, CA 94306 650-329-2220		<b>Primary Contact:</b> Niles Broussard, B.C.			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib ____ BLS <u>80</u> EMT-D ____ LALS <u>30</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Dr. Eric Weiss	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: ALS - 2 BLS - 1

<b>Name, address &amp; telephone:</b> Priority One Medical Transport, Inc. 740 S. Rochester, suite E Ontario, CA 91290 800-600-3370		<b>Primary Contact:</b> Michael Parker			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib <u>20</u> BLS      ____ EMT-D ____ LALS <u>3</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: CCT - 1 BLS - 2

<b>Name, address &amp; telephone:</b> Reach Medical Services 451 Aviation Blvd. Suite 201 Santa Rosa, CA 95403 877-644-4045		<b>Primary Contact:</b> Sean Russell			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib ____ BLS      ____ EMT-D ____ LALS <u>30</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 6

<b>Name, address &amp; telephone:</b> San José City Parks c/o Regional Facilities 1300 Senter Road San José, CA 95112-3623 408-277-5531		<b>Primary Contact:</b> Julie Marks Dep. Director of Visitor Services & Facilities			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>8</u> PS <u>3</u> PS-Defib <u>4</u> BLS <u>3</u> EMT-D ____ LALS      ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: <u>Parks Dept.</u>	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> City of San José Fire Department 255 North Montgomery Street San José, CA 95128 408-277-4084		<b>Primary Contact:</b> Susan Salinger Battalion Chief			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib ____ BLS <u>497</u> EMT-D ____ LALS <u>143</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Dr. Eric Weiss	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: ALS – 6

<b>Name, address &amp; telephone:</b> City of Santa Clara Fire Department 777 Benton Street Santa Clara, CA 95050 408-984-3054		<b>Primary Contact:</b> Augie Wiedemann Deputy Chief			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib <u>110</u> BLS      ____ EMT-D ____ LALS <u>28</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Dr. Eric Weiss	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: ALS – 4

<b>Name, address &amp; telephone:</b> Saratoga Fire Protection District 14380 Saratoga Avenue Saratoga, CA 95070 408-867-9001		<b>Primary Contact:</b> Ron Vega Assistant Chief			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib ____ BLS <u>25</u> EMT-D ____ LALS <u>5</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Dr. Michaels	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> Santa Clara County Fire Department 14700 Winchester Boulevard Los Gatos, CA 95030-1818 408-378-4010		<b>Primary Contact:</b> Joe Parker Battalion Chief			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib ____ BLS <u>140</u> EMT-D ____ LALS <u>58</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> Santa Clara County Parks Department 298 Garden Hill Drive Los Gatos, CA 95032 408-358-3741		<b>Primary Contact:</b> Bill Ventura Chief Park Ranger			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: 44 PS      PS-Defib 4 BLS      EMT-D LALS      ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: <u>Parks Dept.</u>	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> County of Santa Clara Sheriff's Office 55 West Younger Avenue San José, CA 95110 408-299-2101		<b>Primary Contact:</b> Laurie Smith Sheriff			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input checked="" type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: 650 PS      PS-Defib BLS      EMT-D LALS      ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: - Search & Rescue - Dive - Air Operations

<b>Name, address &amp; telephone:</b> Silicon Valley Ambulance 7 Realm Drive San Jose, CA 95119 408-225-2212		<b>Primary Contact:</b> Randy Hooks President			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib 16 BLS      ____ EMT-D ____ LALS      ____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: BLS - 4

<b>Name, address &amp; telephone:</b> South Santa Clara County Fire District/CDF Santa Clara 15670 Monterey Street Morgan Hill, CA 95037 408-779-2121		<b>Primary Contact:</b> Bart Kriek Battalion Chief			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input checked="" type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib ____ BLS      40 EMT-D ____ LALS      13 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> Spring Valley Fire District 4350 Felter Road Milpitas, CA 95035 patch@svvfd.org (Dispatched by CDF)		<b>Primary Contact:</b> Mike Serpa, Fire Chief mserpa@svvfd.org			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input checked="" type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input checked="" type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib ____ BLS <u>40</u> EMT-D ____ LALS      ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: <u>Volunteer</u> Dept _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> Stanford Life Flight 300 Pasteur Drive Stanford, CA 94305 650-725-4829		<b>Primary Contact:</b> Agridina Villegos Program Manager			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib ____ BLS      ____ EMT-D ____ LALS <u>14</u> ALS (RN)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: ALS - 1 BLS - CCT -

<b>Name, address &amp; telephone:</b> City of Sunnyvale Department of Public Safety P.O. Box 3707 Sunnyvale, CA 94088-3707 408-730-7162		<b>Primary Contact:</b> Steve Drewniany Lieutenant			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: 254 PS BLS 214 LALS ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Combined Fire/Police Agency	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> United Technology Corporation- Chemical Systems Division 600 Metcalf Road San José, CA 95138 408-776-4282		<b>Primary Contact:</b> Dan Lopez Fire Chief			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS 1 BLS 40 LALS ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: BLS - 1

<b>Name, address &amp; telephone:</b> Westmed Ambulance 1635 Neptune Drive San Leandro, CA 94577 510-614-1423		<b>Primary Contact:</b> Allen Cress COO/Director of Operations			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib <u>11</u> BLS      ____ EMT-D ____ LALS <u>7</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: BLS - 6 ALS - 2 CCT - 1

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: SANTA CLARA COUNTY EMS

County: SANTA CLARA COUNTY

Reporting Year: 2004

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name Sunnyvale Dept. of Public Safety Contact Person telephone no. Steve Drewniansy – (408) 730-7133

Address 700 All America Way, P. O. Box 3707 - Sunnyvale, CA 94088-3707

<b>Student Eligibility: *</b> * Limited to Public Safety Employees	<b>Cost of Program</b> Basic: <u>None</u> Refresher: <u>None</u>	<b>**Program Level: <u>EMT-I Training Program</u></b> Number of students completing training per year: Initial training: <u>None</u> Refresher: <u>None</u> Cont. Education: <u>220</u> Expiration Date: <u>11/30/2009</u> Total number of courses: <u>06</u> Initial training: <u>None</u> Refresher: <u>None</u> Cont. Education: <u>06</u>
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Training Institution Name Foothill College Contact Person telephone no. Dave Huseman – (650) 354-8373

Address 4000 Middlefield Road, suite 1 - Palo Alto, CA 94303

<b>Student Eligibility: *</b> * Open to the general public	<b>Cost of Program</b> Basic: <u>\$316.00</u> Refresher: <u>\$113.00</u>	<b>**Program Level: <u>EMT-I Training Program</u></b> Number of students completing training per year: Initial training: <u>104</u> Refresher: <u>10</u> Cont. Education: <u>0</u> Expiration Date: <u>01/31/2005</u> Total number of courses: <u>07</u> Initial training: <u>04</u> Refresher: <u>03</u> Cont. Education: <u>0</u>
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- 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.

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs (CONTINUED)**

**EMS System:** SANTA CLARA COUNTY EMS

**County:** SANTA CLARA COUNTY

**Reporting Year:** 2004

**Training Institution Name** San Jose City College **Contact Person telephone no.** Jennifer Witte – (408) 288-3754

**Address** 2100 Moorpark Avenue - San Jose, CA 95128

<b>Student Eligibility: *</b>  * Open to the general public	<b>Cost of Program</b>  Basic: <u>\$370.00</u>  Refresher: <u>\$26.00</u>	<b>**Program Level:</b> <u>EMT-I Training Program</u> Number of students completing training per year: Initial training: <u>60-90</u> Refresher: <u>20-30</u> Cont. Education: <u>N/A</u> Expiration Date: <u>09/30/2008</u>  Total number of courses: <u>04</u> Initial training: <u>03</u> Refresher: <u>01</u> Cont. Education: <u>N/A</u>
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**Training Institution Name** Mission College **Contact Person telephone no.** Peggy Burroughs – (408) 855-5392

**Address** 3000 Mission College - Santa Clara, CA 95054-1897

<b>Student Eligibility: *</b>  * Open to the general public	<b>Cost of Program</b>  Basic: <u>\$358.00</u>  Refresher: <u>\$162.00</u>	<b>**Program Level:</b> <u>EMT-I Training Program</u> Number of students completing training per year: Initial training: <u>300</u> Refresher: <u>120</u> Cont. Education: <u>0</u> Expiration Date: <u>01/31/2005</u>  Total number of courses: <u>11</u> Initial training: <u>06</u> Refresher: <u>05</u> Cont. Education: <u>0</u>
---	--	---

- 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.

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

**EMS System:** Santa Clara County      **County:** Santa Clara      **Reporting Year:** 2004

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

<b>Name, address &amp; telephone:</b> Community Hospital of Los Gatos-Saratoga 815 Pollard Road Los Gatos, CA 95030 408-378-6131		<b>Primary Contact:</b> Judith Dethlefs, MD Emergency Department Director 408-866-4040		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital:  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:*  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> 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

<b>Name, address &amp; telephone:</b> El Camino Hospital 2500 Grant Road, P.O. Box 7025 Mountain View, CA 94039-7025 650-968-8111		<b>Primary Contact:</b> Mary Anderson Interim ED Manager mary_anderson@elcaminohospital.org 650-940-7238		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

<b>Name, address &amp; telephone:</b> Good Samaritan Hospital 2425 Samaritan Drive San Jose, CA 95124 408-559-2011		<b>Primary Contact:</b> Bill Piche, CEO Jackie Lowther ED Manager (408) 559-2552		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

<b>Name, address &amp; telephone:</b> Kaiser Permanente Medical Center - Santa Clara 900 Kiely Boulevard Santa Clara, CA 95051 408-236-6400		<b>Primary Contact:</b> Kathleen Davidson, RN, BSN, I Director, Emergency Services 408-236-5022		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital:  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:*  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

<b>Name, address &amp; telephone:</b> O'Connor Hospital 2105 Forest Avenue San Jose, CA 95128 408-947-2819		<b>Primary Contact:</b> Diane Williams, R.N. Clinical Manager 408-947-2666		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital:  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:*  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

<b>Name, address &amp; telephone:</b> Regional Medical Center of San José 255 North Jackson Avenue San Jose, CA 95116 408-259-5000		<b>Primary Contact:</b> Victor Belanue Emergency Dept. Charge Nurse		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital:  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:*  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

<b>Name, address &amp; telephone:</b> Saint Louise Regional Hospital 9400 No Name Uno Gilroy, CA 95020 408-848-2000		<b>Primary Contact:</b> Kelly Jackson, RN  (408) 848-8673		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital:  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:*  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

<b>Name, address &amp; telephone:</b> Santa Clara Valley Medical Center 751 South Bascom Avenue San Jose, CA 95128 408-885-5000		<b>Primary Contact:</b> Susan Murphy Hospital Director 408-885-4005		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input checked="" type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: ** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: *** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level: **** Level I

<b>Name, address &amp; telephone:</b> Santa Teresa Community Hospital 250 Hospital Parkway San Jose, CA 95119 408-723-2300		<b>Primary Contact:</b> Marguerite Pratt, R.N. Emergency Department Director 408-972-7782		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: ** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level: **** _____

<b>Name, address &amp; telephone:</b> Stanford University Medical Center 300 Pasteur Drive Stanford, CA 94305 650-723-2300		<b>Primary Contact:</b> Martha Marsh, CEO Linda J. Bracken, R.N. Emergency Department Patient Care Manager		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:**** _____ Level I _____

<b>Name, address &amp; telephone:</b> VA Palo Alto Health Care System 3801 Miranda Avenue Palo Alto, CA 94304 650-493-5000 (ask for emergency)		<b>Primary Contact:</b> Donald Schreiber Director		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

**EMS System:** Santa Clara County      **County:** Santa Clara      **Reporting Year:** 2004

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

<b>Name, address &amp; telephone:</b> American Medical Response-West 1606 Rollins Road Burlingame, CA 94010 888-650-8549 or 650-652-5587		<b>Primary Contact:</b> Jeff Taylor Director 650-652-5410	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <u>14</u> EMD Training      _____ EMT-D _____ BLS      _____ LALS <u>63</u> Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

<b>Name, address &amp; telephone:</b> Bayshore Ambulance P.O. Box 4622 Foster City, CA 94404 650-525-3855		<b>Primary Contact:</b> David Bockholt Vice President	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <u>1</u> EMD Training      _____ EMT-D <u>4</u> BLS      _____ LALS      _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

<b>Name, address &amp; telephone:</b> California Department of Forestry Morgan Hill Ranger Unit 15670 Monterey Street Morgan Hill, CA 95037		<b>Primary Contact:</b> Derek Witman Battalion Chief-Training  408-779-2121	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training      _____ EMT-D      _____ ALS _____ BLS                      _____ LALS <u>12</u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

<b>Name, address &amp; telephone:</b> California Department of Forestry San Mateo/Santa Cruz Ranger Unit P.O. Drawer F-2 Felton, CA 95013		<b>Primary Contact:</b> Jeff Malmin Battalion Chief  408-335-5353 x109	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <u>1</u> EMD Training      _____ EMT-D      _____ ALS _____ BLS                      _____ LALS <u>8</u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

<b>Name, address &amp; telephone:</b> California Highway Patrol Golden Gate Communications Center 1551 Benicia Road Vallejo, CA 94591		<b>Primary Contact:</b> Eli Molina Captain  707-551-4200	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training      _____ EMT-D      _____ ALS _____ BLS                      _____ LALS <u>140</u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

<b>Name, address &amp; telephone:</b> City of Campbell Communications 70 North First St. Campbell, CA 95008		Communications Supervisor  408-866-2121	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training      _____ EMT-D      _____ ALS _____ BLS                      _____ LALS <u>8</u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

<b>Name, address &amp; telephone:</b> City of Gilroy Communications 7370 Rosanna Street Gilroy, CA 95020		<b>Primary Contact:</b> Scot Smithe Captain 408-848-0329	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training      _____ EMT-D      _____ ALS _____ BLS                      _____ LALS <u>11</u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

<b>Name, address &amp; telephone:</b> Golden State Medical Services 3801 Charter Park Court, suite F San Jose, CA 95136		<b>Primary Contact:</b> Dave Martinez Vice President/CEO 408-445-7400	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training      _____ EMT-D      _____ ALS _____ BLS                      _____ LALS <u>11</u> Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

<b>Name, address &amp; telephone:</b> City of Los Altos Communications One North San Antonio Road Los Altos, CA 94022		<b>Primary Contact:</b> Jeanne Enberg Communications/Records Mgr. 650-948-8223	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training      _____ EMT-D      _____ ALS _____ BLS                      _____ LALS <u>7</u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

<b>Name, address &amp; telephone:</b> Town of Los Gatos Communications 110 East Main Street Los Gatos, CA 95030		<b>Primary Contact:</b> Alana Forrest Captain 408-354-4257	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training      _____ EMT-D      _____ ALS _____ BLS                      _____ LALS <u>8</u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

<b>Name, address &amp; telephone:</b> Mid-Peninsula Regional Open Space District 330 Distel Circle Los Altos, CA 94022		<b>Primary Contact:</b> Gordon Baillie Management Analyst 650-691-1200	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training      _____ EMT-D      _____ ALS _____ BLS                      _____ LALS <u>16</u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Park District	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal <input checked="" type="checkbox"/> <u>Special District</u>

<b>Name, address &amp; telephone:</b> City of Milpitas Communications 777 Main Street Milpitas, CA 95035		<b>Primary Contact:</b> Cdr. D. Rosetto Tech Services Commander 409-586-2405; 408-942-2394	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training      _____ EMT-D      _____ ALS _____ BLS                      _____ LALS <u>16</u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

<b>Name, address &amp; telephone:</b> City of Morgan Hill Communications 17605 Peak Avenue Morgan Hill, CA 95037		<b>Primary Contact:</b> 408-776-7304	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training      _____ EMT-D      _____ ALS _____ BLS                      _____ LALS              _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

<b>Name, address &amp; telephone:</b> City of Mountain View Communications 1000 Villa Street Mountain View, CA 94040		<b>Primary Contact:</b> L. W. Chip Yarborough Police Support Services Manager 650-903-6804	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <u>16</u> EMD Training      _____ EMT-D      _____ ALS _____ BLS                      _____ LALS              _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

<b>Name, address &amp; telephone:</b> NASA Ames Protective Services Bldg. 15. mailstop 15-1 Moffett Field, CA 94035-1000		<b>Primary Contact:</b> John MacDonnel Fire Chief 650-604-5416 /4-5587	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training      _____ EMT-D      _____ ALS _____ BLS                      _____ LALS <u>10</u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal

<b>Name, address &amp; telephone:</b> City of Palo Alto Communications 275 Forest Avenue Palo Alto, CA 94301		<b>Primary Contact:</b> John Bush Communications Coordinator 650-329-2556	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <u>1</u> EMD Training      _____ EMT-D      _____ ALS _____ BLS                      _____ LALS <u>24</u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: EMS	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

<b>Name, address &amp; telephone:</b> Priority One Medical Transport 740 S. Rochester, suite E Ontario, CA 91290		<b>Primary Contact:</b> Michael Parker 800-600-3370	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training      _____ EMT-D      _____ ALS _____ BLS                      _____ LALS <u>3</u> Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

<b>Name, address &amp; telephone:</b> Reach Air Medical Services 451 Aviation Blvd. Suite 201 Santa Rosa, CA 95403		<b>Primary Contact:</b> Sean Russell  877-644-4045	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training      _____ EMT-D      _____ ALS _____ BLS                      _____ LALS <u>  x  </u> Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

<b>Name, address &amp; telephone:</b> City of San José Fire Communications 855 North San Pedro Street San José, CA 95110		<b>Primary Contact:</b> Jim Seymour Supervising Fire Dispatcher 408-277-4444	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <u>  33  </u> EMD Training      _____ EMT-D      _____ ALS _____ BLS                      _____ LALS      _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: EMS	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

<b>Name, address &amp; telephone:</b> City of Santa Clara Communications 777 Benton Street Santa Clara, CA 95050		<b>Primary Contact:</b> John Mills Chief Dispatcher 408-615-5580 / 408-615-5572	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training      _____ EMT-D      _____ ALS _____ BLS                      _____ LALS <u>  17  </u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: EMS	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

<b>Name, address &amp; telephone:</b> Santa Clara County Communications 2700 Carol Drive San Jose, CA		<b>Primary Contact:</b> Keith Minor Chief Dispatcher 408-299-3151	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 70 EMD Training      EMT-D BLS      LALS      97 ALS Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: EMS	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

<b>Name, address &amp; telephone:</b> Silicon Valley Ambulance 7013 Realm Drive, suite C San Jose, CA 95119		<b>Primary Contact:</b> Randy Hooks 408-225-2292	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD Training      EMT-D BLS      LALS      3 ALS Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

<b>Name, address &amp; telephone:</b> Stanford Life Flight 300 Pasteur Drive Stanford, CA 94305		<b>Primary Contact:</b> Agripina Villegos Program Manager 650-725-4829	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD Training      EMT-D BLS      LALS      4 ALS Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

<b>Name, address &amp; telephone:</b> City of Sunnyvale Department of Public Safety P.O. Box 3707 Sunnyvale, CA 94088-3707		<b>Primary Contact:</b> Laura Phillips Communications Operations Manager 408-730-7162	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: 17 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 22 Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: EMS	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

<b>Name, address &amp; telephone:</b> United Technology Corporation- Chemical Systems Division 600 Metcalf Road San José, CA 95138		<b>Primary Contact:</b> Dan Lopez Fire Chief 408-776-4282	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 8 Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

<b>Name, address &amp; telephone:</b> Westmed Ambulance 1635 Neptune Drive San Leandro, CA 94577		<b>Primary Contact:</b> Allen Cress COO/Director of Operations 510-614-1423	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

<p><b>Local EMS Agency or County Name:</b> Santa Clara County</p>
<p><b>Area or subarea (Zone) Name or Title:</b> All parts of Santa Clara County with the exception of the City of Palo Alto and the City of Campbell.</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. American Medical Response (AMR) provides services in accordance with a contract that is in place with the County since October 1991.</p>
<p><b>Area or subarea (Zone) Geographic Description:</b> All areas of the County with the exception of the City of Palo Alto and City of Campbell.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. The County has elected to maintain an EOA with AMR for all areas of the County with the exception of the City of Campbell and City of Palo Alto. A contract is currently in place with American Medical Response since October 1991. The first possible extension of the contract will occur in July 2006.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). AMR provides Emergency ALS First Response and ALS Ambulance Services.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  AMR was selected through a competitive process.</p>

Date: May 29, 2006

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b> Santa Clara County
<b>Area or Subarea (Zone) Name or Title:</b> City of Campbell
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. American Medical Response, providing service since September 10, 1996
<b>Area or Subarea (Zone) Geographic Description:</b> City limits of City of Campbell
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action. Exclusive by action of the Board of Supervisors
<b>Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance – emergency medical care and transport services in response to calls received through the 911 system.
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  The County conducted a competitive process by publishing a Request for Proposals (RFP) for emergency health care and transport services on November 22, 1999. American Medical Response was selected as the preferred contractor on March 28, 2000, and entered into an agreement for Pre-hospital Care and Transport Services effective October 1, 2001 through June 30, 2006. The agreement provided for a three (3) year extension from July 1, 2006 through June 30, 2009, with an option for an additional two (2) year extension. The agreement was amended and extended by action of the Board of Supervisors on May 2, 2006, effective July 1, 2006 through June 30, 2009.

Date: June 29, 2006

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b>  Santa Clara County
<b>Area or Subarea (Zone) Name or Title:</b>  Palo Alto
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  Palo Alto Fire Department, providing service since 1975
<b>Area or Subarea (Zone) Geographic Description:</b>  City limits of City of Palo Alto and adjacent unincorporated area including Stanford University
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action.  Exclusive, pursuant to California Health & Safety Code Section 1797.224.
<b>Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  Emergency Ambulance – emergency medical care and transport services in response to calls received through the 911 system.
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  The City of Palo Alto, through its fire department, began providing emergency ambulance service within the city limits of the City of Palo Alto and adjacent unincorporated areas, including Stanford University, in 1975. That service has been provided continuously by the Palo Alto Fire Department since 1975, without a change in scope or manner of service to the zone.

## AMBULANCE ZONE SUMMARY FORM

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

<p><b>Local EMS Agency or County Name:</b> Santa Clara County</p>
<p><b>Area or subarea (Zone) Name or Title:</b> City of Palo Alto</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. The Palo Alto Fire Department has continuously provided services to the City of Palo Alto prior to 1980</p>
<p><b>Area or subarea (Zone) Geographic Description:</b> City of Palo Alto</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. The City of Palo Alto maintains an Exclusive Operating Area.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). The City provides Emergency ALS First Response and ALS Ambulance Services.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Grandfathered with no significant changes in service.</p>

**EMERGENCY MEDICAL SERVICES AUTHORITY**

1930 9<sup>th</sup> STREET  
SACRAMENTO, CA 95814-7043  
(916) 322-4336 FAX (916) 324-2875



August 9, 2006

Bruce Lee, EMS Administrator  
Santa Clara EMS Agency  
645 South Bascom, Room 139  
San Jose, Ca 95128

Dear Mr. Lee: *BRUCE,*

We have completed our review of *Santa Clara EMS Agency's Emergency Medical Services Plan Update 2004*, which we received on 11/30/05, and have found it to be in compliance with the *EMS System Standards and Guidelines and the EMS System Planning Guidelines*. However, there are a couple of standards that have not been met and updates are needed to show progress. Please provide an updated Assessment Form (enclosed) on the following standards:

Enhanced Level Standard 5.13, *Specialty System Designs* - The objective in Santa Clara County's 2001 EMS Plan update stated, "Assess the need for various types of specialty care within the EMS system and develop plan for and implement specialty care centers".

Standard 6.05, *System Design Evaluation* - The objective in Santa Clara County's 2001 EMS Plan update was to develop a data system which supports system-wide planning and evaluation.

Standard 8.10, *Mutual Aid Agreements* - The 2001 EMS Plan update stated the standard was not met and there was a long-range plan to coordinate mutual aid agreements within the region. The current update lists the standard as met. Please provide an Assessment Form briefly explaining how the standard was met.

Please provide the requested updated Assessment Forms within 30 days. Your annual update, utilizing the attached guidelines, will be due one year from your approval date. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

A handwritten signature in cursive script that reads "Cesar A. Aristeiguieta, M.D.".

Cesar A. Aristeiguieta, M.D.  
Director

CAA:ss

Enclosure