

## **Summary of Changes**

In fiscal year 2009-2010, Paramedics Plus was awarded the contract to provide 9-1-1 ambulance transport services in Alameda County. On November 1, 2011, Paramedics Plus will take over the EOA currently serviced by AMR.

Two municipal fire agencies, Union City FD and Newark FD, were consolidated into Alameda County Fire Department.

The Acting EMS Director, Dale Fanning, was permanently appointed to the EMS Director position. Alameda County EMS is currently recruiting an EMS Medical Director. The position is being filled in the interim by Joe Barger, M.D.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.07	The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2010 CDC Trauma Triage Guidelines adopted and put into policy manual. Ongoing evaluation of the impact of triage changes on trauma patient care.	Re-assess the current trauma triage criteria with bi-county task force
1.08	The local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FRALS provider contract templates have been created for both transporting fire agencies and non-transporting. Negotiations are currently underway with individual agencies to add agency-specific details to each contract. Proposed date for agreements to be completed is July, 2011	Completed and second FRALS contract in place for all jurisdictions
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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ongoing	Update the resource directory annually and submit with the EMS System Plan
1.11	Each local EMS agency shall identify optimal roles and responsibilities of system participants.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Currently collaborating with STEMI Centers and Stroke Centers on a suitable template for agreements between the specialty centers and EMS.	Coordinate with Alameda County receiving hospitals to acquire receiving hospital agreements. Due to Hospital Council intervention, signed contracts with receiving hospitals are not allowed but EMS Director meets with these hospitals on a quarterly basis and has verbal agreement for data

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.12	Each local EMS agency shall provide for review and monitoring of EMS system operations	☑	☑	☐	Data project was put on hold in anticipation of an upcoming system-wide data collection system (Zoll RescueNet), and the implementation of First Watch.	1) Complete initial phase of county-wide data project 2) Apply data analysis to policy changes and educational venues
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; j) local scope of practice for prehospital personnel.	☑	☑	☑		1. Encourage dispatch centers to develop uniform dispatch protocols. 2. Implement EMD authorization and program approval policies
2.04	a) Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation; b) medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines	☑		☑	These training programs will be memorialized in the dispatch center agreements that are currently under development	(see 1.19) Implement a nationally recognized EMD training program countywide.
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	☑	☑	☑	PAD project is funded and will be implemented over the course of the next year.	Encourage adoption of public safety and industrial first aid programs, especially PAD

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Developing a system-wide disaster communication plan that will facilitate all county responder agencies (including police, fire, EMS, Haz-Mat, and out-of-county resources) in the ability to communicate with each other in the event of a wide-scale incident or disaster.	Provide policies and mechanisms to ensure consistent communications between medical personnel and other field responders
3.07	The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dispatch center agreements will contain performance measures that will help maintain a focus on QI initiatives that are based on industry standards.	Work with the cities and police agencies to: <ul style="list-style-type: none"> <li>• Improve dispatcher level of training, 9-1-1 access and turn-around time for calls that need a medical response.</li> <li>• Monitor dispatch times from first ring at the PSAP to on-scene.</li> <li>• Assist as needed with implementation of cell phone calls going to local jurisdictions if the jurisdictions so choose.</li> </ul>
3.09	The local EMS agency shall establish guidelines for proper dispatch triage, which identifies the appropriate medical response	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EMS is facilitating in the process of allowing City of Berkeley EMS calls to 9-1-1 to be sent to OFD dispatch for EMD processing.	(see 1.19) Facilitate process for agencies not currently providing EMD to either establish that process "in-house" or create agreements with agencies that already provide that level of service

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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 local EMS agency policy.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	See 1.12	<ol style="list-style-type: none"> <li>1. Review Unusual Occurrence Reports filed as the result of a scheduled interfacility transfer.</li> <li>2. Review patient care data entered into the EMS system data management system (currently under development)</li> </ol>
4.07	The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies) into the system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See 1.12	<ol style="list-style-type: none"> <li>1. Establish an on-going monitoring process of first responder agreements and enforceable consequences for non-compliance.</li> <li>2. Establish reporting requirements for data collection as part of the EMS data management system currently under development</li> </ol>

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.02	The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Changed Cardiac Receiving Center (CRC) designation to STEMI Center.	Draft a policy for cardiac care centers as part of the policy review process
5.1	Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including: a) the number and role of system participants, particularly of emergency departments; b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix; c) identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers; d) identification of providers who are qualified to transport such patients to a designated facility; e) identification of tertiary care centers for pediatric critical care and pediatric trauma; f) the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Completed	To support integration of Pediatric disaster response SOPS in Alameda County emergency/disaster plans

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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: a) address the total EMS system, including all prehospital provider agencies, base hospitals, and receiving hospitals; b) address compliance with policies, procedures, and protocols and identification of preventable morbidity and mortality and shall utilize state standards and guidelines; c) use provider based QA/QI programs and	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See 1.12	<ol style="list-style-type: none"> <li>1. Collect and manage data on all 9-1-1 patients.</li> <li>2. Provide the QA/QI Coordinator with the necessary information to accurately evaluate patient care provided.</li> <li>3. Provide the information necessary to analyze and evaluate all components of the 9-1-1-system.</li> </ol>
6.03	Audits of prehospital care, including both system response and clinical aspects, shall be conducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Currently, funding for a CAD to CAD interface between the two main dispatch centers (ACRECC and OFD) is in place and the interface is under	Design an interface between the new Intergraph CAD system and first responders/transport providers that will automatically populate each system with critical dispatch data elements
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See 1.12	Continue development of a central repository to collect system response data and clinical performance/outcome data from all provider agencies
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 and Weapons of Mass Destruction (WMD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	In progress	Develop a regional multi-hazard catastrophic disaster plan in conjunction with Region II

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	In progress	Work with Region II to develop a mutual aid plan
8.07	A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In progress (See 3.01)	Develop radio interoperability among Bay Area Counties

11111111

**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**

**System Organization and Management**

EMS System: Alameda County EMS Agency  
 Reporting Year: 2010

**NOTE:** Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

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

County: Alameda

- |   |               |
|---|---------------|
| A. Basic Life Support (BLS)             | _____ %       |
| B. Limited Advanced Life Support (LALS) | _____ %       |
| C. Advanced Life Support (ALS)          | ___ 100 ___ % |

2. Type of agency  
 X - Public Health Department  
 b - County Health Services Agency  
 c - Other (non-health) County Department  
 d - Joint Powers Agency  
 e - Private Non-Profit Entity  
 f - Other: \_\_\_\_\_

3. The person responsible for day-to-day activities of the EMS agency reports to \_\_\_\_\_  
 a - Public Health Officer  
 b- Health Services Agency Director/Administrator  
 c - Board of Directors  
 X - Other: Director of Public Health

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

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

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

Continuing education	_____
Personnel training	_____
Operation of oversight of EMS dispatch center	_____
Non-medical disaster planning	_____
Administration of critical incident stress debriefing team (CISD)	_____
Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	_____
Other: _____	
Other: _____	
Other: _____	

5. EMS agency budget for FY 2010  
EXPENSES

Salaries and benefits (All but contract personnel)	\$ <u>3,790,403</u>
Contract Services (e.g. medical director)	<u>1,703,268</u>
Operations (e.g. copying, postage, facilities)	<u>1,158,979</u>
Travel	<u>15,500</u>
Fixed assets	<u>166,400</u>
Indirect expenses (overhead)	<u>829,957</u>
Ambulance subsidy	<u>4,007,384</u>
EMS Fund payments to physicians/hospital	<u>14,183,299</u>
Dispatch center operations (non-staff)	<u>2,577,094</u>
Training program operations	<u>28,000</u>
Other: _____	_____
Other: _____	_____
Other: _____	_____

**TOTAL EXPENSES** **\$ 28,460,284**

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

SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$ <u>742,026</u>
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	<u>103,203</u>
Other local tax funds (e.g., EMS district)	<u>14,500,000</u>
County contracts (e.g. multi-county agencies)	_____
Certification fees	<u>45,000</u>
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____
Trauma center application fees	_____
Trauma center designation fees	_____
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	<u>3,741,569</u>
Contributions	_____
EMS Fund (SB 12/612)	2,831,008
Other grants: _____	_____
Other fees: _____	_____
Other (specify): <u>Use of EMS Trust and Measure A</u>	<u>6,497,478</u>
<b>TOTAL REVENUE</b>	<b><u>\$28,460,284</u></b>

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

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

Fee structure for FY 2010-11

       We do not charge any fees

  X   Our fee structure is:

First responder certification	\$ <u>                    </u>
EMS dispatcher certification	<u>                    </u>
EMT-I certification	<u>      </u> 125 (\$75 goes to EMSA) <u>      </u>
EMT-I recertification	<u>      </u> 87 (\$37 goes to EMSA) <u>      </u>
<b>EMT-defibrillation certification</b>	<u>                    </u>
EMT-defibrillation recertification	<u>                    </u>
EMT-II certification	<u>                    </u>
EMT-II recertification	<u>                    </u>
EMT-P accreditation	<u>      </u> 50 <u>      </u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u>                    </u>
MICN/ARN recertification	<u>                    </u>
EMT-I training program approval	<u>2000/ 4 years</u>
EMT-II training program approval	<u>                    </u>
EMT-P training program approval	<u>3000/ 4 years</u>
MICN/ARN training program approval	<u>                    </u>
Base hospital application	<u>                    </u>
Base hospital designation	<u>                    </u>
Trauma center application	<u>                    </u>
Trauma center designation	<u>                    </u>
Pediatric facility approval	<u>                    </u>
Pediatric facility designation	<u>                    </u>
Other critical care center application	
Type: <u>                                    </u>	
Other critical care center designation	
Type: <u>                                    </u>	
Ambulance service license	\$3000/ bi-annually
Ambulance vehicle permits	\$250/ ambulance bi-annually
Other: <u>  Interfacility Transfer Permit</u>	<u>      </u> 10,000 <u>      </u>
Other: <u>  Per transfer (after 200)</u>	<u>      </u> 50 <u>      </u>

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 2010-11

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

County: Alameda

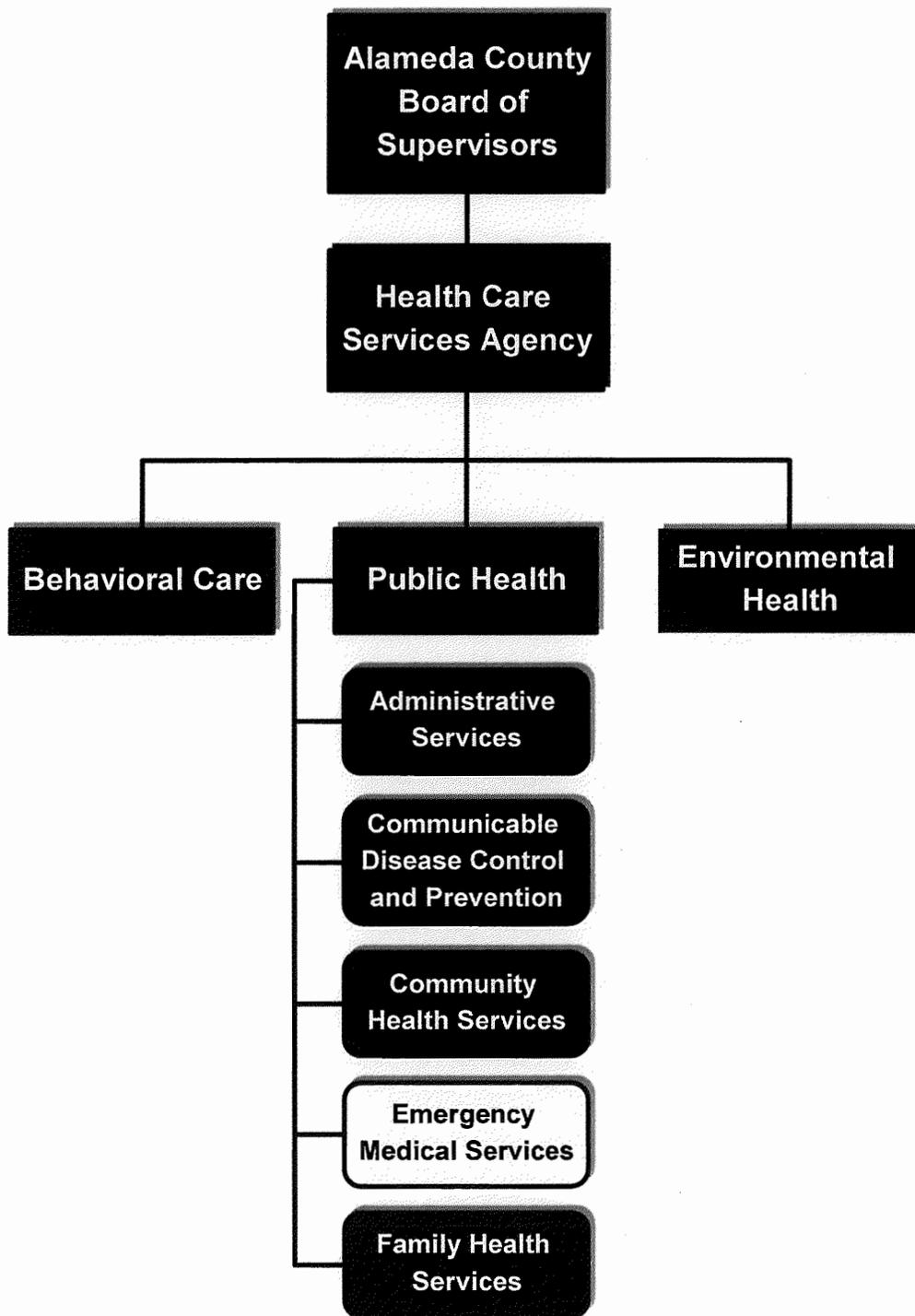
Reporting Year: 2010

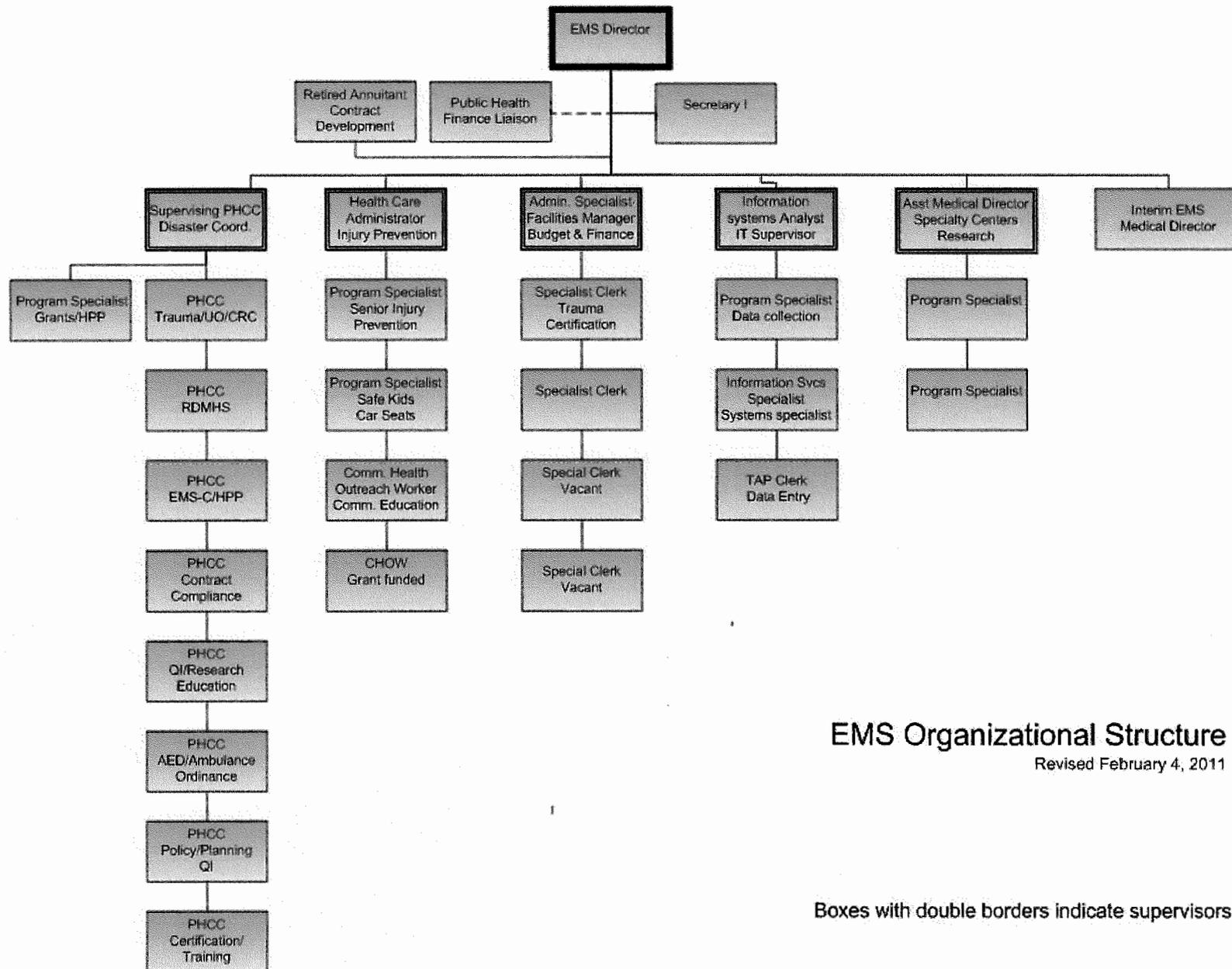
CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Director	1	53.67	41%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Assistant Director	Vacant	51.67	42%	
ALS Coord./Field Coord./ Training Coordinator	Prehospital Care Coordinator (PHCC)	1	44.96	43%	
Program Coordinator/ Field Liaison (Non-clinical)	Prehospital Care Coordinator (PHCC)	4	44.96	43%	
Trauma Coordinator	Prehospital Care Coordinator (PHCC)	1	44.96	43%	
Medical Director	Medical Director (Physician IV)	1	94.61	33%	
Other MD/Medical Consult/ Training Medical Director	Assistant Medical Director (Physician III)	1	94.52	32%	
Disaster Medical Planner	Supervising PHCC	1	47.66	43%	

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
Medical Planner	Prehospital Care Coordinator (PHCC)	1	44.96	44%	
Data Evaluator/Analyst	Information System Specialist	1	36.35	47%	
QA/QI Coordinator	Prehospital Care Coordinator (PHCC)	1	44.96	44%	
Public Info. & Education Coordinator	Program Specialist	6	40.07	46%	
Executive Secretary	Secretary I	1	24.89	53%	
Other Clerical	Specialist Clerk I	4	23.63	54%	
Data Entry Clerk					
Other	Program Financial Specialist	1	40.07	46%	
	Information System Analyst	1	45.97	43%	
	Community Outreach Worker	1	25.24	42%	
	Admin Specialist II	1	36.35	47%	
	Health Care Program Admin	1	43.22	46%	





## EMS Organizational Structure

Revised February 4, 2011

Boxes with double borders indicate supervisors.

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

Revision #4 (4/20/07)

County: Alameda

Reporting Year: 2010

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

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	718			
Number newly certified this year	295			
Number recertified this year	423			
Total number of accredited personnel on July 1 of the reporting year			20	
Number of certification reviews resulting in:				
a) formal investigations	36			
b) probation	5			
c) suspensions	1			
d) revocations				
e) denials				
f) denials of renewal				
g) no action taken	10			

1. Number of EMS dispatch agencies utilizing EMD Guidelines: 2
2. Early defibrillation:
  - a) Number of EMT-I (defib) certified All
  - b) Number of public safety (defib) certified (non-EMT-I)
3. Do you have a first responder training program  yes  no

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

EMS System: Alameda County EMS

County: Alameda

Reporting Year: 2010

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

1. Number of primary Public Service Answering Points (PSAP) 14
2. Number of secondary PSAPs 2
3. Number of dispatch centers directly dispatching ambulances 5
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system? Yes  No 
  - a. Radio primary frequency 800 MHz Trunked
  - b. Other methods VHF, UHF
  - c. Can all medical response units communicate on the same disaster communications system?  
Yes  No
  - d. Do you participate in OASIS? Yes  No
  - e. Do you have a plan to utilize RACES as a back-up communication system?  
Yes  No 
    - 1) Within the operational area? Yes  No
    - 2) Between the operational area and the region and/or state? Yes  No
6. Who is your primary dispatch agency for day-to-day emergencies?  
Alameda County Regional Emergency Communications Center
7. Who is your primary dispatch agency for a disaster?  
Alameda County Regional Emergency Communications Center

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

EMS System: Alameda County EMS

Reporting Year: 2010

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

**Early Defibrillation Providers**

1. Number of EMT-Defibrillation providers All providers are required to have EMT-Is who have had an AHA (or equivalent) BCLS course that includes defibrillation with AED.

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

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	N/A	N/A	N/A	N/A
Early defibrillation responder	N/A	N/A	N/A	N/A
Advanced life support responder	8.5 mins.	8.5 mins.	8.5 mins.	8.5 mins.
Transport Ambulance <i>Albany, Berkeley &amp; Piedmont FDs</i>	12 mins.	N/A	N/A	12 mins.
Transport Ambulance <i>Alameda FD</i>	10 mins.	N/A	N/A	10 mins.
Transport Ambulance <i>AMR – North Zone</i>	10.5 mins.	15 mins.	25 mins.	10.5 mins.
Transport Ambulance <i>AMR – South/ East Zones</i>	10.5 mins.	20 mins.	35 mins.	10.5 mins.
BLS and CPR capable first responder	N/A	N/A	N/A	N/A

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS**  
**Facilities/Critical Care**

EMS System: Alameda County EMS

Reporting Year: 2010

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

**Trauma**

Trauma patients:

- a) Number of patients meeting trauma triage criteria 4727
- b) Number of major trauma victims transported directly to a trauma center by ambulance 4596
- c) Number of major trauma patients transferred to a trauma center 258
- d) Number of patients meeting triage criteria who weren't treated at a trauma center N/A

**Emergency Departments**

- Total number of emergency departments 13
- a) Number of referral emergency services 0
- b) Number of standby emergency services 0
- c) Number of basic emergency services 13
- d) Number of comprehensive emergency services 0

**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: Alameda County EMS

Reporting Year: 2010

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

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? 52 sites within Alameda county
  - b. How are they staffed? Staffed as needed from evacuating ED staff
  - c. Do you have a supply system for supporting them for 72 hours?      yes X no
  
2. CISD  
Do you have a CISD provider with 24 hour capability?      yes X no
  
3. Medical Response Team
  - 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      no X
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams?      yes X no
  - b. At what HazMat level are they trained? Enhanced
  - 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?      13 (cities)

3. Have you tested your MCI Plan this year in a:
- a. real event? yes \_\_\_ no X
- b. exercise? yes X no \_\_\_
4. List all counties with which you have a written medical mutual aid agreement.  
All counties within Mutual Aid Compact Region 2
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes X no \_\_\_
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes X no \_\_\_
7. Are you part of a multi-county EMS system for disaster response? yes X no \_\_\_
8. Are you a separate department or agency? yes \_\_\_ no X
9. If not, to whom do you report? Alameda County Public Health Department
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes \_\_\_ no \_\_\_

**TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: Alameda County EMS \_\_\_\_\_

County: ALAMEDA \_\_\_\_\_

Reporting Year: 2010\_\_

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

<b>Training Institution Name</b>	American Health Education	<b>Contact Person telephone no.</b>	Jack Neiman-Kimel
<b>Address</b>	7300 Amador Plaza Road Dublin, 94568		800-483-3615

<b>Student Eligibility:</b> Open to the Public	<b>Cost of Program</b>  Basic <u>\$1195</u>  Refresher <u>\$295</u>	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: <u>85</u> Refresher: <u>80</u> Cont. Education        _____
		Expiration Date: <u>10-31-2011</u> Number of courses: <u>49</u> Initial training: <u>6</u> Refresher: <u>3</u> Cont. Education: <u>40</u>

<b>Training Institution Name</b>	Chabot College	<b>Contact Person telephone no.</b>	John McInnis
<b>Address</b>	25555 Hesperian Blvd. Hayward, CA 94545		510-723-6939

<b>Student Eligibility:</b> Open to the Public	<b>Cost of Program</b>  Basic <u>\$300</u>  Refresher _____	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: <u>58</u> Refresher: <u>20</u> Cont. Education        _____
		Expiration Date: <u>4-30-2012</u> Number of courses: <u>4</u> Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education:     _____

**Training Institution Name** Fast Response  
**Address** 2075 Allston Way  
Berkeley, CA 94704

**Contact Person telephone no.** Michael Frith  
510-849-4009

**Student Eligibility:**  
Open to the Public

**Cost of Program**  
  
Basic \$2500  
  
Refresher \$325

**\*\*Program Level:** EMT-1  
Number of students completing training per year:  
Initial training: 85  
Refresher: 40  
Cont. Education \_\_\_\_\_  
Expiration Date: 12-31-2011  
Number of courses: 6-8  
Initial training: 6-8  
Refresher: As necessary; posted on website  
Cont. Education: \_\_\_\_\_

**Training Institution Name** Las Positas College  
**Address** 3033 Collier Canyon Road  
Livermore, CA 94550-9797

**Contact Person telephone no.** Sebastian Wong  
925-373-5800, #1, #2046

**Student Eligibility:**  
Open to the Public

**Cost of Program**  
  
Basic \$300  
  
Refresher \_\_\_\_\_

**\*\*Program Level:** EMT-1  
Number of students completing training per year:  
Initial training: 50  
Refresher: 20  
Cont. Education \_\_\_\_\_  
Expiration Date: 3-31-2012  
Number of courses: 2  
Initial training: 2  
Refresher: 1  
Cont. Education: \_\_\_\_\_

**Training Institution Name** Unitek College  
**Address** 4670 Auto Mall Parkway  
Fremont, CA 94538

**Contact Person telephone no.** Joshua Green  
510-743-2710

<b>Student Eligibility:</b> Open to the Public	<b>Cost of Program</b>  Basic <u>\$3295-3995</u>  Refresher _____	<b>**Program Level:</b> <u>EMT-1</u> Number of students completing training per year: Initial training: <u>349</u> Refresher: _____ Cont. Education _____ Expiration Date: <u>8-31-2012</u>  Number of courses: <u>24</u> Initial training: <u>24</u> Refresher: <u>As necessary; posted on website</u> Cont. Education: _____
---	---	--

**Training Institution Name** Alameda County Fire Dept.  
**Address** 1426 164<sup>th</sup> Avenue  
San Leandro, CA 94578

**Contact Person telephone no.** Deede Vultaggio  
510-618-3485

<b>Student Eligibility:</b> Employees only	<b>Cost of Program</b>  Basic <u>No cost</u>  Refresher <u>No cost</u>	<b>**Program Level:</b> <u>EMT-1</u> Number of students completing training per year: Initial training: _____ Refresher: <u>0</u> Cont. Education <u>160</u> Expiration Date: <u>6-30-2012</u>  Number of courses: <u>As needed</u> Initial training: <u>As needed</u> Refresher: <u>As needed</u> Cont. Education: _____
---	--	---

**Training Institution Name** Alameda Fire Department  
**Address** 1300 Park Street  
Alameda, CA 94501

**Contact Person telephone no.** Gail Porto  
925-528-9180

<b>Student Eligibility:</b> Employees only	<b>Cost of Program</b>  Basic <u>No cost</u>  Refresher <u>No cost</u>	<b>**Program Level:</b> <u>EMT-1</u> Number of students completing training per year: Initial training: _____ Refresher: <u>0</u> Cont. Education <u>25-40</u> Expiration Date: <u>12-31-2009</u>  Number of courses: <u>As needed</u> Initial training: _____ Refresher: <u>As needed</u> Cont. Education: _____
---	--	---

**Training Institution Name** Berkeley Fire Department  
**Address** 997 Cedar Street  
Berkeley, CA 94701

**Contact Person telephone no.** Chris Pinto  
510-981-5595

<b>Student Eligibility:</b> Employees only	<b>Cost of Program</b>  Basic <u>No cost</u>  Refresher <u>No cost</u>	<b>**Program Level:</b> <u>EMT-1</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: <u>10-31-2012</u>  Number of courses: <u>As needed</u> Initial training: _____ Refresher: <u>As needed</u> Cont. Education: _____
---	--	---

**Training Institution Name** Bay EMT  
**Address** 1000 San Leandro Blvd  
San Leandro, CA 94577

**Contact Person telephone no.** Wellington Jackson  
510-708-9707

<b>Student Eligibility:</b> Employees only	<b>Cost of Program</b>  Basic <u>No cost</u>  Refresher <u>No cost</u>	<b>**Program Level:</b> <u>EMT-1</u> Number of students completing training per year: Initial training: <u>34</u> Refresher: <u>    </u> Cont. Education <u>    </u> Expiration Date: <u>4-30-2013</u>  Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>0</u> Cont. Education: <u>    </u>
---	--	---

**Training Institution Name** Fremont Fire Department  
**Address** 3300 Capital Ave, Bldg B  
Fremont, CA 94537

**Contact Person telephone no.** Pat Kramm, RN  
510-494-4233

<b>Student Eligibility:</b> Employees only	<b>Cost of Program</b>  Basic <u>No cost</u>  Refresher <u>No cost</u>	<b>**Program Level:</b> <u>EMT-1</u> Number of students completing training per year: Initial training: <u>    </u> Refresher: <u>    </u> Cont. Education <u>80</u> Expiration Date: <u>5-31-2011</u>  Number of courses: <u>As needed</u> Initial training: <u>    </u> Refresher: <u>As needed</u> Cont. Education: <u>    </u>
---	--	--

**Training Institution Name** East Bay Regional Parks District

**Contact Person telephone no.** Paul Cutino  
510-690-6607

**Address** 17930 Lake Chabot Road  
Castro Valley, CA 94546

<b>Student Eligibility:</b> Employees only	<b>Cost of Program</b>  Basic <u>No cost</u>  Refresher <u>No cost</u>	<b>**Program Level:</b> <u>EMT-1</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: <u>11-30-2013</u>  Number of courses: <u>1</u> Initial training: <u>1</u> Refresher: <u>As needed</u> Cont. Education: _____
---	--	--

**Training Institution Name** Merrit College  
**Address** 12500 Campus Drive  
Oakland, CA 94619

**Contact Person telephone no.** Demond Simmons  
314-237-7232

<b>Student Eligibility:</b> Employees only	<b>Cost of Program</b>  Basic <u>\$300</u>  Refresher	<b>**Program Level:</b> <u>EMT-1</u> Number of students completing training per year: Initial training: <u>150</u> Refresher: <u>0</u> Cont. Education <u>0</u> Expiration Date: <u>6-30-2013</u>  Number of courses: <u>7</u> Initial training: <u>7</u> Refresher: <u>0</u> Cont. Education: <u>0</u>
---	---	---

**Training Institution Name** Oakland Fire Department  
**Address** 47 Clay Street  
 Oakland, CA 94607

**Contact Person telephone no.** Juliet Henshaw  
 510-238-6957

<b>Student Eligibility:</b> Employees only	<b>Cost of Program</b>  Basic <u>No cost</u>  Refresher <u>No cost</u>	<b>**Program Level:</b> <u>EMT-1</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education _____ Expiration Date: <u>3-31-2012</u>  Number of courses: <u>As needed</u> Initial training: <u>As needed</u> Refresher: <u>As needed</u> Cont. Education: _____
---	--	---

**Training Institution Name** Camp Parks  
**Address** 520 Mitchell Drive  
 Dublin, CA 94568

**Contact Person telephone no.** Gail Porto, RN  
 915-528-9180

<b>Student Eligibility:</b> Employees only	<b>Cost of Program</b>  Basic <u>No cost</u>  Refresher <u>No Cost</u>	<b>**Program Level:</b> <u>Paramedic</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: _____ Cont. Education _____ Expiration Date: <u>1-31-2013</u>  Number of courses: <u>As needed</u> Initial training: <u>0</u> Refresher: <u>As needed</u> Cont. Education: _____
---	--	--

- 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 -- Dispatch Agency**

**EMS System:** Alameda County EMS \_\_\_\_\_

**County:** ALAMEDA \_\_\_\_\_

**Reporting Year:** 2010\_\_

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

Name, address & telephone:		Primary Contact:	
LLNL Fire Department 7000 East Ave., L-388 Livermore, CA 94551		(925) 423-1803      Chuck Berdan	
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: _ 4 _ 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: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal  Regional Center

Name, address & telephone:		Primary Contact:	
Oakland Fire Department 250 Fallon Street Oakland, CA 94607		Luis Diaz (510) 238-6725	
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: _ 21 _ 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: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone:		Primary Contact:	
American Medical Response 640 143 <sup>rd</sup> Ave San Leandro, CA 94577		Mike Taigman (510) 895-7633	
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: _____ 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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<p><b>Local EMS Agency or County Name:</b> Alameda County Emergency Medical Services</p>
<p><b>Area or Subarea (Zone) Name or Title:</b> City of Alameda</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Alameda Fire Department</p>
<p><b>Area or Subarea (Zone) Geographic Description:</b> City of Alameda including the property known as Coast Guard Island</p>
<p><b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action. Exclusive</p>
<p><b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All calls requiring emergency ambulance service</p>
<p><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. Uninterrupted service, in the same manner and scope, prior to 1/1/81 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. Not applicable</p>

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b> Alameda County Emergency Medical Services
<b>Area or Subarea (Zone) Name or Title:</b> City of Albany
<b>Name of Current Provider(s):</b> Include company name(s) City of Albany Length of operation (uninterrupted) in specified area or subarea. Prior to 1/1/81
<b>Area or Subarea (Zone) Geographic Description:</b> City of Albany
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action. Exclusive
<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.). All calls requiring emergency ambulance service
<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. Uninterrupted service, in the same manner and scope, prior to 1/1/81  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. Not applicable

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<p><b>Local EMS Agency or County Name:</b> Alameda County Emergency Medical Services</p>
<p><b>Area or Subarea (Zone) Name or Title:</b> City of Berkeley</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) Berkeley Fire Department</p> <p>Length of operation (uninterrupted) in specified area or subarea. Prior to 1/1/81</p>
<p><b>Area or Subarea (Zone) Geographic Description:</b> City of Berkeley, including State property at UC Berkeley and Federal property at Lawrence Berkeley Lab</p>
<p><b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action. Exclusive</p>
<p><b>Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). All calls requiring emergency ambulance service.</p>
<p><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. Uninterrupted service, in the same manner and scope, prior to 1/1/81</p> <p>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. Not applicable</p>

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b> Alameda County Emergency Medical Services
<b>Area or Subarea (Zone) Name or Title:</b> City of Piedmont
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Piedmont Fire Department
<b>Area or Subarea (Zone) Geographic Description:</b> City of Piedmont
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action. Exclusive
<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.). All calls requiring emergency ambulance service
<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. Uninterrupted service, in the same manner and scope, prior to 1/1/81  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. Not applicable

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

**Local EMS Agency or County Name:**

Alameda County EMS Agency

**Area or subarea (Zone) Name or Title:**

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

American Medical Response

**Area or subarea (Zone) Geographic Description:**

The entire geographic area (including rural and wilderness) within the borders of Alameda county excluding the municipalities of Albany, Berkeley, Piedmont and Alameda as well as Lawrence Livermore National Laboratory.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

**Exclusive**

See attached ambulance provider agreement 'RECITALS OF AUTHORITY'

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):**

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.).

**All calls requiring emergency ambulance service**

See attached ambulance provider agreement Section 1 Definitions

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Method of competition: **Competitive bid**

Intervals: **Five years, with 1 extension to 10/2011.**

Selection process. **Request for Proposal (RFP).**

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<p><b>Local EMS Agency or County Name:</b> Alameda County Emergency Medical Services</p>
<p><b>Area or Subarea (Zone) Name or Title:</b> Lawrence Livermore National Lab</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Livermore Lab Fire Department</p>
<p><b>Area or Subarea (Zone) Geographic Description:</b> Federal property known as Lawrence Livermore National Lab located south/east of the city of Livermore</p>
<p><b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action. Not applicable, Federal property</p>
<p><b>Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Not applicable, Federal property</p>
<p><b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> If <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. Not applicable, Federal property</p> <p>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. Not applicable, Federal property</p>

**EMERGENCY MEDICAL SERVICES AUTHORITY**

10901 GOLD CENTER DRIVE, SUITE 400  
RANCHO CORDOVA, CA 95670  
(916) 322-4336 FAX (916) 324-2875



June 24, 2011

Dale Fanning, Acting EMS Director  
Alameda County EMS Agency  
1000 San Leandro Blvd., Suite 100  
San Leandro, CA 94577

Dear Ms. Fanning:

We have completed our review of *Alameda County's 2010 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*.

The EMS Authority requested your Trauma System Status Report be submitted with your EMS Plan Update. While in the past the Trauma System Status Reports have been requested separate from the EMS Plan Updates, the EMS Authority is working with all local EMS agencies to submit both documents on the same schedule. Please expedite the submission of Alameda County's current Trauma System Status Report.

Your next annual update will be due on June 24, 2012. Please submit Alameda County Agency's Trauma System Status Report, as a separate document, with your EMS Plan Update. If you have any questions regarding the plan review, please contact Sandy Salaber at (916) 431-3688 or by email [ssalaber@emsa.ca.gov](mailto:ssalaber@emsa.ca.gov).

Sincerely,

A handwritten signature in black ink that reads 'Daniel R. Smiley'.

Daniel R. Smiley,  
Interim Director

DRS:ss