



County of Santa Clara

**Public Health Department**

Emergency Medical Services Agency

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# **2009**

## **EMERGENCY MEDICAL SERVICES PLAN**

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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)**

	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<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: 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**

	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<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**

	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<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:</b>					
<b>Advanced Life Support:</b>					
4.16	ALS Staffing	√	√	√	
4.17	ALS Equipment	√	N/A		

**RESPONSE/TRANSPORTATION (continued)**

	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<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**

		<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<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**

		<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<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		√			
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 counties with an emphasis on disaster/mutual aid operations and trauma system coordination.

### NEED(S):

#### OBJECTIVE:

Increase the availability of technical and clinical expertise at the EMS Agency to better serve the EMS System stakeholders and clinicians.

#### TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

The EMS Agency will continue to evaluate and research means to provide financial resources to maintain the 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 State has approved the County's EMS Quality Improvement Plan.

### COORDINATION WITH OTHER EMS AGENCIES:

### NEED(S):

1. Comprehensive assessment of all Records Management Systems currently in use by Santa Clara County provider agencies, hospitals and specialty care centers.
2. Implementation of a countywide data collection and management solution.

### OBJECTIVE:

1. Maintain a countywide quality assurance and improvement program based on the SCC EQIP plan.
2. Implementation of an inclusive prehospital data system to allow for increased standard evaluation of the EMS System across the spectrum of multiple provider agencies.
3. Identify needed EMS System changes through the continual QI process and inclusive data system review.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

1. The assessment of the current record management systems being utilized by the provider agencies was completed by in 2009.
2. It is estimated that a countywide integrated data collection and management solution will begin to be in place by Calendar Year 2010 based on funding ability.

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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.

**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):**

Development and implementation of a countywide data committee to identify the data points for a system wide PCR and development of a data dictionary.

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

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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.

In October of 2009, Dr. Eric Rudnick assumed the role of EMS Medical Director, working .5 FTE.

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 Director works closely with neighboring counties and is involved with EMDAAC at the State level, including his current role on the State EMS Commission.

**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.

Identify opportunities for improvement within the SCC EMS System through ongoing collaboration with multiple stakeholders, other LEMSA's and EMDAAC.

**TIMEFRAME FOR OBJECTIVE:**

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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 update in August 2009, 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.

**COORDINATION WITH OTHER EMS AGENCIES:**

The EMS Agency coordinates with neighboring counties.

**NEED(S):**

Increase neighboring county participation in annual planning.

**OBJECTIVE:**

Implement an annual review process that includes neighboring counties.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**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

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**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.

As of November 9, 2009, Santa Clara County EMS Agency formally designated Santa Clara Valley Medical Center and Stanford University Hospital as Level 2 Pediatric Trauma Centers.

**COORDINATION WITH OTHER EMS AGENCIES:**

The trauma care system continues to coordinate with the surrounding counties. The SCC trauma centers are also recognized trauma receiving facilities for other counties through their formal Trauma Plan. The SCC EMS system requires trauma system planning to consider adjoining systems when determining resource availability and catchment areas. EMS Agency representatives from the adjoining counties are active participants in the SCC Trauma Audit Committee and are members of the Trauma Triage task force. The San Francisco trauma

system manager has attended the SCC TAC meeting and has been invited to have the trauma center personnel from San Francisco present cases in this multi-disciplinary setting. The trauma representative from San Mateo EMS Agency regularly attends the SCC TAC meetings, although she had identified a need to have a separate review process in San Mateo that would involve Stanford and SF General. The trauma system managers from SCC and SF did not feel that this was beneficial as it was not multidisciplinary and resulted in the Trauma Medical Directors presenting the same case multiple times. It was felt that the involvement in the SCC TAC Meeting, where San Mateo cases are reviewed, and the invitation from SF for inclusion in their audit process should make it unnecessary to continue the San Mateo audit committee.

**NEED(S):**

Ensure the availability of trauma services for critically injured patients. A regionalized approach to trauma system planning needs to be incorporated into the current SCC trauma plan,

The need for formal inter-county agreements is recognized and the SCC EMS Agency is currently in the development stage with Monterey County. The agreement developed with Monterey County will be used as a template for the other surrounding counties that utilize the trauma centers in SCC.

**OBJECTIVE:**

1. Identify the goals and objectives to be included in the inter-county agreement.
2. Identify the current issues surrounding the lack of formal agreements with the trauma centers for patient outcome data.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Continue to work with Monterey County to ensure completion of formal agreements with each trauma center for outcome data to be sent.

Long-range Plan

Continue regional planning and collaboration inclusive of the adjoining counties.

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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):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long Range Plan

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**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 works in cooperation with public health, injury prevention programs and other stakeholder groups to developed educational programs to serve special populations, Printed materials are available in multiple languages and are developed specifically to the cultural needs of each population. A CT scanner that can accommodate patients weighing >300lbs. has been identified and the information presented at the TAC meeting.

**COORDINATION WITH OTHER EMS AGENCIES:**

The EMS Agency has coordinated development of its pediatric and trauma care systems with neighboring EMS systems. Coordinated activity to address other target groups and collaboration on injury prevention campaigns is taking 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. Identify special populations that would benefit from a regional approach to EMS system care. Develop a standardized data collection process to be used on a regional basis to identify further collaboration initiatives for special populations.

**OBJECTIVE:**

Identify a data collection process that will enable completion of a needs assessment with a focus on special needs population groups. Work with other agencies, both county and private, to identify and develop action plans for population groups identified as requiring specialized services.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan  
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 to their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

**CURRENT STATUS:**

The assigned roles for EMS system participants have been identified, with Agreements in place which allow the EMS Agency to measure compliance. Through local ordinance, provider agreements, exclusive operating areas, and designation of trauma centers STEMI Receiving Centers and stroke centers, system roles and responsibilities for 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. Continual oversight and monitoring of compliance to EMS System participant roles and responsibilities.
2. Evaluate and identify the optimal role for each receiving facility in SCC, which will assist in the development of receiving facility agreements.

**OBJECTIVE:**

1. Develop and implement receiving facility agreements.
2. Develop policies that will further clarify system participant roles and responsibilities within the Santa Clara County EMS System, as needed.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

It is anticipated that objective 1 will be completed by the end of Calendar Year 2011.

Long-range Plan

Long-range planning will focus on establishing ongoing objectives for various specialty care system participant roles, along with identifying the role of the facilities that do not meet the criteria for specialty care designation. The roles and responsibilities of prehospital system providers is continually monitored for compliance, with action plans developed as needed.

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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

Increased review and monitoring started at the end of Calendar Year 2006.

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.

---

**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):****OBJECTIVE:****TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

Long-range planning will continue to 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:**

The EMS Agency coordinates with other LEMSAs and partners as appropriate.

**NEED(S):**

1. Policies that integrate with surrounding jurisdictions as needed.
2. Shared understanding of surrounding jurisdictions policies and the affect they may have on the SCC EMS System.

**OBJECTIVE:**

1. Coordinate policy development with surrounding jurisdictions when applicable.
2. Identify policies from surrounding counties for review and possible implementation.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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

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**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 as identified in the Santa Clara County Prehospital Care Manual.

**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:**

1.16 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:**

Annual Implementation Plan

Long-range Plan

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

**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 hospital model has been determined to be optimal 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.

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEED(S):**

On-line medical direction (base hospital) coordination needs to be reviewed for compliance to identified roles and responsibilities.

**OBJECTIVE:**

Evaluate current base hospital roles and responsibilities; modify as necessary.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

Long-range planning will focus on a detailed review of base hospital performance and compliance, mobile intensive care nurse training program, physician medical direction, and identification of improvements required.

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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.
- k.) 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. The Medical Directors Advisory Committee (MDAC) was developed and implemented in 2005 and continues to meet bi-monthly. This physician based advisory committee reviews current policies, protocols and local scope of practice for prehospital personnel.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

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

**OBJECTIVE:**

Review and revise policies, as needed, to meet the State 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:**

Annual Implementation Plan

The EMS Medical Director ensures the uniform and clinically sound delivery of pre-arrival clinical medical direction through his role as the medical director for county communications

Long-range Plan

The EMS Medical Director will continue to attend meetings with the PSAP's and provide direction on pre-arrival/ post dispatch instructions.

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**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:**

Revised policy in 2007 to include State Durable Power of Attorney for Health Care. Mass education provided to field at EMS updates.

In May of 2008 a pilot study for the use of the POLST form, limited to the area of the City of San Jose was implemented. Education for San Jose Fire paramedics and AMR paramedics was implemented by the POLST coalition. Three Skilled Nursing Facilities, and two area hospices undertook to implement the POLST form. Issues related to the POLST form were related to the POLST coalition with the participation on meetings from San Jose Fire and AMR representatives. In September of 2008 mass education through the annual update class was presented in light of the passage of AB 3000. Policy 604 "Do Not Resuscitate" was changed to include the use of the POSLT form. This policy was reviewed by County Council. Full implementation of the POSLT process in EMS is slated for 01/22/2009.

Full implementation of the POLST process throughout the county began in January of 2009.

**COORDINATION WITH OTHER EMS AGENCIES:**

The local DNR policy utilizes the State Durable Power of Attorney for Health Care 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 tri-county CCT-P protocol book was published and included in the Prehospital Field Manual.

**COORDINATION WITH OTHER EMS AGENCIES:**

The CCT-P program was developed in collaboration with Alameda County and Contra Costa County.

**NEED(S):**

Continual oversight and monitoring of the CCT-P program needs to be refined and ensure adherence to the specified roles and responsibilities.

**OBJECTIVE:**

Identify and assist in the implementation of an affective QI process that ensures adherence to policies and protocols.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

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 or established monitoring system.

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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):****OBJECTIVE:**

Develop and implement an agreement with the City of Palo Alto. This will be tied to the June 2011 EOA process (the EOA managed by AMR will end on June 30, 2011).

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

## Long-range Plan

It is estimated that an agreement with the City of Palo Alto could be in place by July 2011.

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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:**

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

### **TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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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. The designated trauma centers were reviewed by ACS and EMS Agency staff in 2006/7. All three trauma centers were successfully verified by ACS and found to meet the local requirements for re-designation. During the evaluation phase of revising the current trauma plan, it was identified that the optimal trauma system design for both local and regional improvement would include the designation of pediatric trauma centers. The two Level I trauma centers were found to meet the additional pediatric requirements by

both ACS and SCC EMS Agency for verification and designation. The process and outcome for the addition of pediatric trauma centers in SCC was included in the revised trauma plan.

The County completed the designation process for the pediatric trauma centers through formal agreements and approval by the Board of Supervisors in September 2009. Stanford University and Santa Clara Valley Medical Center are now designated.

**COORDINATION WITH OTHER EMS AGENCIES:**

Santa Clara County receives trauma patients from Santa Cruz, San Benito, Monterey and San Mateo counties. All trauma policies from the counties that utilize the SCC trauma system were reviewed during the trauma plan revision process, with identified areas for improvement discussed with the appropriate LEMSA. This process resulted in several policy changes that would enhance the regional trauma system design and ensure that the SCC trauma system would not be negatively impacted by a non-collaborative approach to trauma care.

**NEED(S):**

Continue development of a regional trauma system plan which is based on an optimal utilization of resources. Maintain the regional trauma audit process, which includes representation from counties recognizing trauma centers in Santa Clara in their trauma plan. Continue to work with Monterey County in the development of their trauma plan.

**OBJECTIVE:**

1. Identify the optimal design of the trauma system based on regional needs.
2. Identify opportunities for improvement through regional collaboration.
3. Maintain a safe and effective regional trauma system, with a focus on appropriate utilization of resources.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

The continual assessment of the SCC Trauma System will be ongoing to ensure the optimization of a regional approach to trauma care. The SCC EMS Agency will continue to evaluate the utilization of resources and make system changes as needed.

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**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 developed an EMSC project for delivery of care to pediatric patients, which currently does not include formal recognition of EDAP's. The Level I trauma centers have successfully completed an ACS verification and designation review for formal identification as designated pediatric trauma centers in SCC. The process for formalizing the pediatric designation through development of a formal agreement with SCC County is currently in the negotiation phase. The identification and formal assignment of EMSC roles for the SCC emergency departments will be included in the development of receiving facility agreements.

**COORDINATION WITH OTHER EMS AGENCIES:**

A formal EMSC system will be evaluated, designed and implemented in a cooperative regional approach with the establishment of a regional EMSC committee. SCC is actively involved in the CA EMSC committee meetings, conferences and QI measures.

**NEED(S):**

Continue to evaluate, develop and implement a comprehensive pediatric emergency medical and critical care system plan that includes triage and destination policies, recognition of pediatric facilities and formalizing agreements for the care of the pediatric patient. Complete the formal pediatric trauma center designation process with the Level I trauma centers.

**OBJECTIVE:**

1. Evaluate the effectiveness of the SCC EMS system at meeting the needs of the critically ill and injured children.
2. Implement an EMSC system based on State guidelines and local needs, which is inclusive of the needs of the pediatric population during a disaster and recovery event.
3. Identify available pediatric resources and develop receiving facility agreements.
4. Implement the formal designation of the pediatric trauma centers for inclusion in the statewide trauma system. Formal designation of Santa Clara Valley Medical Center and Stanford University Hospital as Level 2 Pediatric Trauma Centers was complete on November 9, 2009.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan  
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.

**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:**

2.01 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.

**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

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**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.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**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

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**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. All PSAPs have implemented EMD Countywide.

**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. Further refinement of EMD CE.
2. EMD Training and call review for dispatchers Countywide.

**OBJECTIVE:**

Address the needs identified above.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**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:**

Annual Implementation Plan

Long-range Plan

---

**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):**

Greater Coordination with industrial/collegiate response teams.

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**OBJECTIVE:**

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

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

Long-range planning to ensure industrial/institutional response team integration.

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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. 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.

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**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**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

Long-range Plan

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**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 maintain a requirement 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 requirements for education/certification standards as they pertain to ED personnel. Board certification of all practicing ED physicians is not an identified regulatory requirement unless the facility is a designated specialty care center. Therefore, the requirements of this standard are interpreted as "should" and there is no need to ensure board certification of ED physicians outside of the designated specialty care facilities. The recommendation for board certification needs to be included in all receiving facility

agreements, but will not be a measure that precludes any facility.

**OBJECTIVE:**

Develop written agreements with receiving facilities.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Ensure that all SCC ED Managers are aware of the requirements of this standard

Long-range Plan

Receiving facility agreements will be developed and implemented.

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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.

**COORDINATION WITH OTHER EMS AGENCIES:**

Continued participation in the Silicon Valley Interoperability Radio Project, Bay Area Super Urban Area Security Initiative (SUASI) Workgroups, etc.

**NEED(S):**

A regional medical mutual aid communication system.

**OBJECTIVE:**

Improve mutual aid communication capability with other counties and state agencies through existing stakeholder groups.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range 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.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

**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:**

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):****OBJECTIVE:****TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

Long-range planning consists of the identification of strategic communication system planning and financing to meet 700 MHz rebanding initiatives.

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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):**

Funding to support inter/intrahospital communications.

**OBJECTIVE:**

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

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

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):**

Funding mechanisms to support communication linkages are necessary.

**OBJECTIVE:**

Procure funding mechanisms to support communications linkages.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

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):**

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

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:**

EMD (MPDS) has been implemented in all jurisdictions within Santa Clara County.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable

**NEED(S):**

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

**OBJECTIVE:**

Implement dispatch policies for non-emergency dispatch centers in the County.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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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):**

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

**OBJECTIVE:**

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

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

CAD to CAD linkages remain a priority in the County and for the Silicon Valley Interoperability Project.

**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):**

Agreements with adjacent EMS Agency's and associated providers.

**OBJECTIVE:**

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

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**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

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**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:**

EMD (MPDS) is in place in all jurisdictions.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):****OBJECTIVE:****TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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

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**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):****OBJECTIVE:****TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**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):**

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

**OBJECTIVE:**

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

**TIMEFRAME FOR OBJECTIVE**

Annual Implementation Plan

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.

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**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 aero medical 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 is managed through a real-time internet-based tracking system. CAD linkages ensure coordinated dispatch and response.

**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

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**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:**

Specialized response vehicles are maintained by first responder organizations as appropriate.

**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):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Planning

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**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:**

Addressed in the Multiple Patient Management Plan (MPMP).

**COORDINATION WITH OTHER EMS AGENCIES:**

Current coordination is limited.

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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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):**

Establish written mutual aid agreements with surrounding counties.

**OBJECTIVE:**

Implement mutual aid request and response policies and procedures.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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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.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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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 Patient Management Incident Plan is compliant 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.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):****OBJECTIVE:**

None

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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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

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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.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

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

**OBJECTIVE:**

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

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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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.

**CURRENT STATUS:**

The EMS Agency last reviewed the design of EOA's in 2001. The System is in the process of evaluation and will be conducting an "EMS Best Practices" and subsequent RFP by June 2011.

**COORDINATION WITH OTHER EMS AGENCIES:**

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

**NEED(S):**

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

**OBJECTIVE:**

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

Review and planning are underway as the current EOA contract with AMR is due to expire on June 30, 2011.

Long-range Plan

Long-range planning will focus on a comprehensive review of the existing delivery method.

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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 assesses the EMS-related capability of its acute care receiving facilities and specialty care centers, and will be developing and implementing receiving facility written agreements in the near future.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

Written agreements for receiving facilities that participate in the local EMS system.

**OBJECTIVE:**

Develop and implement formal signed agreements with receiving facilities to participate in the local EMS system.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-Range Plan

Written agreements.

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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 criteria have been developed and a trauma triage protocol is currently in use. Current transfer agreements are in place at the designated trauma centers with specialty centers (burn, spinal cord, pediatrics, rehab and cardiopulmonary bypass). The Trauma Triage Task Force met on a monthly basis to assess the current trauma triage criteria/protocol and they developed a report of their findings and recommendations for change. Most of the recommendations were implemented in 2008.

**COORDINATION WITH OTHER EMS AGENCIES:**

The surrounding county EMS agencies are participating in the SCC Trauma Triage Taskforce. SCC Trauma Centers currently accept patients transferred from Modesto, Tulare, and as far south as San Luis Obispo. Coordinating with other EMS Agencies outside of our surrounding counties is a challenge when trauma patients are being transferred long distances due to lack of available resources in closer proximity. SCC EMS Agency and trauma center staff are currently working with Monterey County in the development of their trauma plan and identification of catchment areas for transfer of trauma patients to SCC trauma centers. The necessity for formal transfer agreements between the acute care facilities in Monterey County and the SCC trauma centers has been identified.

**NEED(S):**

The need for evaluation and revision of existing prehospital trauma triage protocols will be addressed through the Trauma Triage Task Force process. Development of formal inter-county agreements for the triage and transfer of patients from adjacent counties will need to be completed. The acute care facilities in the SCC regional trauma system need to develop and/or maintain written transfer agreements with the SCC trauma centers.

Work with CA EMSA to identify the statewide needs for increased resources for trauma patients being transferred long distances to SCC trauma centers. Regional needs assessments should occur on a statewide level to ensure optimal trauma patient care and decrease the potential negative impacts to trauma systems, centers and patients when care is not available locally.

**OBJECTIVE:**

1. Review and implement changes to the existing prehospital trauma triage and transfer protocols as appropriate, based on review and evaluation of the Trauma Triage Task Force recommendations and final report.
2. Assist the trauma centers in acquiring formal transfer agreements with acute care facilities outside of SCC.
3. Identify and assist in the revision of trauma triage criteria currently used in the surrounding counties, for determination of transport to the SCC trauma centers.
4. Participate in the development and implementation of a statewide trauma system utilizing the regional approach.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

Continue to assess the utilization of trauma resources directly affected by trauma triage criteria.  
Actively participate in the statewide regionalization efforts of the CA EMSA  
Ensure trauma center compliance in maintaining transfer agreements through the re-designation onsite review process.

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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, the discussion of identified criteria for transfer of the trauma patient has just recently been addressed through the TAC process.. The EMS Agency in collaboration with trauma center staff have outlined the scope of work, which includes; identified criteria based on anatomical and physiological injury and findings, recommendations for the classification of patients requiring immediate transfer and direction on the utilization of the EMS System communications network for immediate ambulance response without the need to call 911.

The SCC EMS Agency staff continues to evaluate the need for transfer agreements based on the identification of facilities that have been designated as specialty care centers. The stroke system is evaluating and identifying different levels of care that can be provided at individual stroke centers and will base the need and criteria through the Stroke Audit Committee process.

**COORDINATION WITH OTHER EMS AGENCIES:**

The trauma center monthly activity report includes the County of origin for the trauma population that utilized the resources of the SCC trauma centers. This report is provided to the TAC representatives from the regional LEMSA's. Santa Cruz County has been very proactive in identifying the EMS population as compared to the inter-facility transfer population. There is currently no formal coordination of patient inter-facility transfer with other EMS agencies pertaining to the inter-facility transfer population, but instead, it is left to the trauma center accepting physician to determine appropriate need.

**NEED(S):**

Develop formal agreements with all hospitals, identifying and detailing level of care capabilities. Assist with the development of transfer guidelines for trauma and other specialty care patient populations, 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:**

1. Develop transfer criteria, protocols and guidelines for trauma and other specialty patient populations.
2. Develop receiving facility agreements, which would identify the need for transfer agreements for specialty patient groups.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

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 agreements with receiving facilities have not been implemented. All facilities with a licensed basic or comprehensive emergency department are allowed to participate in the EMS system. Level I and level II Trauma Centers have been designated, along with eight Stroke Centers. Receiving facility monitoring is limited to patient diversion, cardiac arrest outcome reporting and syndromic surveillance monitoring. Trauma Centers and Stroke Centers are regularly reviewed, and participate in multi-disciplinary audit committees. SCC EMS Agency is currently in the process of gathering consensus for the development of a cardiac system

**COORDINATION WITH OTHER EMS AGENCIES:**

There is an ongoing regional monitoring process for the utilization of the SCC Trauma System and Trauma Centers. The need for regionalizing the stroke system has not been identified.

**NEED(S):**

Receiving facility agreements with all hospitals that participate in the Santa Clara County EMS system need to be developed and implemented. Develop and implement a process that enables monitoring of receiving facilities. Continue to assess the need for specialty care systems and designation of specialty care facilities based on the EMS System patient population.

**OBJECTIVE:**

1. Develop and implement receiving facility agreements with all hospitals that participate in the SCC EMS system.
2. Develop and implement specialty care center agreements for specified groups of prehospital patients as determined by the identification of need..
3. Develop a process to monitor receiving hospital's for compliance to the receiving facility agreement.
4. Identify the need and stakeholder support for a cardiac care system, to improve care for the patient population that is identified as having an ST Elevation Myocardial Infarction (STEMI).

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

Receiving facility agreements are to be developed and implemented by the end of 2009.

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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 various committees. In addition, the EMS Agency assists the hospitals with preparation for mass casualty management through the Hospital Council of Northern California.

**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

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**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):**

Annual exercising of this objective.

**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:**

Annual Implementation Plan

It is estimated that annual exercises and the existing internet-based hospital status management system will continue to be expanded.

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**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.

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEED(S):**

A financed and comprehensive review of the existing base hospital program is needed. The review should include MICN and base hospital physician training and orientation, compliance with EMS System policies when providing medical direction, ability to provide medical direction when needed by prehospital providers and compliance to the base hospital agreement and QI requirements.

**OBJECTIVE:**

Complete a comprehensive review of the designated base hospital program

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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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's diverse population base has increased by 20% since the original Trauma Plan was ratified twenty years ago. Greater than ninety-five percent (95%) of the 1.8 million<sup>1</sup> residents live in the San Jose metropolitan area at the north end of the Santa Clara Valley, which includes San Jose and twelve other incorporated cities. Two incorporated cities in the southern portion of the county are home to most of the remaining residents. Economic conditions vary widely throughout the county according to trends in technology

industries, time of year and the transient population. Primary employers are technology, agriculture, manufacturing and service-related companies. Most of the major industry is located in the northern metropolitan area of the county.

The Trauma System secondary catchment area extends beyond the borders of Santa Clara County into the neighboring counties of San Mateo, Santa Cruz, Monterey, and San Benito. This secondary catchment area population totals 1 million, which brings the extended regional catchment area population base to 2.8 million. The San Mateo County Trauma System Plan includes Stanford Medical Center as a receiving trauma center. Trauma patient ground and air transports in the southern portion of San Mateo County are directed by San Mateo County field triage criteria to Stanford's Level I Trauma Center in north Santa Clara County. Additionally, all trauma air transports from Northern San Mateo County are directed to Stanford. The ability of the SCC trauma system to provide trauma services to adjoining counties has been successful due to the regional trauma system approach and the collaboration of all LEMSA's involved.

Santa Clara County developed and implemented trauma center catchment areas in 2005, with no identified changes required since that time. Two trauma centers (Level I & II) are located in the metropolitan area of San Jose and receive the majority of trauma patients from the central and the southern portion of Santa Clara County, as well as receiving transfers from surrounding counties. Injured patients in the northern area of the County are transported to the Level I trauma center located in the northwestern portion of the County, which also treats major trauma victims from the southern portion of San Mateo County, northern portion of Santa Cruz and counties throughout CA.

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

Adjoining county LEMSA representatives, that have identified the Santa Clara County trauma centers in their trauma plan, are invited to become active members on the Santa Clara County Trauma Audit Committee. Trauma data from the designated trauma centers and the EMS Agency Central Trauma Registry are provided to the counties in aggregate form when requested. Representatives from the designated trauma centers, the EMS Agency Medical Director and the County Trauma Systems Program Manager also participate in Regional Quality Improvement Programs 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 Santa Clara County trauma system are being effectively utilized.

Work with CA EMSA to identify regional trauma system issues. Currently this would include long transports of trauma patients from trauma systems within CA that are unable to consistently serve their identified trauma system patient population.

#### **OBJECTIVE:**

1. Maintain and refine a regional trauma system that safely and effectively serves patients with critical injuries.
2. Revise the current Trauma Plan to include inter-county EMS agency agreements that will define the utilization and transport of trauma patients to the Santa Clara County Trauma System.
3. Actively participate in the CA EMSA Trauma System Regionalization process.

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

Annual Implementation Plan

Include inter-county EMS Agency Agreements in the next trauma plan update.

Long-range Plan

Participate in the CA EMSA trauma system regionalization process and provide a lead role in development and implementation.

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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 development and ongoing support of the trauma system in Santa Clara County. Santa Clara County supports this commitment for a participatory approach for the ongoing planning and improvements of trauma services.

**COORDINATION WITH OTHER EMS AGENCIES:**

Santa Clara County receives trauma patients from Santa Cruz, San Benito, Monterey and San Mateo counties. Policies 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. Establish formal inter-county agreements with all regional LEMSA's 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.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

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, although it is not a formal system. The identification of emergency departments that meet established pediatric requirements will be included in the development of receiving facility agreements

**COORDINATION WITH OTHER EMS AGENCIES:**

Efforts for a regional EMSC System will be coordinated with all interested regional LEMSA's.

**NEED(S):**

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

**OBJECTIVE:**

1. Using the EMSC Implementation guidelines, institute a regional EMSC program.
2. Develop and implement a pediatric system based on the components of an EMSC system.
3. Develop and implement receiving facility agreements that include the EMSC components.

**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, although it is not a formal system. During the process of establishing the above noted program, EMS Agency staff completed on-site visits to the emergency departments in SCC.

**COORDINATION WITH OTHER EMS AGENCIES:**

Efforts for a regional EMSC System will be coordinated with all interested regional LEMSA's.

**NEED(S):**

Continue efforts to develop a formal EMSC system in Santa Clara County. Ensure that the pediatric services provided by the EMS system meet 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. Designate pediatric trauma centers.

Funding to support the ongoing EMSC development process.

**OBJECTIVE:**

1. Using the EMSC Implementation guidelines, institute a regional EMSC program.
2. Develop and implement a pediatric system based on the components of an EMSC system.
3. Develop and implement receiving facility agreements that include the EMSC components.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**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 2009.

**COORDINATION WITH OTHER EMS AGENCIES:**

**Efforts for a regional EMSC System will be coordinated with all interested regional LEMSA's.**

**NEED(S):**

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

**OBJECTIVE:**

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

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range 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, Pediatric Trauma , STEMI and Stroke care as the 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. The STEMI System was fully implemented in August of 2008. The Stroke Care Task Force has been meeting for the past two (2) years, with development of final recommendations occurring in 2005. The EMS Agency developed a Stroke System Plan, which was implemented in 2006.

**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 members of TAC and were involved in 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:**

1. Identify the need for specialty care centers within the EMS system. Examples may include specialty care centers for cardiac care, acute spinal cord and high-risk obstetrics.
2. Develop, plan and implement specialty care systems within the EMS system as the need for specialty care is identified.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

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

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 developed a Quality Improvement plan in 2006 based on the State EQIP guidelines, and fully implemented the Plan in 2007. All provider agencies received training, and participation in the process was accomplished. Preliminary data was collected using clinical indicators approved by the Prehospital Audit Committee. 2007, the Prehospital Audit Committee was convened and continues to meet bimonthly to review system issues, and sentinel cases. In 2007, the formal Santa Clara County EQIP plan was finalized after multiple reviews including public comment. The plan will be submitted to the California Emergency Medical Services Authority for approval. All Provider agencies submit data to the EMS Agency related to specific clinical indicators that measure the performance of the care providers related to Cardiac, Stroke and Trauma patients. The PAC meeting continues bimonthly and the results of the discussions at PAC are communicated to the EMS system providers through educational advisories.

2008 Santa Clara County EMS Agency received approval of the EQIP plan from the State EMS Authority.

Mechanisms for identifying preventable morbidity and mortality are in place for the trauma 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.

In 2007, multiple reports are distributed to all participants related to system performance. Cardiac and Stroke clinical indicators are collected from the provider agencies and reports on the performance are returned to the provider agencies to use for focused education for the provider personnel. We began to study cardiac arrest patient outcomes related to rates of return of spontaneous circulation, and use of the Autopulse, The EMS agency uses the transport agency data to develop reports that are presented at the PAC meeting.

Cardiac arrest data is collected and rates of ROSC are published to the PAC committee on a quarterly basis. Intubation rates and success/failure rates are assessed on a quarterly basis with information presented at PAC. Statistics are reviewed and information is disbursed to the prehospital community in the form of education.

In 2009 the individual provider agencies were tasked with creating their agency EQIP plans and development of the LEMSA agency annual update of the EMS EQIP plan is started.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

Continued participation in the EQIP process by all provider agencies and the EMS Agency

**OBJECTIVE:**

Maintain the countywide EQIP plan

**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. EMS Agency staff has worked with AMR to provide access to the web based ePCR viewer for trauma department staff, ED managers and EMS staff. Users can access all PCR's generated by the transport agency for SCC prehospital patients, with the ability to print the PCR if it is missing in the medical record.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

A computer-based patient record is required for retrieval, and review of all SCC prehospital provider records.

**OBJECTIVE:**

1. Select and implement a prehospital computerized data system inclusive of all SCC prehospital providers.

2. Comprehensive assessment of all Records Management Systems currently in use by Santa Clara County provider agencies.

**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 throughout the continuum of care. 2007, the EMS inclusive data system committee met and determined that a comprehensive assessment of all existing data systems in the prehospital environment was the required first step towards development of an inclusive prehospital data system. The data committee which was comprised of: EMS Agency personnel, representatives from the Fire Chiefs, HHS IT personnel and the EOA transport provider, met 4 times to develop the scope of work for the consultant RFP.

The RFP was posted and after several meetings of the source selection committee to review the submitted proposals, a consultant was selected. Contract negotiations with the selected contractor were unsuccessful. Therefore, a second RFP process is currently active. In 2009 an exhaustive, comprehensive review of all electronic documentation systems was achieved through the engagement of a contractor. Additionally a plan to develop the inclusive comprehensive EMS data system was presented. At the present time the EMS Agency is waiting to secure financing to implement the recommended system.

**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. A comprehensive assessment of all Records Management Systems currently in use by Santa Clara County provider agencies needs to be completed.

**OBJECTIVE:**

1. Identify a consultant through the current RFP process for the comprehensive assessment of all Records Management Systems currently in use by Santa Clara County provider agencies.
2. Select and implement an inclusive prehospital computerized data system that will meet the needs of the system providers and the EMS Agency.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

It is estimated that the selection of a contractor to perform the comprehensive assessment will be completed

by the end of 2008.

Long-range Plan

It is estimated that selection and implementation of an inclusive prehospital data system will be completed by the end of 2010.

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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 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 establishing an inclusive data management system.

2007 the SCC EMS agency began the process to obtain the services of a consultant who could assist us to develop a centralized, inclusive EMS data base. An EMS Data Steering Committee was formed to facilitate a written RFP for the consultant. The steering committee consists of representatives from the Fire Service, the transport provider agency, the private transport provider agencies, the dispatching centers (County

Communications, and PSAPS), the EMS Agency operations section, and SCC PHS IS staff.

An RFP for the completion of Phase 1 of the process (the Countywide assessment of all IT systems existent in the County among the provider agencies) was developed and posted in July of 2007. There was a successful bidder but unfortunately the bidder and the County were unable to come to agreement on certain aspects of the contract. Another RFP will be developed.

2008 The EMS Agency published a second RFP and a new consulting firm was identified through this process. The new consulting firm is expected to start in 2009 to complete the EMS System Data Assessment.

Phase one of the process was completed in July of 2009. The recommendations from the consultant will be housed in an RFP for Phase 2 which is the procurement and implementation phase.

**COORDINATION WITH OTHER EMS AGENCIES:**

The Data System will be compliant with the CEMSIS (statewide data system)

**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 patient data.

**OBJECTIVE:**

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

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**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.

In 2007 the EMS Agency commissioned a contractor to review the EMS System. Prehospital QI was part of the analysis and much time was spent with the reviewed to facilitate the development of the EQIP plan.

The Santa Clara County EMS Agency EQIP plan was approved in 2008 by the State EMSA. An update for the year 2009 is in draft form currently and once locally approved will be submitted to the state. All of the provider agencies have been developing their individual agency plans which will be submitted for approval to the EMS Agency in 2010.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

Regular system review.

**OBJECTIVE:**

Complete a system review prior to releasing an RFP for services (scheduled to become effective July 2011).

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**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:**

SCC EMS Agency added the position of Quality Management Coordinator in 2007. The main focus of this position will be the implementation of the EQIP plan and monitoring of provider participation. Identification of non-compliant participation will be addressed by the EMS Medical Director and EMS Director.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

Implementation of the EQIP plan needs to be followed by continual monitoring of provider participation.

**OBJECTIVE:**

1. Monitor prehospital provider participation in the EQIP process.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**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:**

Regular communication with the Emergency Medical Services Committee and Board of Supervisors occurs.

**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, will include prehospital, base hospital, and receiving hospital data.

In 2007, the EMS Agency purchased a new recording device that creates a digitized record of all Base Hospital calls (both on-line medical control calls and notification calls. The recording device can be connected to a network server. Once this is accomplished the EMS Agency will have access to these calls for review as part of the QI process.

In 2008. The PHS/IS department was able to connect the recording device to a server, and now the Base Hospital calls can be reviewed by the EMS Agency as part of the EQIP process.

The connection between the recorder at the base hospital and the EMS Agency was accomplished in 2009. The Quality management personnel as well as the EMS Medical Director are able to monitor and call back any recorded base station contacts.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

A system wide process is needed to provide feedback to prehospital care personnel on patient outcomes. Continue the system wide EQIP process that meets system needs and State guidelines. Continue to provide EMS funding to support the ongoing assessment, development and procurement of a comprehensive data management system.

**OBJECTIVE:**

1. Identify and implement a system wide process to provide feedback to prehospital care personnel on patient outcomes.
2. Evaluate the implemented system wide CQI process based on the EQIP plan

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

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. In 2005, it was identified that the trauma registry vendor support was not adequate to meet the needs of the registry users. It was decided by all trauma registry users to enter into an RFI process to evaluate other registry products. Following the RFI process a formal RFP process began which concluded with selection of a new trauma registry in 2007.

Pre-Trauma Audit Committee Screening Committee (Pre-TAC) composed of trauma center medical directors, the EMS medical director and trauma system/trauma program managers review trauma cases identified through established audit filters. This external review process allows for identification of cases for further review at the larger committee of TAC that is convened on a bi-monthly basis. TAC is a multidisciplinary committee with membership inclusive of trauma surgeons, trauma program managers, representatives from various subspecialties, non-trauma hospitals, pre-hospital provider medical directors and EMS Agency staff.

Lancet's Trauma One is installed at all trauma facilities and is functional since January of 2009. There are issues ongoing in data collection and the registrars, trauma program managers, and LEMSA staff meets monthly to ameliorate the issues. Lancet is available to assist with development and problem solving.

In July of 2009, Lancet provided three days of education to all the registrars, trauma program managers and LEMSA Staff to enable congruence in reporting among the centers and between the centers and the LEMSA.

**COORDINATION WITH OTHER EMS AGENCIES:**

Santa Clara County is the only Bay Area trauma system with designated trauma centers that serve four adjoining counties: San Mateo, Santa Cruz, San Benito, and Monterey. EMS Medical Directors or representatives 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 hospitals and SCC EMS Agency collaborates with these counties by providing trauma data on out-of-county trauma patients. The data provided enables completeness in their quality improvement programs for clinical review and reports. Santa Clara County trauma center staff managers and EMS Agency trauma system staff are invited to attend trauma QI meetings in the surrounding counties.

**NEED(S):**

Santa Clara County EMS Agency 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 injury prevention activities.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

The new trauma registry data product was selected in 2007 and was implemented in January 2008

Long-range Plan

Establish a data link to the inclusive EMS data system once it is implemented

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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 aggregate numbers are 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, the coroner identifies deaths that may have occurred out of the trauma system to determine need for follow-up. The coroner is currently performing external exams only on the majority of trauma patients. The trauma medical director's have the ability to contact the coroner and request that a complete autopsy be completed on a trauma patient.

The Santa Clara County Trauma Registry that is installed in each designated trauma center has been customized to meet the needs of the trauma centers and trauma system. The new trauma registry data fields are based on the NTDS and CA trauma registry data dictionaries.

**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 injured patients and be able to affect changes in targeted prevention activities to decrease further death and disabilities. Investigation of funding for such expansion needs to be done.

Another consideration would be mandating participation of all acute care facilities in data collection through the receiving facility agreements. Currently the EMS Agency relies on the Unusual Occurrence Report (UOR) for all system participants to report trauma or EMS system issues which includes under-triage of patients to non trauma facilities.

**OBJECTIVE:**

1. Develop and implement receiving facility agreements, which would include the requirement for non-trauma hospitals to participate in an injury data collection program.
2. Identify and develop routine validation studies on the central registry data.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Perform routine validation studies on the central registry data.

Long-range Plan

Inclusion of the requirement for data collection on under-triaged patients will be included in the receiving facility agreements.

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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:**

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):**

Additional funding to support educational programs.

**OBJECTIVE:**

Identify funding to support educational programs is provided on a continuous basis.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan:

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

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**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:**

Grant funding is obtained to support citizen disaster preparedness activities.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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

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**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):**

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

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**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

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**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.

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**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):**

Funding to support training.

**OBJECTIVE:**

Training is funded.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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**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:**

Santa Clara County Prehospital Care Policy surpasses basic requirements for responders and EMS supervisory positions.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

Continued funding for training.

---

**OBJECTIVE:**

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

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**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):**

Establish a revised mechanism for regional distribution of casualties.

**OBJECTIVE:**

A revised regional casualty distribution policy.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

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 DOC 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

**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. 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):**

Fully funded and implemented statewide EMS communications channels.

**OBJECTIVE:**

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

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

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):**

Coordinated resource availability with the Region.

**OBJECTIVE:**

None

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**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 in place 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, 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:**

Coordinated mutual aid agreements in place within the Region.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan  
Long-range Plan

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**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 has procured mobile casualty collection point trailers (Field Treatment Sites) and associated supplies.

**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:**

Annual Implementation Plan  
Long-range Plan

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**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 in-county CCP's.

**COORDINATION WITH OTHER EMS AGENCIES:**

Future opportunity exists for coordination in this area.

**NEED(S):**

Funding for sustained communications system support.

**OBJECTIVE:**

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.

**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:**

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 participates in monthly meetings with the Hospital Safety Officers Task Force.

**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:**

Radios and other communications systems have been provided to facilities along with appropriate Communication System User Guides.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

System wide training and familiarity with enhanced communications systems.

**OBJECTIVE:**

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

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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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):**

Updated plans with all prehospital medical response agencies.

**OBJECTIVE:**

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

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

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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:**

Policies and procedures are in place to meet this standard.

**COORDINATION WITH OTHER EMS AGENCIES:**

Future opportunities exist.

**NEED(S):**

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

**OBJECTIVE:**

Revised mutual aid policies are in place.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

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  
 Reporting Year: 2009

**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: Santa Clara

A. Basic Life Support (BLS)	<u>0</u> %
B. Limited Advanced Life Support (LALS)	<u>0</u> %
C. 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 the EMS agency reports to          b  
 a - Public Health Officer  
 b - Health Services Agency Director/Administrator  
 c - Board of Directors  
 d - Other: \_\_\_\_\_

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

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

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

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

5. EMS agency budget for FY 2009

**EXPENSES**

Salaries and benefits (All but contract personnel)	\$1,245,600
Contract Services (e.g. medical director, data system)	\$408,300
Operations (e.g. copying, postage, facilities)	\$12,000
Travel	\$16,000
Fixed assets	\$6,000
Indirect expenses (overhead)	\$20,000
Ambulance subsidy	N/A
EMS Fund payments to physicians/hospital	N/A
Dispatch center operations (non-staff)	N/A
Training program operations	N/A
Other: PC Hardware, Software, Equip., Small Tools, etc.	\$7,000
Other: Services, supplies, other	\$25, 100
Other: _____	

**TOTAL EXPENSES** **\$1,740,000**

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

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	\$0
Other local tax funds (e.g., EMS district)	\$0
County contracts (e.g. multi-county agencies)	\$0
Certification fees	\$83,500
Training program approval fees	\$10,500
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 fees	\$0
Trauma center designation fees	\$225,000
Pediatric facility approval fees	\$0
Pediatric facility designation fees	\$0
Other critical care center application fees	
Type: Stroke Center Designation	\$40,000
Other critical care center designation fees	
Type: ST Elevation Myocardial Infarction (STEMI) Designation	\$64,000
Ambulance service/vehicle fees	\$207,400
Contributions	\$0
EMS Fund (SB 12/612)	\$260,000
Other grants:	\$0
Other fees: _____	
Other (specify): Fines and Forfeitures	\$849,600
<b>TOTAL REVENUE</b>	<b>\$1,740,000</b>

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

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

Fee structure for FY 2009

       We do not charge any fees

  x   Our fee structure is:

First responder certification	N/A
EMS dispatcher certification	N/A
EMT-I certification	\$50
EMT-I recertification	\$50
<b>EMT-defibrillation certification</b>	N/A
EMT-defibrillation recertification	N/A
EMT-II certification	N/A
EMT-II recertification	N/A
EMT-P accreditation	\$150
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	\$0
MICN/ARN recertification	\$0
EMT-I training program approval	\$1,000
EMT-II training program approval	N/A
EMT-P training program approval	\$5,000
MICN/ARN training program approval	N/A
Base hospital application	N/A
Base hospital designation	N/A
Trauma center application	N/A
Trauma center designation	\$75,000
Pediatric facility approval	\$0
Pediatric facility designation	\$0
Other critical care center application	
Type: Stroke Center Designation	\$8,000
Other critical care center designation	
Type: ST Elevation Myocardial Infarction (STEMI) Designation	\$8,000
Ambulance service license	\$5,000
Ambulance vehicle permits	\$800
Other: _____	_____

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of **2009**.

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

EMS System: Santa Clara County

Reporting year 2009

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Director	1.0	\$63.25	30%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Senior EMS Specialist	1.0	\$51.55	30%	
ALS Coord./Field Coord./ Training Coordinator	EMS Specialist	1.0	\$47.94	30%	
Program Coordinator/ Field Liaison (Non-clinical)	EMS Specialist	1.0	\$47.94	30%	
Trauma Coordinator	Specialty Programs Nurse Coordinator	1.0	\$64.28	30%	
Medical Director	EMS Medical Director	0.5	\$120.00	No benefits PERS only	
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner					

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.)**

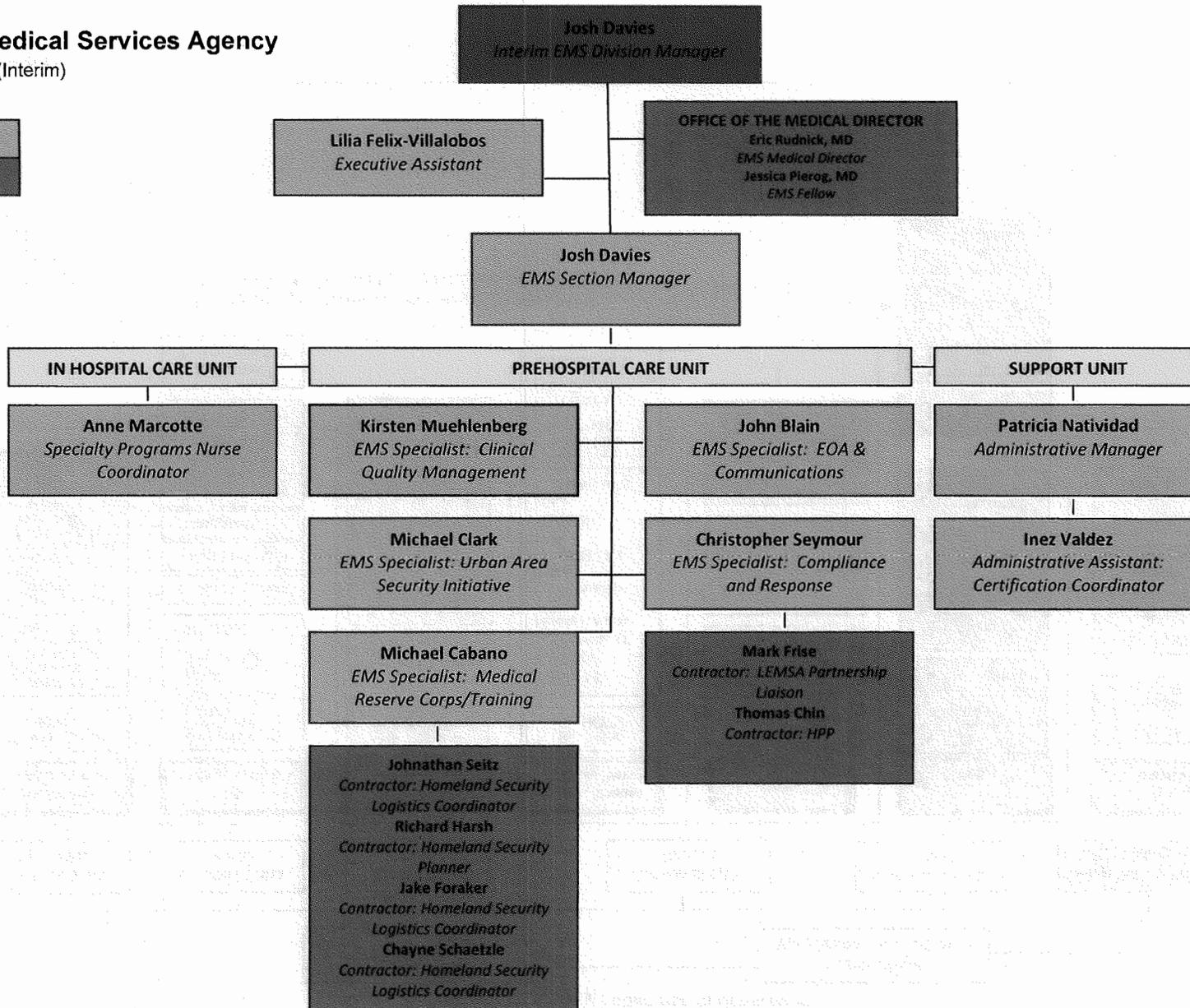
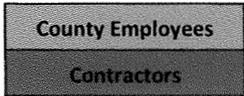
<b>CATEGORY</b>	<b>ACTUAL TITLE</b>	<b>FTE POSITIONS (EMS ONLY)</b>	<b>TOP SALARY BY HOURLY EQUIVALENT</b>	<b>BENEFITS (%of Salary)</b>	<b>COMMENTS</b>
Dispatch Supervisor					
Medical Planner	EMS Specialist	1.0	\$47.94	30%	
Data Evaluator/Analyst	Epidemiologist	0.5	\$37.94	30%	
QA/QI Coordinator	EMS Specialist	1.0	\$47.94	30%	
Public Info. & Education Coordinator	EMS Specialist	1.0	\$47.94	30%	
Executive Secretary	Executive Assistant	1.0	\$27.10	30%	
Other Clerical	Office Specialist III	1.0	\$25.85	30%	
Data Entry Clerk					
Other – Financial Analyst	Associate Management Analyst B	1.0	\$33.08	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.

# Emergency Medical Services Agency

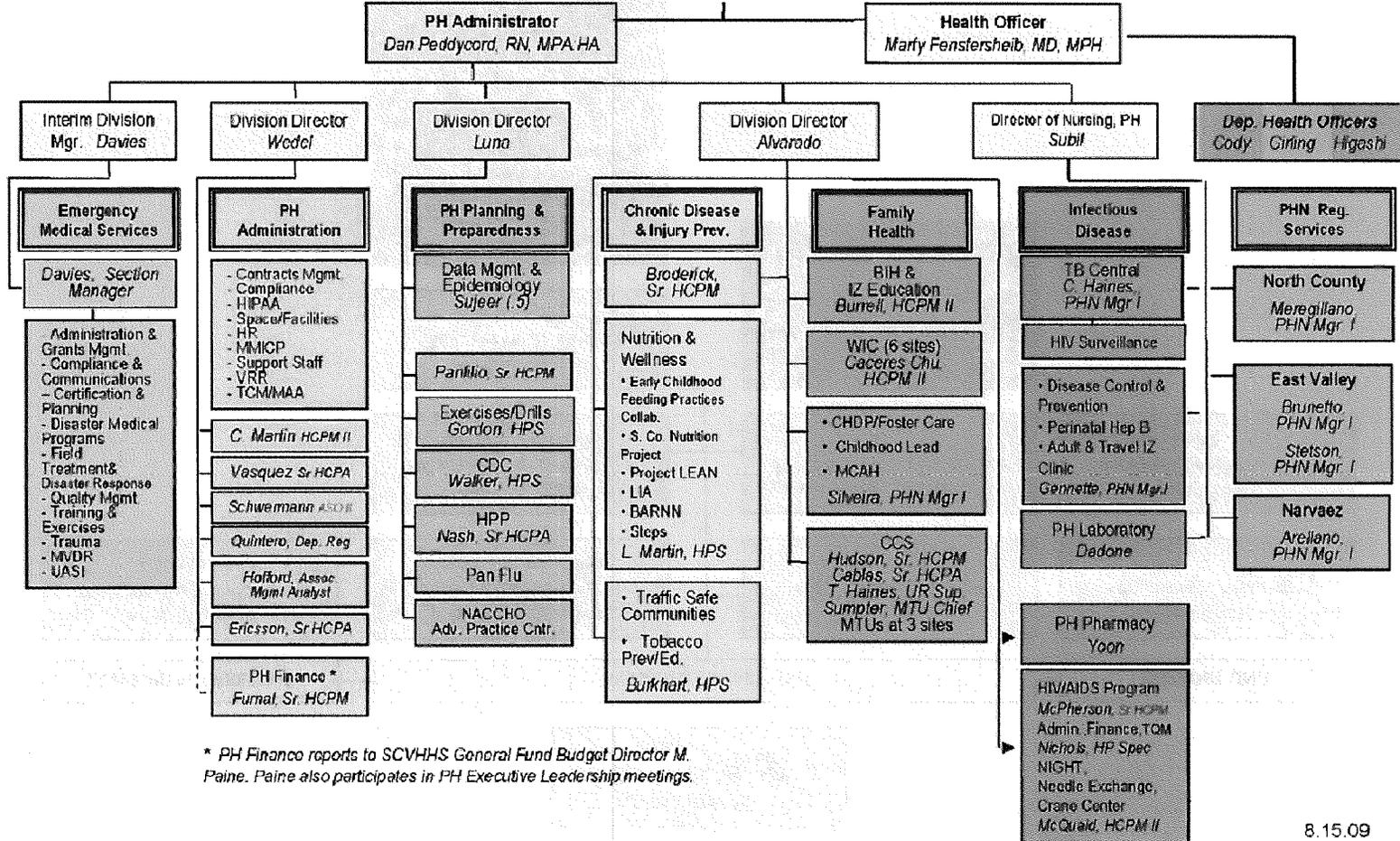
Revised April 2010 (Interim)

Key:



**Santa Clara Valley Health & Hospital System**  
Kim Roberts, CEO

**Santa Clara County Public Health Department**



\* PH Finance reports to SCVHHS General Fund Budget Director M. Paine. Paine also participates in PH Executive Leadership meetings.

8.15.09

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

Revision #4 (~~1/28/07~~)

EMS System: Santa Clara County

Reporting Year: 2009

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	874	N/A	N/A	36
Number newly certified this year	409	N/A	N/A	0
Number recertified this year	465	N/A	N/A	18
Total number of accredited personnel on July 1 of the reporting year	1,591	N/A	640	36
Number of certification reviews resulting in:				
a) formal investigations	2	N/A	5 = Referred to State EMSA	N/A
b) probation	0	N/A	0	N/A
c) suspensions	0	N/A	0	N/A
d) revocations	1	N/A	0	N/A
e) denials	0	N/A	0	N/A
f) denials of renewal	0	N/A	0	N/A
g) no action taken	0	N/A	0	N/A

1. Number of EMS dispatch agencies utilizing EMD Guidelines: 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 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training**

Revision #4 (4/20/07)

EMS System: Santa Clara County

Reporting Year: 2009

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

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	1,039	N/A	N/A	32
Number newly certified this year	335	N/A	N/A	0
Number recertified this year	704	N/A	N/A	18
Total number of accredited personnel on July 1 of the reporting year	1,271	N/A	870	32
Number of certification reviews resulting in:				
a) formal investigations	2	N/A	5 = Referred to State EMSA	N/A
b) probation	0	N/A	0	N/A
c) suspensions	0	N/A	0	N/A
d) revocations	1	N/A	0	N/A
e) denials	0	N/A	0	N/A
f) denials of renewal	0	N/A	0	N/A
g) no action taken	0	N/A	0	N/A

1. Number of EMS dispatch agencies utilizing EMD Guidelines: 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: 2009

**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; 8 - nonemergency
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 38.01 MHz
  - b. Other methods Leased phone lines
  - 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?  
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: 2009

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

**Early Defibrillation Providers**

1. Number of EMT-Defibrillation providers 19

**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	7:59	14:59	16:59	N/A
Early defibrillation responder	7:59	14:59	21:59	N/A
Advanced life support responder	7:59	14:59	41:59	N/A
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: 2009

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

**Trauma**

Trauma patients:

- a) Number of patients meeting trauma triage criteria 5207
- b) Number of major trauma victims transported directly to a trauma center by ambulance 4799
- c) Number of major trauma patients transferred to a trauma center 370
- d) Number of patients meeting triage criteria who weren't treated at a trauma center 45

**Emergency Departments**

- Total number of emergency departments 11
- a) Number of referral emergency services 0
- b) Number of standby emergency services 0
- c) Number of basic emergency services 10
- 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 8: RESOURCES DIRECTORY -- Approved Training Programs**

**EMS System:** County of Santa Clara

**County:** Santa Clara County

**Reporting Year:** 2009

**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.** Camron Bailey – (408) 730-7133  
**Address** 700 All America Way, P. O. Box 3707 - Sunnyvale, CA 94086

<b>Student Eligibility: *</b> <ul style="list-style-type: none"> <li>Public Safety Agency Employees</li> </ul>	<b>Cost of Program</b> Basic: <u>None</u> Refresher: <u>None</u>	<b>**Program Level:</b> <u>EMT Basic</u> Number of students completing training per year: Initial training: <u>Dependant on Need</u> Refresher: <u>110</u> Cont. Education: <u>110</u> Expiration Date: <u>11/30/2013</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 Paramedic & EMT Program      **Contact Person telephone no.** Charlie McKellar – (650) 949-6955  
**Address** 4000 Middlefield Road, Suite I - Palo Alto, CA 94303

<b>Student Eligibility: *</b> <ul style="list-style-type: none"> <li>High school completion/GED</li> <li>Current EMT 1 certification for Paramedic program</li> <li>Current BLS (CPR) certification</li> <li>Min. 6 months fulltime/12 months part-time work experience with an EMS provider with an EMS provider agency</li> <li>Basic Math &amp; English requirement (Algebra or higher, Comp/Reading)</li> </ul>	<b>Cost of Program</b> EMT: <u>None</u> Refresher: <u>None</u> Paramedic: <u>\$3,000 - \$3,500</u>	<b>**Program Level:</b> Number of students completing training per year: Initial training: <u>25 - 30</u> Refresher: <u>None</u> Cont. Education: <u>25 - 30</u> Expiration Date: <u>01/31/2012</u> Total number of courses: Initial training: <u>3</u> Refresher: <u>None</u> Cont. Education: <u>None</u>
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TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs (CONTINUED....)

**Training Institution Name** WestMed College **Contact Person telephone no.** Jolyn Camacho – (408) 977-0723

**Address** 3031 Tisch Way, Suite 8PW, San Jose, CA 95128

<b>Student Eligibility:</b>  <input type="checkbox"/> Open to the general public	<b>Cost of Program</b>  Basic EMT: <u>\$1,175.00</u> Paramedic: <u>\$15,075.00</u> Refresher: <u>\$240.00</u>	<b>**Program Level:</b> Number of students completing training per year: Initial training: EMTs: approximately 165 Paramedics: approximately 75 Refresher: approximately 70 Cont. Education Expiration Date: <u>07/31/2011</u>  Total number of courses: Initial training: <u>EMT: 7-10 per year; Paramedic: 1-2 per year</u> Refresher: <u>Ongoing</u> Cont. Education: <u>Ongoing</u>
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**Training Institution Name** Institute of Medical Education **Contact Person telephone no.** Andrew Johnson - (408) 988-2200

**Address** 130 Park Center Plaza, San Jose, CA 951213

<b>Student Eligibility:</b>  <input type="checkbox"/> Open to the general	<b>Cost of Program</b>  Basic EMT: <u>\$1,175.00</u> Refresher: <u>\$240.00</u>	<b>**Program Level:</b> Number of students completing training per year: Initial training: EMTs: <u>2</u> Refresher: <u>None</u> Cont. Education: <u>None</u> Expiration Date: <u>12/31/2011</u>  Total number of courses: Initial training: <u>EMT: 2-4 per year</u> Refresher: <u>Ongoing</u> Cont. Education: <u>Ongoing</u>
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TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs (CONTINUED....)

**Training Institution Name** San Jose City College **Contact Person telephone no.** Gerald Takahashi – (408) 288-3134

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

<b>Student Eligibility:</b> General public • AHA healthcare provider CPR card day 1 of class	<b>Cost of Program</b>  Basic: approximately \$450.00  Refresher: approximately \$110.00	<b>**Program Level:</b> Number of students completing training per year: Initial training: <u>120</u> Refresher: <u>25</u> Cont. Education: <u>None</u> Expiration Date: <u>09/30/2012</u>  Total number of courses: Initial training: <u>4/year</u> Refresher: <u>1/year</u> Cont. Education: <u>None</u>
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**Training Institution Name** Stanford University EMT Training Program **Contact Person telephone no.** Peter D'Souza, MD - (650) 725-9445

**Address** 701 Welch Road, Suite C, Palo Alto, CA 94304

<b>Student Eligibility:</b> <input type="checkbox"/> Open to the general public	<b>Cost of Program</b>  Basic EMT: <u>\$1,175.00</u> Refresher: <u>\$240.00</u>	<b>**Program Level:</b> Number of students completing training per year: Initial training: EMTs: approximately <u>100</u> Refresher: <u>None</u> Cont. Education Expiration Date: <u>03/31/2010</u>  Total number of courses: Initial training: EMT: <u>1</u> Refresher: <u>None</u> Cont. Education: <u>None</u>
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**TABLE 9: RESOURCES DIRECTORY -- PROVIDERS**

EMS System: Santa Clara County  
 Reporting Year: 2009

County: Santa Clara

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 1670 Las Plumas, Suite H San Jose, CA 95133 408-574-3800		<b>Primary Contact:</b> Gil Glass 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 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>269</u> EMT-D _____ LALS <u>214</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 - 48 BLS - 30 CCT - 8

\* 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

TABLE 9: RESOURCES DIRECTORY – PROVIDERS (CONTINUED.....)

<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			
<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 ____ BLS <u>50</u> EMT-D ____ LALS      ____ 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> BLS - 6 CCT - 1

<b>Name, address &amp; telephone:</b> California Department of Forestry 15670 Monterey Street Morgan Hill, CA 95037 408-779-2121		<b>Primary Contact:</b> Darren McMillen Captain			
<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 type="checkbox"/> Transport <input checked="" 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 ____ BLS <u>79</u> EMT-D ____ LALS <u>21</u> ALS
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input checked="" 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 checked="" 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> N/A

TABLE 9: RESOURCES DIRECTORY – PROVIDERS (CONTINUED.....)

<b>Name, address &amp; telephone:</b> California Shock Trauma Air Rescue (CALSTAR) 4933 Bailey Loop McClellan, CA 95652 916-921-4000		<b>Primary Contact:</b> Michael Baulch 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>28</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

<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 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>22</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 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

TABLE 9: RESOURCES DIRECTORY – PROVIDERS (CONTINUED.....)

<b>Name, address &amp; telephone:</b> Golden State Medical Services, Inc. 3801 Charter Park Court, Suite E San Jose, CA 95136 408-445-7400		<b>Primary Contact:</b> Larry Marsala 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 ____ BLS <u>16</u> 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 - 6

<b>Name, address &amp; telephone:</b> City of Milpitas Fire Department 777 Main Street Milpitas, CA 95035 408-568-2824		<b>Primary Contact:</b> Scott Brown 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>31</u> EMT-D ____ LALS <u>20</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

TABLE 9: RESOURCES DIRECTORY – PROVIDERS (CONTINUED.....)

<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> John Owen 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>46</u> EMT-D ____ LALS <u>17</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 Bryne EMS Coordinator			
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>38</u> 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: N/A

TABLE 9: RESOURCES DIRECTORY – PROVIDERS (CONTINUED.....)

<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> Kimberly Roderick EMS Coordinator			
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>72</u> EMT-D ____ LALS <u>44</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 – 2 BLS – 1

<b>Name, address &amp; telephone:</b> REACH Air Medical Services 451 Aviation Blvd. Suite 201 Santa Rosa, CA 95403 877-644-4045		<b>Primary Contact:</b> Eric Freed Operations 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 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: ALS - 6

TABLE 9: RESOURCES DIRECTORY – PROVIDERS (CONTINUED.....)

<b>Name, address &amp; telephone:</b> San José City Parks 1300 Senter Road San José, CA 95112-3623 408-277-5531		<b>Primary Contact:</b> Julie Marks Dep. Director of Visitor Services			
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 <u>11</u> PS-Defib ____ BLS <u>7</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  Dr. Eric Weiss	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> Stew McGehee 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>468</u> EMT-D ____ LALS <u>196</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

TABLE 9: RESOURCES DIRECTORY – PROVIDERS (CONTINUED.....)

<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 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>89</u> EMT-D ____ LALS <u>39</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no  Dr. Howard Michaels	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> Santa Clara County Fire Department 14700 Winchester Boulevard Los Gatos, CA 95030-1818 408-378-4010		<b>Primary Contact:</b> Shanna Kuempel Captain			
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>143</u> EMT-D ____ LALS <u>95</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

TABLE 9: RESOURCES DIRECTORY – PROVIDERS (CONTINUED.....)

<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

TABLE 9: RESOURCES DIRECTORY – PROVIDERS (CONTINUED.....)

<b>Name, address &amp; telephone:</b> Silicon Valley Ambulance 181 Martinvale Lane 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 ____ BLS <u>34</u> EMT-D ____ LALS <u>15</u> 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 ALS - 2

<b>Name, address &amp; telephone:</b> South Santa Clara County Fire District/CAL FIRE 15670 Monterey Street Morgan Hill, CA 95037 408-779-2121		<b>Primary Contact:</b> Darren McMillen Captain			
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 <u>79</u> EMT-D ____ LALS <u>13</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

TABLE 9: RESOURCES DIRECTORY – PROVIDERS (CONTINUED.....)

<b>Name, address &amp; telephone:</b> Spring Valley Volunteer Fire District 4350 Felter Road Milpitas, CA 95035		<b>Primary Contact:</b> Mike Serpa 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 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> Sonya Ruiz 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

TABLE 9: RESOURCES DIRECTORY – PROVIDERS (CONTINUED.....)

<b>Name, address &amp; telephone:</b> City of Sunnyvale Department of Public Safety P.O. Box 3707 Sunnyvale, CA 94088-3707 408-730-7133		<b>Primary Contact:</b> Camron Bailey 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: 300 PS BLS LALS	PS-Defib 205 EMT-D 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> Ryan Vandewark Program Coordinator				
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 BLS LALS	PS-Defib 3 EMT-D 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 type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances:	

TABLE 9: RESOURCES DIRECTORY – PROVIDERS (CONTINUED.....)

<b>Name, address &amp; telephone:</b> Westmed Ambulance 2424 Whipple Road Hayward, CA 94544 510-614-1423		<b>Primary Contact:</b> Eric Mandler CEO			
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>38</u> EMT-D ____ LALS <u>6</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 - 8 ALS - 3

<b>Name, address &amp; telephone:</b> Royal Ambulance 14676 Doolittle Drive San Leandro, CA 94577 510-568-6161		<b>Primary Contact:</b> Steve Grau CEO			
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>42</u> 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: BLS - 4 ALS - 2

## 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 counties with an emphasis on disaster/mutual aid operations and trauma system coordination.

### NEED(S):

#### OBJECTIVE:

Increase the availability of technical and clinical expertise at the EMS Agency to better serve the EMS System stakeholders and clinicians.

#### TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

The EMS Agency will continue to evaluate and research means to provide financial resources to maintain the 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 State has approved the County's EMS Quality Improvement Plan.

### COORDINATION WITH OTHER EMS AGENCIES:

### NEED(S):

1. Comprehensive assessment of all Records Management Systems currently in use by Santa Clara County provider agencies, hospitals and specialty care centers.
2. Implementation of a countywide data collection and management solution.

### OBJECTIVE:

1. Maintain a countywide quality assurance and improvement program based on the SCC EQIP plan.
2. Implementation of an inclusive prehospital data system to allow for increased standard evaluation of the EMS System across the spectrum of multiple provider agencies.
3. Identify needed EMS System changes through the continual QI process and inclusive data system review.

**Local EMS Agency or County Name:**

Santa Clara County

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

Palo Alto

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

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

Palo Alto Fire Department, providing service since 1975

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

City limits of City of Palo Alto and adjacent unincorporated area including Stanford University

**Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):**

Include intent of local EMS agency and board action.

Exclusive, pursuant to California Health & Safety Code Section 1797.224.

**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 (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.

**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.

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.

**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>  <u>Santa Clara County</u>
<b>Area or Subarea (Zone) Name or Title:</b>  <u>County of Santa Clara</u>
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  <u>American Medical Response, providing service since September 10, 1996</u>
<b>Area or Subarea (Zone) Geographic Description:</b>  <u>All areas of Santa Clara County excluding the Campbell and Palo Alto zones.</u>
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action.  <u>Exclusive by action of the Board of Supervisors</u>
<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.).  <u>Emergency Ambulance – emergency medical care and transport services in response to calls received through the 911 system.</u>
<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.  <u>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.</u>

**EMERGENCY MEDICAL SERVICES AUTHORITY**

1930 9<sup>th</sup> STREET  
SACRAMENTO, CA 95811-7043  
(916) 322-4336 FAX (916) 324-2875



September 8, 2010

Tom Lynch  
EMS Director  
Santa Clara County EMS Agency  
976 Lenzen Avenue, Suite 1200  
San Jose, CA 95126

Dear Mr. Lynch:

We have completed our review of *Santa Clara County's 2009 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*. Following are comments on your EMS plan update:

**Standard 5.04 - Specialty Care Facilities** - In Santa Clara County's 2007 and 2008 EMS plan update your objective was to develop and implement agreements by the end of 2009. No progress has been made toward this objective. In your 2010 EMS plan update please show progress towards implementing formal agreements with receiving facilities and specialty care centers.

**Standard 8.10 - Mutual Aid Agreements** - In Santa Clara County's 2007 and 2008 EMS plan update your objective was to coordinate formal agreements within the region. No progress has been made toward this objective. In your 2010 EMS plan update please show progress towards implementing formal agreements within the region.

**Table 3** - Table 3 has the same data as your 2008 plan. Please resubmit Table 3 with 2009 data by November 1, 2010.

Your annual update will be due on September 8, 2011. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Tharratt".

R. Steven Tharratt, MD, MPVM  
Director

RST:ss