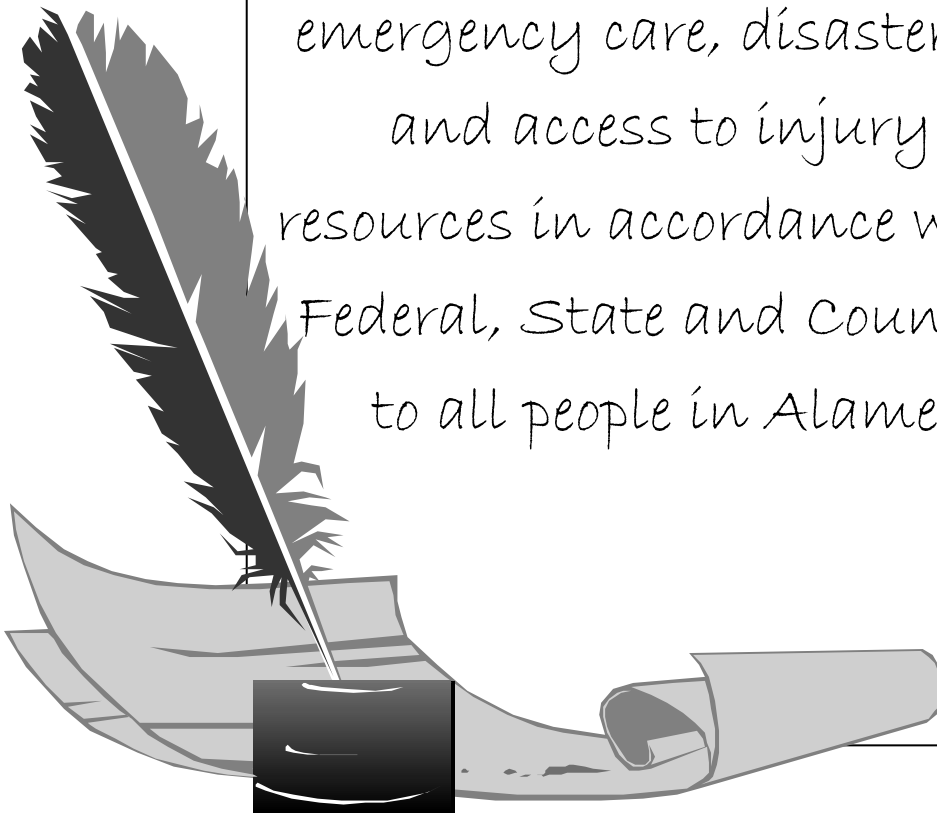


## Mission Statement

The mission of the Emergency Medical Service Agency is to insure the immediate availability of quality emergency care, disaster preparedness, and access to injury prevention resources in accordance with established Federal, State and County standards, to all people in Alameda County.



Revised 2003

**Alameda County Emergency Medical Services Agency**

1000 San Leandro Blvd.

San Leandro, CA 94577

(510) 618-2050 | (510) 618-2099 - fax

**website:** <http://www.acgov.org/ems>

**e-mail:** [alcoems@acgov.org](mailto:alcoems@acgov.org)

The Alameda County Emergency Medical Service (EMS) System refers to a dedicated group of professionals working together to provide emergency medical services to patients in their home, on the job, on the streets and highways; in other words, wherever and whenever the 911 telephone call for medical assistance activates the Alameda County Emergency Medical Services System. EMS is a dynamic mix of private and public health care providers working together to improve the quality of patient care in the prehospital and hospital settings. Prehospital care providers include:

- Dispatchers
- Police Personnel
- Fire Personnel
- Ambulance Personnel
- Base Hospital Physicians
- Air Ambulance Personnel
- Trauma Center Personnel
- Receiving Hospital Personnel

## ADMINISTRATION:

# STATE EMERGENCY MEDICAL SERVICES FRAMEWORK

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The framework for California Emergency Medical Services System was established within the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act in 1981.

### The State EMS Authority

1930 9th Street, Suite 100  
Sacramento, CA 95814  
(916) 322-4336  
**website:** <http://www.emsa.ca.gov>

#### 1. Responsibilities of the State EMS Authority include:

- 1.1 Assessing the needs of California's EMS areas.
- 1.2 Coordination of EMS services within California.
- 1.3 Developing implementation guidelines.
- 1.4 Developing minimum standards for medical control policies and procedures.
- 1.5 Developing and promulgating regulations for minimum standards for Education/training, certification, recertification, and scope of practice for prehospital emergency medical personnel.
- 1.6 Providing technical assistance to local EMS agencies.
- 1.7 Providing assistance to the State Office of Emergency Services to coordinate the EMS aspects of disaster response.

#### 2. The EMS Commission

This multi-disciplinary commission is composed of 15 members appointed by the Governor, the Senate and the Assembly. It reviews and approves regulations, standards, and guidelines developed by the Authority. It functions primarily in an advisory capacity to the Director of the EMS Authority.

#### 3. Pertinent EMS Legislation (Statutes and Regulations pertaining to EMS)

- 3.1 Health and Safety Code Division 2.5 Section 1797 through 1799.108.
- 3.2 Health and Safety Code Division 9 Section 100.000 through 100.
- 3.3 Title 22, Division 9 of the California Administrative Code.

4. All emergency response units that transport patients are subject to the regulations pertaining to ambulances as stated in the Ambulance Service Handbook distributed by the California Highway Patrol.

## **ADMINISTRATION:**

### **EMS AGENCY ROLES AND RESPONSIBILITIES**

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The principal functions of a Local EMS Agency are defined in the Health and Safety Code (Division 2.5). These include the planning, implementation and evaluation of emergency medical services via:

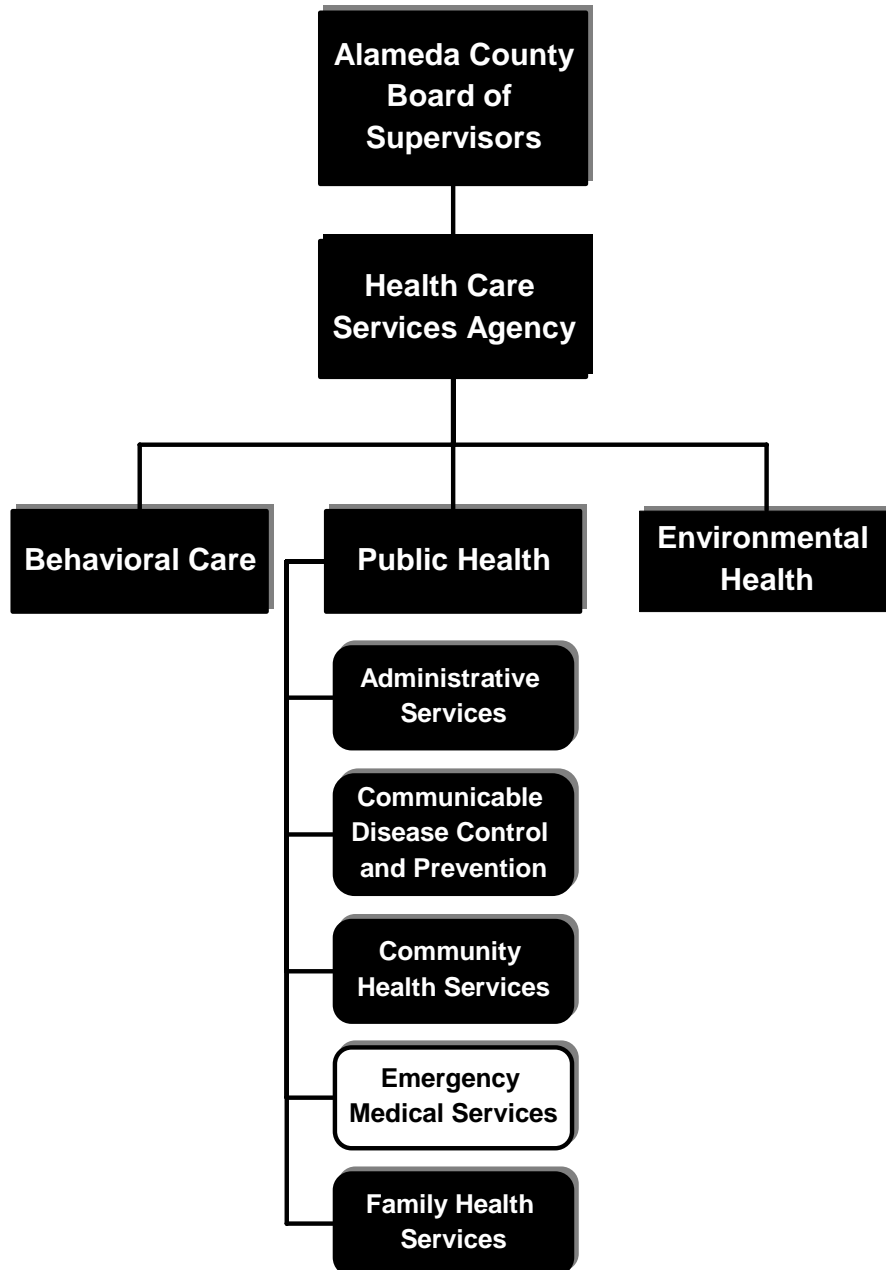
- Monitoring and approving EMT-I and paramedic training programs and CE providers.
- Certifying EMT-Is and accrediting paramedics.
- Authorizing advanced life support programs.
- Establishing policies and procedures for medical control of the EMS system, including dispatch, patient destination, patient care and quality improvement.
- Establishing exclusive operating areas for the regulation of ambulance services.
- Establishing and monitoring contracts with EMS system providers including, fire departments, ambulance transport agencies, trauma centers and base hospitals.
- Developing, implementing and monitoring a trauma system plan.
- Planning and coordinating disaster medical response.

**ADMINISTRATION:**

**ORGANIZATIONAL STRUCTURE**

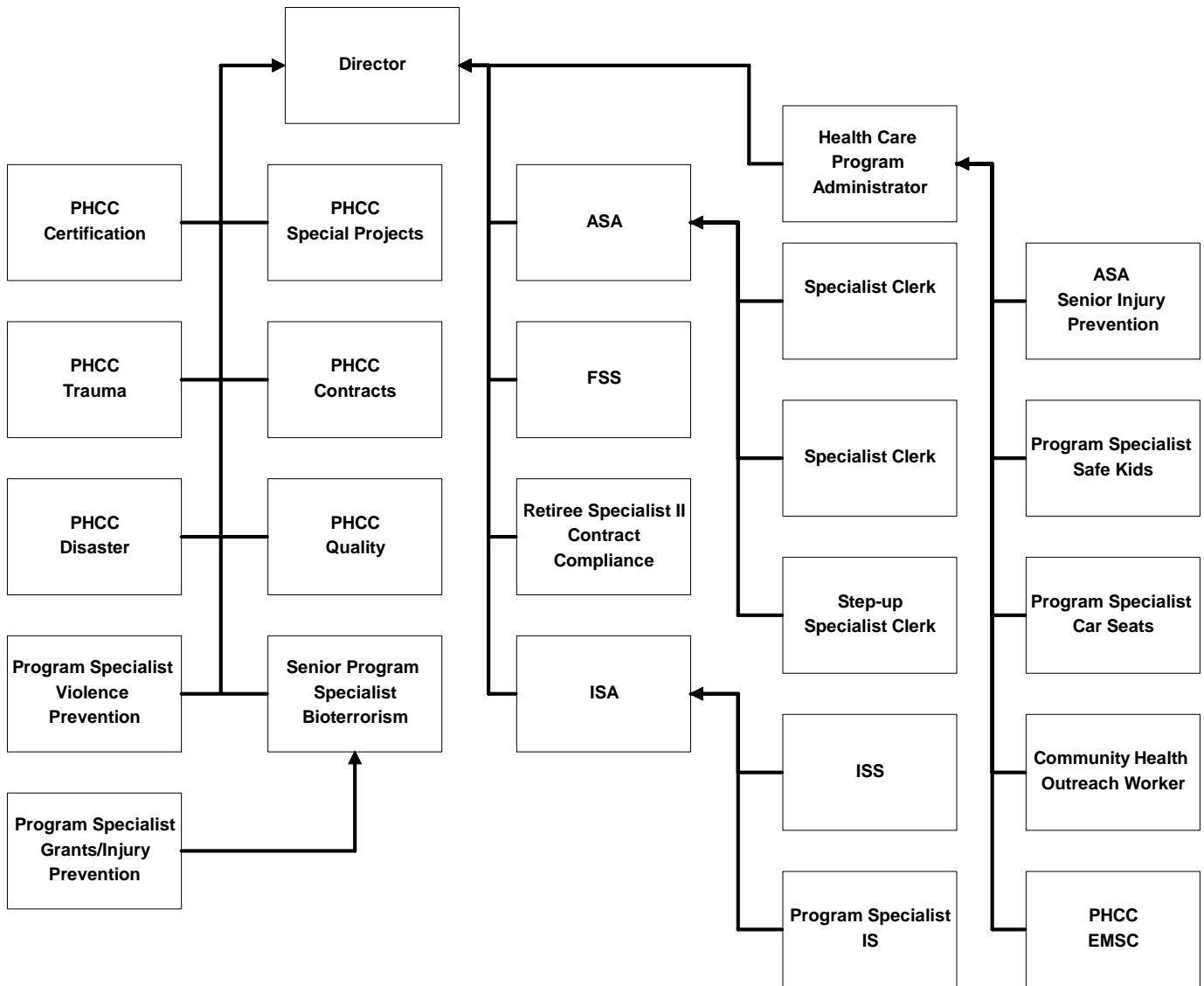
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The EMS Agency is a division of the Alameda County Health Care Services Agency, Department of Public Health. The EMS Agency coordinates EMS activities in Alameda County. The Board of Supervisors (five members) makes general policy decisions affecting the EMS Agency. The Director of Health Care Services reports to the Board of Supervisors. The County Health Officer is designated the EMS District Medical Director by the Board of Supervisors. The County Health Officer delegates this responsibility to the EMS Agency Medical Director. Medical control of the prehospital medical care within the system is the responsibility of the EMS Medical Director.



ORGANIZATIONAL STRUCTURE - Continued

Alameda County EMS



**EMERGENCY MEDICAL OVERSIGHT COMMITTEE**

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**1. Emergency Medical Oversight Committee - (EMOC)**

1.1 The committee shall serve in an advisory capacity to, and report to, the Alameda County Health Officer and EMS Medical Director. The committee is charged with the following responsibilities:

1.1.1 Assist in the development and/or implementation of:

- Medical policies or procedures
- Medical standards for prehospital care providers
- Quality improvement standards

1.2 Meeting Rules

1.2.1 Meetings are public.

1.2.2 Meetings are chaired by the EMS Medical Director

## RESEARCH COMMITTEE

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### 1. Research Committee

Purpose: To promote a complete and adequate review of the proposed research activities, the EMS Agency Medical Director will select at least ten members, with varying backgrounds, to include any or all of the following:

### 2. Membership:

#### Representing:

- 1 Public Health Graduate Student
- 1 Paramedic – Private sector
- 1 Paramedic Public sector
- 2 Community (non-academic) Physicians
- 2 Academic Physicians (one of whom is a physician-in-training)
- 1 Trauma Nurse Coordinator
- 1 ENA Registered Nurse
- 1 EMS Medical Director
- 1 EMS staff
- 1 At-large member
- 1 Trauma Surgeon

#### Sponsoring Agency

- UC Berkeley
- AMR
- Fire Chiefs EMS Section
- ACCMA
- Highland ED
  
- TAC
- ENA
- EMS Agency
- EMS Agency
- Membership
- TAC

### 3. Qualifications of Membership:

- Nominated by sponsoring agency
- Selected by EMS Medical Director
- Past research experience
- Outside “homework” required
- Interest in serving
- Visitors welcome

### 4. Meetings:

- One-hour – planned agenda
- Every other month immediately following EMOG

### 5. Objectives:

- Devise research projects
- Approve research projects
- Educate on research methodology
- Explore funding
- Publicize system

## QUALITY COUNCIL

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### 1. Quality Council (QC) Purpose:

- Coordinates and monitors the overall prehospital quality activities for Alameda County.
- Provides a forum to develop a consist approach to gathering and analyzing data, and other quality improvement activities.
- Provides guidance and support to quality activities.
- Identifies quality improvement educational needs.
- Facilitates/provides education/ remediation.

2. **Membership:** the committee is comprised of EMS staff, EMS Medical Director, provider agency EMS Clinical Liaisons, designated paramedics, nurses, and physicians.

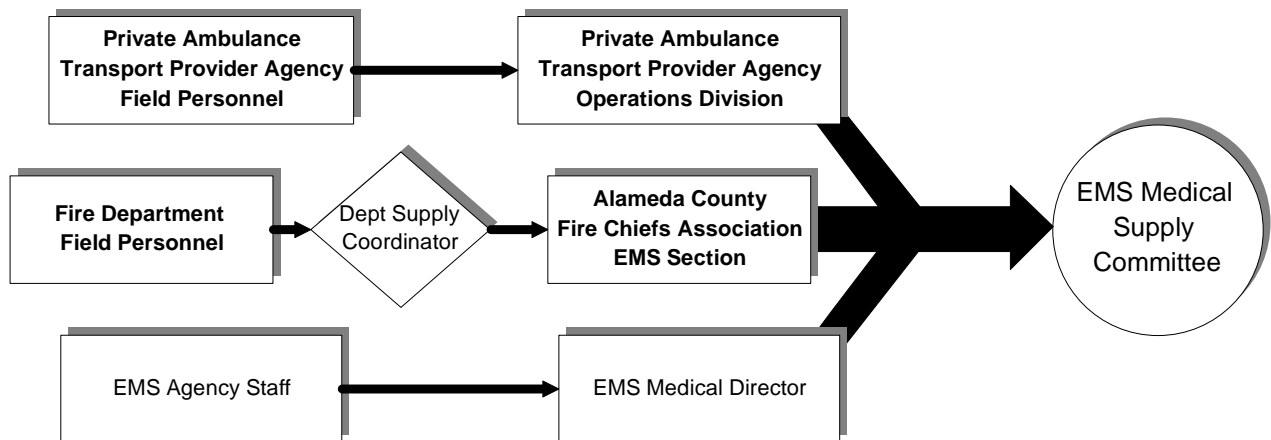
3. **Chairperson:** Quality Improvement Prehospital Care Coordinator.

### 4. Meetings:

- Bimonthly or more frequently as needed.
- One-hour and a half with a planned agenda

## EMS MEDICAL SUPPLY COMMITTEE

1. **Purpose:** a committee recognized by the EMS Agency, authorized to review and revise the standardized supply list found in Policy # 8401. Any changes to the standardized supply list must go through the designated representative to the EMS Medical Supply Committee.
  
2. **EMS Medical Supply Committee Membership:**
  - Private Ambulance Transport Provider Agency      1 member
  - Alameda County Fire Chiefs Association      3 members (north, east, south)
  - Alameda County EMS Agency      1 member.
  
3. **Meetings:** One hour, if needed, every two months immediately preceding “EMS Section” meetings.
  
4. **Procedures/Objectives of the Committee:**
  - To only evaluate new equipment after study
  - To evaluate for adoption new equipment after significant field input
  - To evaluate new equipment using an objective format.
  - (See: New Equipment Evaluation Form)



**ALAMEDA COUNTY EMERGENCY MEDICAL SERVICES AGENCY**

**NEW PRODUCT EVALUATION FORM**

<b>Product Evaluated:</b>	<b>Date:</b>
<b>Evaluated by:</b>	
<b>Type of Incident:</b>	<b>Run #/PCR #:</b>
<b>Describe how you used the product:</b>	
<b>Describe any problems associated with using the product:</b>	
<input type="checkbox"/> none	
<b>What was the outcome of the product use?</b>	
<b>Describe what you liked about the product:</b>	
<b>Describe what you didn't like about the product:</b>	
<b>How many times have you used this product in the past day? _____ week? _____</b>	
<b>Do you think this product would improve patient care or make your job easier or better?</b> <input type="checkbox"/> yes <input type="checkbox"/> no why?	
<b>Crew members (print names) 1.</b>	<b>2.</b>
<b>3.</b>	<b>Your unit #:</b>
<b>Additional Comments:</b>	

Return this form to: \_\_\_\_\_

**1, INTRODUCTION**

- 1.1 The policy review process is an advisory process to the County Health Officer and the EMS Medical Director for the formulation of medical protocols. Policy suggestions and/or draft policies are accepted from committees, system participants, individuals, and/or interested parties.
- 1.2 Policies will be evaluated on an annual basis with adequate time allowed for training and distribution. Specific recommendations for additions, deletions and/or revisions should be forwarded to the EMS Agency.

**2. POLICY PROCESS**

**2.1 Written Public Comment Draft**

- 2.1.1 The EMS office will distribute draft policies to the appropriate system participants and/or interested parties for written comments.
- 2.1.2 Policies under consideration that affect the EMS system as a whole will be sent out for review by all systems participants. A policy under consideration that applies to a limited group will only be sent to those who would be directly affected.
- 2.1.3 The time frame allowed for the return of comments will be 60 days. Comments may be mailed or faxed to the EMS office, but must be received no later than 4 p.m. on the deadline date.
- 2.1.4 All comments will be reviewed by the EMS Medical Director. All suggestion will be taken into consideration.

**2.2 Public Testimony**

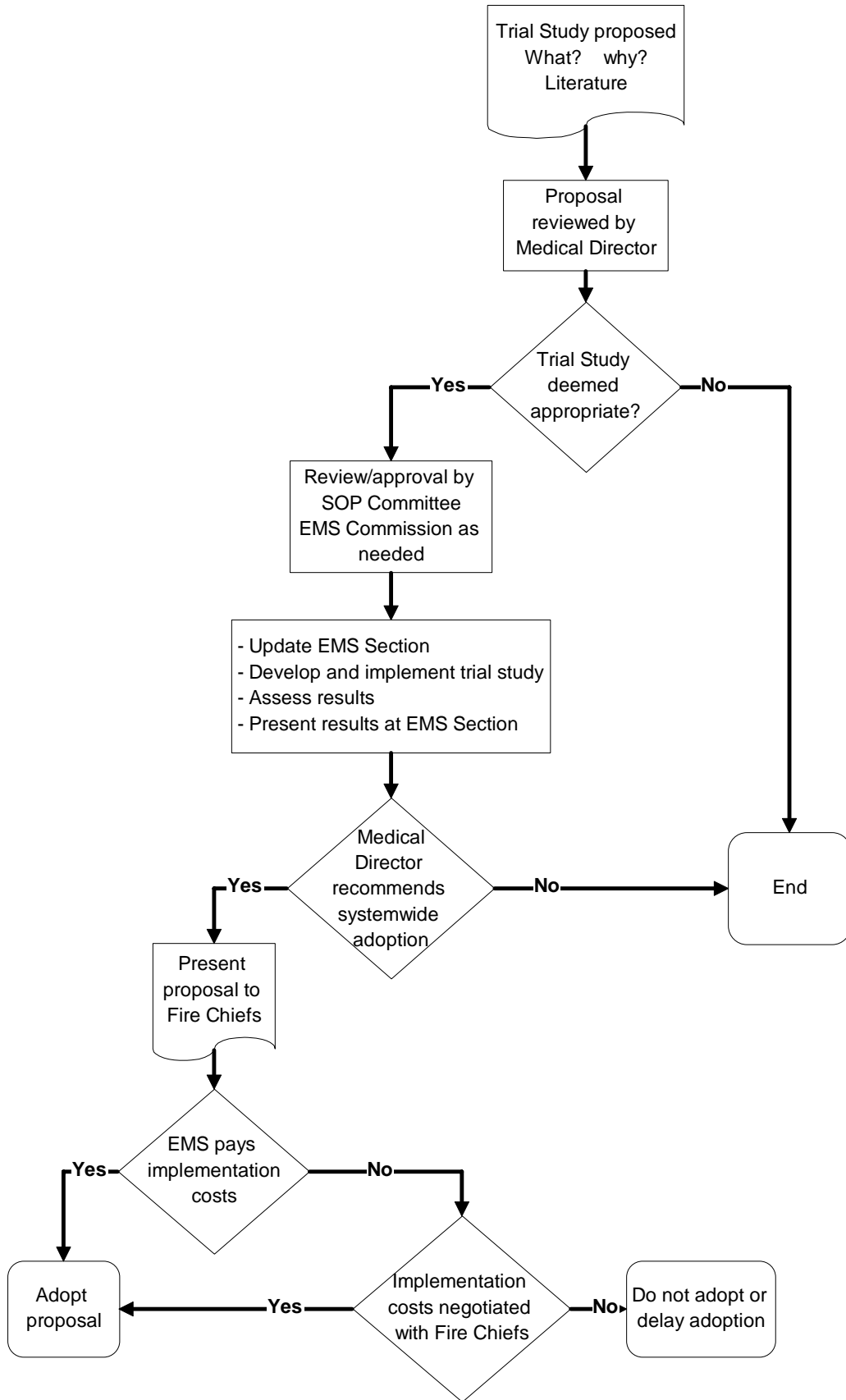
- 2.2.1 Public comments will be heard at the next most appropriate Emergency Medical Oversight Committee (EMOC) meeting (usually in August)
- 2.2.2 A final draft of the policy will be distributed prior to the meeting.
- 2.2.3 Time will be allotted at the meeting for public testimony and discussion. All recommendations will be taken into consideration during the finalization of the policy.

**3. ANNUAL POLICY REVIEW PROCESS TIMELINE:**

<i>Policy Review Process</i>	<i>Timeline</i>
<b>Deadline for policy ideas</b>	<b>March</b>
Written public comment draft released	April
<b>Written comments due back to EMS</b>	<b>May</b>
Public Testimony at EMOC	June
<b>Finalized policies released</b>	<b>July</b>
Update training	July/August
<b>Effective date of new policies</b>	<b>December</b>

Specific dates set annually. Subject to change.

TRIAL STUDY PROCESS



**ADMINISTRATION:**

**SCHEDULE OF FEES**

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1. All local fees should be paid via money order, cashier's check or municipal purchase order made payable to "Alameda County EMS Agency". **We do not accept cash or personal checks.**

Alameda County EMS Agency  
1000 San Leandro Blvd  
San Leandro, CA 94577

2. The following fees have been established (date):

2.1 <b>EMT-I</b> - Application for Certification/Recertification	\$35.00
2.2 <b>Paramedics</b> - Application for local accreditation	\$25.00
2.3 <b>Base Hospital Physicians</b> - Application for local accreditation	\$25.00
2.4 <b>Continuing Education Provider</b>	\$pending
2.5 <b>Training Program Approval</b>	\$pending
2.6 <b>Field Manual</b>	\$7.25
2.7 <b>Interfacility Transfer Provider</b>	
• Application Fee	\$10,000.00
• Per call after the first 200	\$50.00