



# Contra Costa Emergency Medical Services Agency

## EMS System Plan Update 2012

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## EXECUTIVE SUMMARY:

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

- Unprecedented closures of fire stations occur resulting in a 24% reduction in the number of fire stations representing a significant loss of EMS System first responder capability.
- All fire first responder agencies across the county have experienced significant gaps in sustainable operational funding due to reduced property tax revenue, increased operating costs and pension liability, affecting public safety organizations.
- In June 2012 the East Contra Costa Fire District (ECCFD) parcel tax measure failed to pass and in July 2012, ECCFD closed three of its six fire stations in Brentwood, Bethel Island and Knightsen. ECCFPD provides BLS fire first response for East Contra Costa County. They were able to successfully able to reopen the two of the three fire stations with the assistance of a 7.8 million AFG grant, one in November 2012 and the other May 2013. The AFG grant term is through November 2014 without funding the two re-opened fire stations will close .
- In November 2012 the Contra Costa Fire Protection District (CCFPD) parcel tax measure failed to pass resulting in four fire station closures in January 2013. The station closures were planned for Lafayette, Martinez, Clayton and Walnut Creek. CCFPD is the largest paramedic fire first responder in the county.
- The Contra Costa Board of Supervisors approved an EMS System Modernization Study being conducted by Fitch and Associates in December 2012 to make recommendations for a next generation EMS System prior to preparation for the next ambulance request for proposal. Report is anticipated to be completed by April 2014 and will serve to support next periodic request for ambulance proposal.
- The Contra Costa Board of Supervisors recognizes the Contra Costa Medical Reserve Corps as a county approved volunteer group.
- August 6<sup>th</sup>, 2012 the Chevron Refinery Fire sends over 15,000 West County residents to Doctor's San Pablo and Kaiser Richmond emergency department over a 18 day period.
- The Institute of Healthcare Improvement (IHI) Basic Certificate in Patient Safety, Quality and Leadership program adopted as a quality educational standard within the local EMS System. Contra Costa EMS (CCEMS) supported scholarships for our community and over 29 individuals completed the training.
- CCEMS collaborated with schools to train over 3000 students in hands only CPR.
- Implementation of the East Bay Regional Communications System (EBRECS) begins with fire and law stakeholders. Funding for upgrading Med/Health Community to EBRECS in progress.
- Contra Costa and Alameda County EMS Agencies co-sponsor regional pediatric surge conference in June 2012 supporting statewide neonatal and pediatric disaster planning.
- Technology implementations include: Pulsepoint, CodeSTAT, ProQA upgrades, First Watch upgrades, LifeNet 12 lead ECG transmission software, ATRUS and AED Link initiated.
- Instituted new program to engage 17 non-emergency ambulance providers in EMS System, patient safety and emergency response efforts across the county.
- Launch of Contra Costa Stroke System with 6 of 9 community hospitals participating with reporting to the CDPH California Stroke Registry.
- Air Ambulance authorization and written agreement process upgraded and enhanced to support quality improvement, data exchange and patient safety.
- CCEMS and the CCFPD to support a regional AFG grant for 2.5 million dollars for upgrades of cardiac monitors to allow for hospital 12 lead ECG hospital transmissions to STEMI receiving facilities.
- The fiscal sustainability of Doctors Medical Center San Pablo (DSP) is uncertain. DSP provides over 65,000 emergency department visits per year. A report (2011) illustrating impact of closure can be found at [http://cchealth.org/ems/pdf/west\\_county\\_emergency\\_report\\_july\\_2011.pdf](http://cchealth.org/ems/pdf/west_county_emergency_report_july_2011.pdf)

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

**SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

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

## B. STAFFING/TRAINING

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

## C. COMMUNICATIONS

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

## D. RESPONSE/TRANSPORTATION

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

## E. FACILITIES/CRITICAL CARE

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

## F. DATA COLLECTION/SYSTEM EVALUATION

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

## G. PUBLIC INFORMATION AND EDUCATION

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

## H. DISASTER MEDICAL RESPONSE

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

**TABLE 2: SYSTEM RESOURCES AND OPERATIONS****System Organization and Management**Reporting Year: 2012

1. Percentage of population served by each level of care by county:  
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)
- County: Contra Costa County
- |   |              |
|---|--------------|
| A. Basic Life Support (BLS)             | <u>0</u> %   |
| B. Limited Advanced Life Support (LALS) | <u>0</u> %   |
| C. Advanced Life Support (ALS)          | <u>100</u> % |
2. Type of agency B
- Public Health Department
  - County Health Services Agency**
  - Other (non-health) County Department
  - Joint Powers Agency
  - Private Non-Profit Entity
  - Other: \_\_\_\_\_
3. The person responsible for day-to-day activities of the EMS agency reports to B
- Public Health Officer
  - Health Services Agency Director/Administrator**
  - Board of Directors
  - Other: \_\_\_\_\_
4. Indicate the non-required functions which are performed by the agency:
- |   |            |
|---|------------|
| Implementation of exclusive operating areas (ambulance franchising) | <u>X</u>   |
| Designation of trauma centers/trauma care system planning           | <u>X</u>   |
| Designation/approval of pediatric facilities                        | <u>X</u>   |
| Designation of STEMI centers  | <u>X</u>   |
| Designation of Stroke centers                                       | <u>X</u>   |
| Designation of other critical care centers                          | <u>X</u>   |
| Development of transfer agreements                                  | <u>X</u>   |
| Enforcement of local ambulance ordinance                            | <u>X</u>   |
| Enforcement of ambulance service contracts                          | <u>X</u>   |
| Operation of ambulance service                                      | <u>N/A</u> |

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

Continuing education	<u>X</u>
Personnel training	<u>N/A</u>
Operation of oversight of EMS dispatch center	
Non-medical disaster planning	<u>X</u>
Administration of critical incident stress debriefing team (CISD)	<u>N/A</u>
Administration of disaster medical assistance team (DMAT)	<u>N/A</u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>X</u>
Other: Tracking and monitoring hospital emergency and critical care capacity	<u>X</u>
Other: Procuring and monitoring emergency ambulance services countywide	<u>X</u>
Other: Implementing EMS program enhancements funded under County Service Area EM-1	<u>X</u>
Other: Planning for/coordinating disaster medical response at local/regional levels	<u>X</u>

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

<b>5. EXPENSES</b>	<b>2011-2012</b>
Salaries and benefits	\$1,278,529
Contract services	\$294,313
Operations (e.g. copying, postage, facilities)	\$1,216,013
Travel	\$11,737
Fixed assets	\$0
Indirect expenses (overhead)	\$139,767
Ambulance subsidy	\$0
EMS Fund payments to physicians/hospital	\$1,695,099
Dispatch center operations (non-staff)	\$250,000
Training program operations	\$0
Other: 1st Responder Enhancements	\$3,283,938
Other: HazMat	\$150,000
Other: Contingencies	\$180,000
<b>TOTAL EXPENSES</b>	<b>\$8,499,396</b>
<b>6. SOURCES OF REVENUE FY 11/12</b>	
Special project grant(s) [from EMSA]	\$0
Preventive Health and Health Services (PHHS) Block Grant	\$0
Office of Traffic Safety (OTS)	\$0
State general fund (RDMHS)	\$0
County general fund	\$0
Other local tax funds (e.g., EMS district)	\$0
County contracts (e.g., multi-county agencies)	\$0
Certification fees	\$26,755
Training program approval fees	\$2,310
Training program tuition/Average daily attendance funds (ADA)	\$0
Job Training Partnership ACT (JTPA) funds/other payments	\$0
Base hospital application fees	\$0
Base hospital designation fees	\$0
Trauma center application fees	\$0
Trauma center designation fees	\$250,000
Pediatric facility approval fees	\$0
Pediatric facility designation fees	\$0
Other critical care center designation fees (STEMI/Stroke)	\$25,000
Ambulance service/vehicle fees/CCTP revenue	\$20,450
Contributions (CSA-EM1 Contingency)	\$919,203
EMS Fund (SB 12/612)	\$2,269,208
Other grants: Hospital Preparedness Program/NAACHO/UASI	\$288,363
Other: County Service Area EM-1 charges	\$4,698,107
<b>TOTAL REVENUE</b>	<b>\$8,499,396</b>
Surplus (deficit)	\$0

**Table 2 - System Organization & Management (cont.)****7. Fee structure:** Our fee structure is:

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

<sup>5</sup> 50% Fee reduction for compliance with contract agreement.

Table 2 - System Organization &amp; Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT <sup>2</sup>	BENEFITS (%of Salary) <sup>3</sup>	COMMENTS
EMS Admin./Coord./Director	EMS Director	1	\$ 49.06 (base)	37%	
Asst. Admin./Admin. Asst./Admin. Mgr.	EMS Program Manager Assistant Director	1	\$ 44.33 (base)	37%	vacant
ALS Coord./Field Coord./ Training Coordinator	Pre-hospital Care Coordinator(s)/Clinical Program Team	2	\$ 50.60 (base)	37%	
Program Coordinator/ Field Liaison (Non-clinical)	Prehospital Care Coordinator(s)/Operations Compliance Team	3	\$ 41.86 (base)	37%	
Trauma/STEMI/Stroke Coordinator	Pre-hospital Care Coordinator	1	\$ 50.60 (base)	37%	
Medical Director	EMS Medical Director	1	\$ 80.83 (base)	37%	
Other MD/Medical Consult/ Training Medical Director	N/A	N/A	N/A	N/A	N/A
Disaster Medical Planner	Emergency Preparedness Manager	1	\$ 45.56 (base)	37%	HPP supported position

N/A = not applicable

<sup>2</sup> Top salary equivalent in the position category. Individual staff salaries based on position qualifications and longevity with organization.

<sup>3</sup> Standard percentage used to calculate benefits. Actual benefits may be considerably more depending on position and benefits selected by employee, etc. County contribution is not reflected.

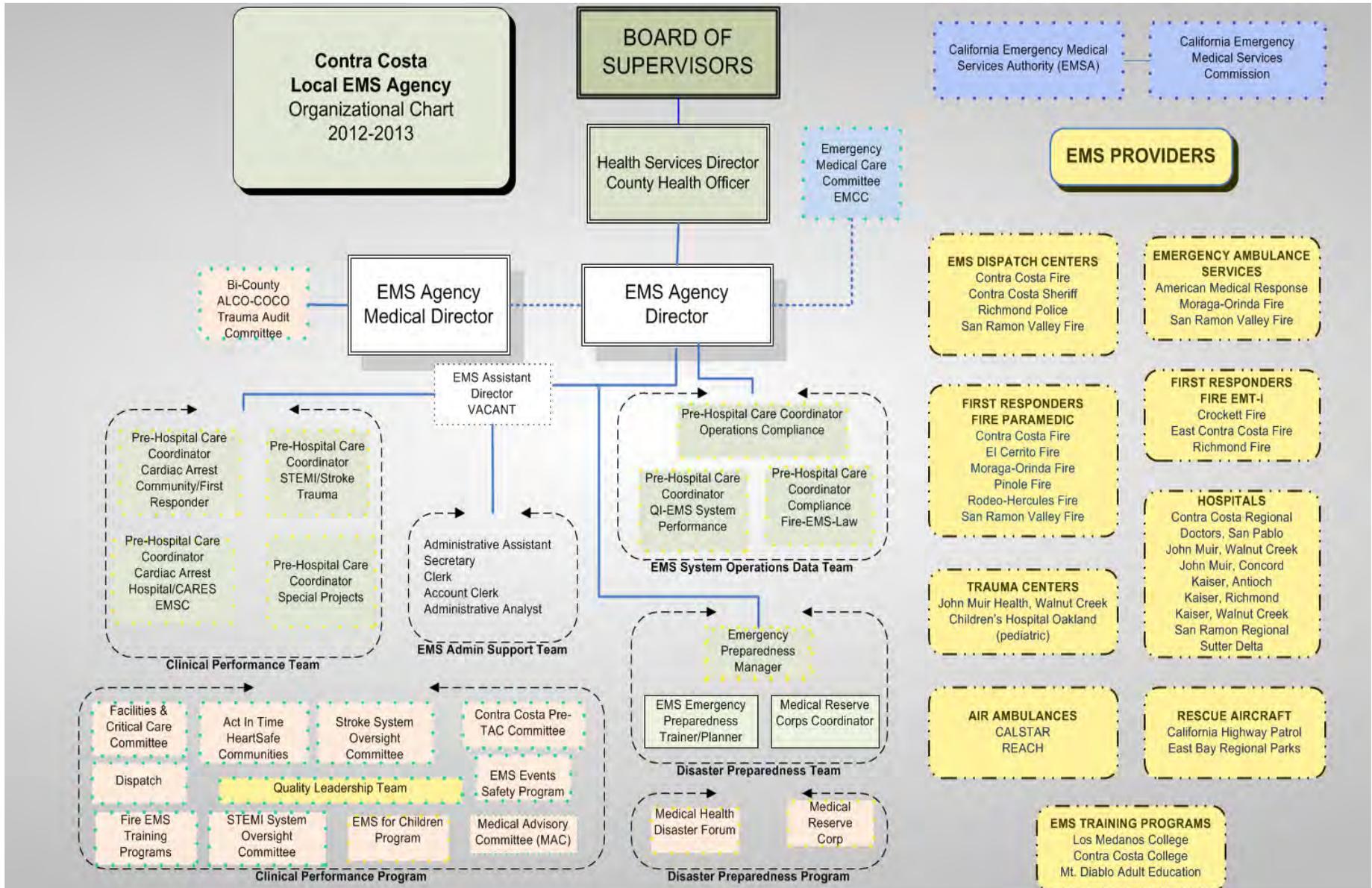
Table 2 - System Organization &amp; Management (cont.)

CATEGORY	ACTUAL TITLE	FTE <sup>4</sup> POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT <sup>5</sup>	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor	N/A	N/A	N/A	N/A	Dispatch oversight assigned as part of prehospital care coordinator role
Medical Planner	Emergency Preparedness Trainer	1	\$32.93 (base)	37%	HPP supported position
Data Evaluator/Analyst	N/A	N/A	N/A	N/A	
QA/QI Coordinator	Prehospital QI Coordinator	1	\$ 41.86 (base)	37%	
Public Info. & Education Coordinator	Medical Reserve Corps Coordinator	1	\$30.45 (base)	37%	HPP supported position
Executive Secretary	Administrative Assistant	1	\$ 36.62 (base)	37%	
Other Clerical	Secretary/Clerk	3	\$19.50 (base)	37%	
Data Entry Clerk	Administrative Analyst	1	\$ 25.80 (base)	37%	
Other	Account Clerk	1	\$ 23.44 (base)	37%	

<sup>4</sup> Top salary equivalent in the position category. Individual staff salaries based on position qualifications and longevity with organization.

<sup>5</sup> Standard percentage used to calculate benefits. Actual benefits may be considerably more depending on position and benefits selected by employee, etc. County contribution is not reflected

Local EMS agency and a county organization chart(s)



**TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training**Reporting Year: 2012

	EMT - Is	AEMTs	EMT - Ps	MICN
Total Certified	735	0		35
Number newly certified this year	225	0		N/A
Number recertified this year	510	0		N/A
Number of accredited personnel this year	N/A	0	197	35
Total number of accredited personnel on July 1 of the reporting year	N/A	0	N/A	N/A
Number of certification reviews resulting in:				
a) formal investigations	N/A	0		0
b) probation	1	0	0	0
c) suspensions	0	0	0	0
d) revocations	0	0		0
e) denials	0	0		0
f) denials of renewal	0	0		0
g) no action taken	N/A	0	0	0

N/A = not available/applicable

1. Early defibrillation:
  - a) Number of EMT-I (defib) authorized to use AEDs 735
  - b) Number of public safety (defib) certified (non-EMT-I) N/A
  
2. Do you have an EMR training program  yes  **no**

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications**County: Contra Costa CountyReporting Year: 2012

1. Number of primary Public Service Answering Points (PSAP)	<u>10</u>
2. Number of secondary PSAPs	<u>3</u>
3. Number of dispatch centers directly dispatching ambulances	<u>3</u>
4. Number of EMS dispatch agencies utilizing EMD guidelines	<u>3</u>
5. Number of designated dispatch centers for EMS Aircraft	<u>3</u>
6. Who is your primary dispatch agency for day-to-day emergencies? <u>Contra Costa County Fire Protection District, Richmond Police Department</u> <u>San Ramon Valley Fire Protection District</u>	
7. Who is your primary dispatch agency for a disaster? <u>Contra Costa County Sheriff's Office</u>	
8. Do you have an operational area disaster communication system?	<b>X Yes</b> <input type="checkbox"/> No
a. Radio primary frequency <u>XCC EMS1 (MEDARS T-Band 4 Channel)</u>	
b. Other methods <u>ReddiNet<sup>6</sup></u>	
c. Can all medical response units communicate on the same disaster communications system?	<b>X Yes</b> <input type="checkbox"/> No
d. Do you participate in the Operational Area Satellite Information System (OASIS)?	<b>X Yes</b> <input type="checkbox"/> No
e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	<b>X Yes</b> <input type="checkbox"/> No
1) Within the operational area?	<b>X Yes</b> <input type="checkbox"/> No
2) Between operation area and the region and/or state?	<b>X Yes</b> <input type="checkbox"/> No

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<sup>6</sup> ReddiNet communications between hospitals, ambulance dispatch centers and EMS Agency; Satellite phones

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

Reporting Year: 2012

### Early Defibrillation Providers

1. Number of EMT-Defibrillation providers:

- a. 3 Crockett, ECCFD and Richmond (Non-ALS Fire First Responders)  
 b. 14 Police Agencies

### SYSTEM STANDARD RESPONSE TIMES (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	Varies by Local Jurisdiction	N/A	N/A	Varies by Local Jurisdiction
Early defibrillation responder	Varies by Local Jurisdiction	N/A	N/A	Varies by Local Jurisdiction
Advanced life support responder	N/A	N/A	N/A	N/A
Transport Ambulance (EMS)	7:44 <sup>7</sup>	N/A	N/A	7:44

N/A = not available

<sup>7</sup> 2012 Average response times for Code 3 calls. Does not include calls cancelled enroute or QRV (Quick Response Vehicle) calls.

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

Reporting Year: 2012

**Trauma**

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>2667</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>1097</u>
3. Number of major trauma patients transferred to a trauma center <sup>8</sup>	<u>43</u>
4. Number of patients meeting triage criteria who were not treated at a trauma center	<u>1347</u>

**Emergency Departments**

Total number of emergency departments	<u>9</u>
1. Number of referral emergency services	<u>0</u>
2. Number of standby emergency services	<u>0</u>
3. Number of basic emergency services	<u>9</u>
4. Number of comprehensive emergency services	<u>0</u>

**Receiving Hospitals**

1. Number of receiving hospitals with written agreements	<u>9</u>
2. Number of base hospitals with written agreements	<u>1</u>

<sup>8</sup> Defined as total number of undertriages for that year.

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical**Reporting Year: 2012County: Contra Costa County**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? On file at the EMS Agency
  - b. How are they staffed? Situational<sup>7</sup>
  - c. Do you have a supply system for supporting them for 72 hours? **X Yes**  No
  
2. CISD
 

Do you have a CISD provider with 24 hour capability? **X Yes**  No
  
3. Medical Response Team
  - a. Do you have any team medical response capability? **X Yes**  No
  - b. For each team, are they incorporated into your local response plan? **X Yes**  No
  - c. Are they available for statewide response?<sup>9</sup> **X Yes**  No
  - d. Are they part of a formal out-of-state response system?<sup>10</sup> **X Yes**  No
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? **X Yes**  No
  - b. At what HazMat level are they trained? **First Responder**
  - c. Do you have the ability to do decontamination in an emergency room? **X Yes**  No
  - d. Do you have the ability to do decontamination in the field? **X Yes**  No

<sup>9</sup> Volunteer Medical Reserve Corps<sup>10</sup> Through Office of Civilian Volunteers

**OPERATIONS**

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? **X Yes**  No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 20
3. Have you tested your MCI Plan this year in a:
- a. Real event? **Chevron Refinery Explosion in Richmond 8/7/2012** **X Yes**  No
- b. Exercise? **Contra County Medical Health Exercise 11/17/2012** **X Yes**  No
4. List all counties with which you have a written medical mutual aid agreement. **All counties in CA through the Mutual Aid Agreement<sup>11</sup>**
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? **X Yes**  No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? **X Yes**  No
7. Are you part of a multi-county EMS system for disaster response? **X Yes**  No
8. Are you a separate department or agency?  Yes **X No**
9. If not, to whom do you report **Health Officer of Contra Costa Health Services**
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **Not applicable<sup>12</sup>**

<sup>11</sup> Through California Disaster Mutual Aid Agreement

<sup>12</sup> Agency is part of Contra Costa Health Services (County Health Department)

**Table 8: Resource Directory**

Reporting Year: 2012

**Response/Transportation/Providers**

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

**Address:** 5151 Port Chicago Hwy; Suites A & B      **Number of Ambulance Vehicles in Fleet:** 65  
Concord, CA 94520      **46 ALS; 14 BLS; 4 QRV; 1 BARIATRIC**

**Phone Number:** 925-602-1300 Ext. 7      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 30 countywide

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> <b>Transport</b> <input checked="" type="checkbox"/> <b>ALS</b> <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> <b>BLS</b> <input checked="" type="checkbox"/> <b>9-1-1</b> <input type="checkbox"/> 7-Digit <input type="checkbox"/> <b>Ground</b> <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> <b>IFT</b>
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<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> <b>Private</b>	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agency**

73,949 Total number of responses  
52,886 Number of emergency responses  
21,063 Number of non-emergency responses

59,449 Total number of transports  
42,270 Number of emergency transports  
17,179 Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2012

**Response/Transportation/Providers**

**County:** Contra Costa County      **Provider** Contra Costa County Fire Protection District      **Response Zone:** Contra Costa Fire Protection District

**Address:** 2010 Geary Road      **Number of Engines/Apparatus in Fleet:** 23 Engines; 42 Apparatus  
Pleasant Hill, CA 94523

**Phone Number:** 925- 941-3500      **Average Number of Engines/Apparatus on Duty At 12:00 (noon) on Any Given Day:** 65

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input type="checkbox"/> Transport <input checked="" type="checkbox"/> <b>ALS</b> <input checked="" type="checkbox"/> <b>Non-Transport</b> <input checked="" type="checkbox"/> <b>BLS</b> <input checked="" type="checkbox"/> <b>9-1-1</b> <input checked="" type="checkbox"/> <b>Ground</b> <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> <b>Public</b> <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> <b>Fire</b> <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input checked="" type="checkbox"/> <b>County</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> <b>Fire District</b> <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**First Responder Agency**

31,732 Total number of responses  
29,520 Number of emergency responses  
2,212 Number of non-emergency responses

**Table 8: Resource Directory**

Reporting Year: 2012

**Response/Transportation/Providers**

**County:** Contra Costa County      **Provider:** Crockett-Carquinez Fire Protection District      **Response Zone:** Crockett-Carquinez Fire Protection District

**Address:** 746 Loring Avenue      **Number of Trucks/Apparatus in Fleet:** 14  
Crockett, CA 94525

**Phone Number:** 510-787-2717      **Average Number of Engines on Duty At 12:00 p.m. (noon) on Any Given Day:** 1 Truck

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p><input type="checkbox"/> Transport      <input type="checkbox"/> ALS      <input checked="" type="checkbox"/> <b>9-1-1</b>      <input checked="" type="checkbox"/> <b>Ground</b>  <input checked="" type="checkbox"/> <b>Non-Transport</b>      <input checked="" type="checkbox"/> <b>BLS</b>      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input type="checkbox"/> CCT      <input type="checkbox"/> Water  <input type="checkbox"/> IFT</p>
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<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> <b>Public</b>  <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> <b>Fire</b>  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City      <input checked="" type="checkbox"/> <b>County</b>  <input type="checkbox"/> State      <input checked="" type="checkbox"/> <b>Fire District</b>  <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue</p>
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**First Responder Agency**

459      Total number of responses  
449      Number of emergency responses  
10      Number of non-emergency responses

**Table 8: Resource Directory**

Reporting Year: 2012

**Response/Transportation/Providers**

**County:** Contra Costa County

**Provider:** East Contra Costa Fire Protection District

**Response Zone:** East Contra Costa Fire Protection District

**Address:** 134 Oak Street  
Brentwood, CA 94513

**Number of Engines in Fleet:** 6 (5 ECCCFD) (1 Cal Fire)

**Phone Number:** Phone: 925- 634-3400

**Average Number of Engines on Duty At 12:00 p.m. (noon) on Any Given Day:** 6

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p> <input type="checkbox"/> Transport      <input type="checkbox"/> ALS      <input checked="" type="checkbox"/> <b>9-1-1</b>  <input checked="" type="checkbox"/> <b>Non-Transport</b>    <input checked="" type="checkbox"/> <b>BLS</b>      <input type="checkbox"/> 7-Digit    <input checked="" type="checkbox"/> <b>Ground</b>  <input type="checkbox"/> CCT                <input type="checkbox"/> Air  <input type="checkbox"/> IFT                 <input type="checkbox"/> Water </p>
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<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> <b>Public</b> <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> <b>Fire</b>  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></p> <p> <input type="checkbox"/> City      <input type="checkbox"/> County  <input type="checkbox"/> State    <input checked="" type="checkbox"/> <b>Fire District</b>  <input type="checkbox"/> Federal </p>	<p><b><u>If Air:</u></b></p> <p> <input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing </p>	<p><b><u>Air Classification:</u></b></p> <p> <input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue </p>
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**First Responder Agency**

4387 Total number of responses  
4074 Number of emergency responses  
313 Number of non-emergency responses

**Table 8: Resource Directory**

Reporting Year: 2012

**Response/Transportation/Providers**

**County:** Contra Costa County      **Provider:** El Cerrito Fire Department      **Response Zone:** El Cerrito Fire Department

**Address:** 10900 San Pablo Avenue      **Number of Engines/Apparatus in Fleet:** 8  
El Cerrito, CA 94530      No Bariatric Equipment

**Phone Number:** Phone: 510-215-4450      **Average Number of Engines on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input type="checkbox"/> Transport <input checked="" type="checkbox"/> <b>ALS</b> <input checked="" type="checkbox"/> <b>Non-Transport</b> <input type="checkbox"/> BLS <input checked="" type="checkbox"/> <b>9-1-1</b> <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Air <input type="checkbox"/> IFT <input type="checkbox"/> Water
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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> <b>Public</b> <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> <b>Fire</b> <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> <b>City</b> <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**First Responder Agency**

<u>1609</u>	Total number of responses
<u>1522</u>	Number of emergency responses
<u>87</u>	Number of non-emergency responses

**Table 8: Resource Directory**

Reporting Year: 2012

**Response/Transportation/Providers**

**County:** Contra Costa County      **Provider:** Moraga-Orinda Fire Protection      **Response Zone:** Moraga-Orinda Fire Protection

**Address:** 1280 Moraga Way      **Number of Engines/Trucks in Fleet:** 5 Engines & 1 ALS Truck  
Moraga, CA 94556

**Phone Number:** Phone: 925- 258-4599      **Average Number of Engines on Duty At 12:00 p.m. (noon) on Any Given Day:** 3: 2 Full Time & 1 Cross Staff

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> <b>Transport</b> <input checked="" type="checkbox"/> <b>ALS</b> <input checked="" type="checkbox"/> <b>9-1-1</b> <input checked="" type="checkbox"/> <b>Ground</b> <input checked="" type="checkbox"/> <b>Non-Transport</b> <input checked="" type="checkbox"/> <b>BLS</b> <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT		
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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> <b>Public</b> <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> <b>Fire</b> <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> <b>Fire District</b> <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**First Responder and Transporting Agency**

2012    Total number of responses  
1519    Number of emergency responses  
493     Number of non-emergency responses

1286    Total number of transports  
125     Number of emergency transports  
1163    Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2012

**Response/Transportation/Providers**

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

**Address:** 880 Tenant Avenue  
Pinole, CA 94564

**Number of Engines in Fleet:** 2: 1 Engine "Browned Out"

**Phone Number:** Phone: 510-724-8970

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

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p><input type="checkbox"/> Transport      <input checked="" type="checkbox"/> <b>ALS</b>  <input checked="" type="checkbox"/> <b>Non-Transport</b>      <input checked="" type="checkbox"/> <b>BLS</b></p> <p><input checked="" type="checkbox"/> <b>9-1-1</b>      <input checked="" type="checkbox"/> <b>Ground</b>  <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input type="checkbox"/> CCT      <input type="checkbox"/> Water  <input type="checkbox"/> IFT</p>
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<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> <b>Public</b>  <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> <b>Fire</b>  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> <b>City</b>      <input type="checkbox"/> County  <input type="checkbox"/> State      <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue</p>
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**First Responder Agency**

<u>1398</u>	Total number of responses
<u>1302</u>	Number of emergency responses
<u>96</u>	Number of non-emergency responses

**Table 8: Resource Directory**

Reporting Year: 2012

**Response/Transportation/Providers**

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

**Address:** 440 Civic Center Plaza  
Richmond, CA 94804

**Number of Engines/Apparatus in Fleet:** 8

**Phone Number:** Phone: 510-307-8031

**Average Number of Engines on Duty At 12:00 p.m. (noon) on Any Given Day:** 8

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> <b><u>9-1-1</u></b> <input checked="" type="checkbox"/> <b><u>Ground</u></b> <input checked="" type="checkbox"/> <b><u>Non-Transport</u></b> <input checked="" type="checkbox"/> <b><u>BLS</u></b> <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> <b><u>Public</u></b> <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> <b><u>Fire</u></b> <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> <b><u>City</u></b> <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**First Responder Agency**

<u>10,522</u>	Total number of responses
<u>10,440</u>	Number of emergency responses
<u>82</u>	Number of non-emergency responses

**Table 8: Resource Directory**

Reporting Year: 2012

**Response/Transportation/Providers**

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

**Address:** 1680 Refugio Valley Road  
Hercules, CA 94547

**Number of Engines in Fleet:** 2

**Phone Number:** Phone: 510-799-4561

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

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p><input type="checkbox"/> Transport      <input checked="" type="checkbox"/> <b>ALS</b>  <input checked="" type="checkbox"/> <b>Non-Transport</b>      <input checked="" type="checkbox"/> <b>BLS</b></p> <p><input checked="" type="checkbox"/> <b>9-1-1</b>      <input checked="" type="checkbox"/> <b>Ground</b>  <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input type="checkbox"/> CCT      <input type="checkbox"/> Water  <input type="checkbox"/> IFT</p>
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<p><b><u>Ownership:</u></b></p> <p><input checked="" type="checkbox"/> <b>Public</b> <input type="checkbox"/> Private</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> <b>Fire</b>  <input type="checkbox"/> Law  <input type="checkbox"/> Other          Explain: _____</p>	<p><b><u>If Public:</u></b></p> <p><input checked="" type="checkbox"/> <b>City</b>      <input type="checkbox"/> County  <input type="checkbox"/> State      <input checked="" type="checkbox"/> <b>Fire District</b>  <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue</p>
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**First Responder Agency**

<u>1280</u>	Total number of responses
<u>1201</u>	Number of emergency responses
<u>79</u>	Number of non-emergency responses

**Table 8: Resource Directory**

Reporting Year: 2012

**Response/Transportation/Providers**

**County:** Contra Costa County      **Provider:** San Ramon Valley Fire Protection District      **Response Zone:** San Ramon Valley Fire Protection District

**Address:** 1500 Bollinger Canyon Road      **Number of Ambulance/Apparatus in Fleet:** 8 Ambulances; 1 MCI Unit;  
San Ramon, CA 94583      33 ALS Apparatus

**Phone Number:** Phone: 925- 838-6680      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5 Ambulances

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<b><u>Level of Service:</u></b>			
			<input checked="" type="checkbox"/> <b>Transport</b>	<input checked="" type="checkbox"/> <b>ALS</b>	<input checked="" type="checkbox"/> <b>9-1-1</b>	<input checked="" type="checkbox"/> <b>Ground</b>
			<input checked="" type="checkbox"/> <b>Non-Transport</b>	<input checked="" type="checkbox"/> <b>BLS</b>	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
					<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> <b>Public</b> <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> <b>Fire</b> <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> <b>Fire District</b> <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**First Responder and Transporting Agency**

5474 Total number of responses  
4504 Number of emergency responses  
970 Number of non-emergency responses

3915 Total number of transports  
415 Number of emergency transports  
3500 Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2012

**Response/Transportation/Providers**

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

**Address:** 177 John Glenn Drive  
Concord, CA 94520

**Number of Helicopters in Fleet:** 2

**Phone Number:** 925- 798-7670

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

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p><input checked="" type="checkbox"/> <b>Transport</b>      <input checked="" type="checkbox"/> <b>ALS</b>      <input checked="" type="checkbox"/> <b>9-1-1</b>      <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport      <input type="checkbox"/> BLS      <input type="checkbox"/> 7-Digit      <input checked="" type="checkbox"/> <b>Air</b>  <input checked="" type="checkbox"/> <b>CCT</b>      <input type="checkbox"/> Water  <input checked="" type="checkbox"/> <b>IFT</b></p>
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<p><b><u>Ownership:</u></b></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> <b>Private</b></p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City      <input type="checkbox"/> County <input type="checkbox"/> State      <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input checked="" type="checkbox"/> <b>Rotary</b> <input checked="" type="checkbox"/> <b>Fixed Wing</b></p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> <b>Air Ambulance</b> <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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**Air Ambulance Services**

415 Total number of responses  
415 Number of emergency responses  
0 Number of non-emergency responses

165 Total number of transports  
165 Number of emergency transports  
0 Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2012

**Response/Transportation/Providers**

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

**Address:** 5005 Marsh Drive  
Concord, CA 94520

**Number of Helicopters in Fleet:** 2

**Phone Number:** 925-691-2099

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

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> No</p>	<p><b><u>Medical Director:</u></b></p> <p><input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> No</p>	<p><b><u>System Available 24 Hours:</u></b></p> <p><input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> No</p>	<p><b><u>Level of Service:</u></b></p> <p><input checked="" type="checkbox"/> <b>Transport</b>      <input checked="" type="checkbox"/> <b>ALS</b>      <input checked="" type="checkbox"/> <b>9-1-1</b>      <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport      <input type="checkbox"/> BLS      <input type="checkbox"/> 7-Digit      <input checked="" type="checkbox"/> <b>Air</b>  <input checked="" type="checkbox"/> <b>CCT</b>      <input type="checkbox"/> Water  <input checked="" type="checkbox"/> <b>IFT</b></p>
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<p><b><u>Ownership:</u></b></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> <b>Private</b></p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><b><u>If Public:</u></b></p> <p><input type="checkbox"/> City      <input type="checkbox"/> County <input type="checkbox"/> State      <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><b><u>If Air:</u></b></p> <p><input checked="" type="checkbox"/> <b>Rotary</b> <input checked="" type="checkbox"/> <b>Fixed Wing</b></p>	<p><b><u>Air Classification:</u></b></p> <p><input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> <b>Air Ambulance</b> <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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**Air Ambulance Services**

<u>471</u> Total number of responses	<u>196</u> Total number of transports
<u>372</u> Number of emergency responses	<u>114</u> Number of emergency transports
<u>99</u> Number of non-emergency responses	<u>82</u> Number of non-emergency transports

**Table 9: Resources Directory**

Reporting Year: 2012

**Facilities**

County: Contra Costa County

**Facility:** Contra Costa Regional Medical Center  
**Address:** 2500 Alhambra Avenue  
Martinez, CA 94553

Telephone Number: 925-370-5000

<b><u>Written Contract:</u></b>	<b><u>Service:</u></b>		<b><u>Base Hospital:</u></b>	<b><u>Burn Center:</u></b>
<input checked="" type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b>
	<input checked="" type="checkbox"/> <b><u>Basic Emergency</u></b>	<input type="checkbox"/> Comprehensive Emergency		

<b>Pediatric Critical Care Center</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> <b><u>No</u></b>	<b><u>Trauma Center:</u></b>	<b><u>If Trauma Center what level:</u></b>	
<b>EDAP</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> <b><u>No</u></b>		<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
<b>PICU</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> <b><u>No</u></b>		<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

<b><u>STEMI Center:</u></b>	<b><u>Stroke Center:</u></b>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b>

**Table 9: Resources Directory**

**Reporting Year:** 2012

**Facilities**

**County:** Contra Costa County

**Facility:** Doctors Medical Center, San Pablo  
**Address:** 2000 Vale Road  
San Pablo, CA 94806

**Telephone Number:** 510-970-5000

<b><u>Written Contract:</u></b>	<b><u>Service:</u></b>		<b><u>Base Hospital:</u></b>	<b><u>Burn Center:</u></b>
<input checked="" type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency	<input type="checkbox"/> Standby Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b>
	<input checked="" type="checkbox"/> <b><u>Basic Emergency</u></b>	<input type="checkbox"/> Comprehensive Emergency		

<b>Pediatric Critical Care Center</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b>	<b><u>Trauma Center:</u></b>	<b><u>If Trauma Center what level:</u></b>	
<b>EDAP</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b>		<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
<b>PICU</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b>		<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b>		

<b><u>STEMI Center:</u></b>	<b><u>Stroke Center:</u></b>
<input checked="" type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> No	<input checked="" type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> No

**Table 9: Resources Directory**

**Reporting Year:** 2012

**Facilities**

**County:** Contra Costa County

**Facility:** John Muir Health, Concord Campus  
**Address:** 2540 East Street  
Concord, CA 94520

**Telephone Number:** 925-682-8200

<b><u>Written Contract:</u></b>	<b><u>Service:</u></b>	<b><u>Base Hospital:</u></b>	<b><u>Burn Center:</u></b>
<input checked="" type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> <b><u>Basic Emergency</u></b> <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b>

<b>Pediatric Critical Care Center</b> <b>EDAP</b> <b>PICU</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b>	<b><u>Trauma Center:</u></b>	<b><u>If Trauma Center what level:</u></b>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b>	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<b><u>STEMI Center:</u></b>	<b><u>Stroke Center:</u></b>
<input checked="" type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> No	<input checked="" type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> No

**Table 9: Resources Directory**

**Reporting Year:** 2012

**Facilities**

**County:** Contra Costa County

**Facility:** John Muir Health, Walnut Creek Campus  
**Address:** 1601 Ygnacio Valley Road  
Walnut Creek, CA 94598

Telephone Number: 925-939-3000

<b><u>Written Contract:</u></b>	<b><u>Service:</u></b>		<b><u>Base Hospital:</u></b>	<b><u>Burn Center:</u></b>
<input checked="" type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> <b><u>Basic Emergency</u></b> <input type="checkbox"/> Comprehensive Emergency		<input checked="" type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b>

<b>Pediatric Critical Care Center</b> <b>EDAP</b> <b>PICU</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b>	<b><u>Trauma Center:</u></b>	<b><u>If Trauma Center what level:</u></b>
		<input checked="" type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> No	<input type="checkbox"/> Level I <input checked="" type="checkbox"/> <b><u>Level II</u></b> <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<b><u>STEMI Center:</u></b>	<b><u>Stroke Center:</u></b>
<input checked="" type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> No	<input checked="" type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> No

**Table 9: Resources Directory**

**Reporting Year:** 2012

**Facilities**

**County:** Contra Costa County

**Facility:** Kaiser Permanente Medical Center, Antioch  
**Address:** 5601 Deer Valley Road  
Antioch, CA 94531

Telephone Number: 925-813-6500

<b><u>Written Contract:</u></b>	<b><u>Service:</u></b>	<b><u>Base Hospital:</u></b>	<b><u>Burn Center:</u></b>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> <u>Basic Emergency</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <u>No</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <u>No</u>
	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		

<b>Pediatric Critical Care Center</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <u>No</u>	<b><u>Trauma Center:</u></b>	<b><u>If Trauma Center what level:</u></b>	
<b>EDAP</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <u>No</u>		<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
<b>PICU</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <u>No</u>		<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <u>No</u>		

<b><u>STEMI Center:</u></b>	<b><u>Stroke Center:</u></b>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <u>No</u>	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No

**Table 9: Resources Directory**

**Reporting Year:** 2012

**Facilities**

**County:** Contra Costa County

**Facility:** Kaiser Permanente Med. Ctr., Walnut Creek  
**Address:** 1425 South Main Street  
Walnut Creek, CA 94596

**Telephone Number:** 925-295-4000

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p><input type="checkbox"/> Referral Emergency   <input type="checkbox"/> Standby Emergency  <input checked="" type="checkbox"/> <b>Basic Emergency</b>   <input type="checkbox"/> Comprehensive Emergency</p>	<p><b><u>Base Hospital:</u></b></p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b>No</b></p>	<p><b><u>Burn Center:</u></b></p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b>No</b></p>
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<p><b>Pediatric Critical Care Center</b>   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b>No</b>  <b>EDAP</b>   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b>No</b>  <b>PICU</b>   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b>No</b></p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b>No</b></p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I   <input type="checkbox"/> Level II  <input type="checkbox"/> Level III   <input type="checkbox"/> Level IV</p>
---	---	---

<p><b><u>STEMI Center:</u></b></p> <p><input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> No</p>	<p><b><u>Stroke Center:</u></b></p> <p><input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> No</p>
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**Table 9: Resources Directory**

**Reporting Year:** 2012

**Facilities**

**County:** Contra Costa County

**Facility:** Kaiser Permanente Med. Ctr., Richmond  
**Address:** 901 Nevin Avenue  
Richmond, CA 94801

Telephone Number: 510-307-1500

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> <b><u>Basic Emergency</u></b> <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b>	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b>
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<b>Pediatric Critical Care Center</b> <b>EDAP</b> <b>PICU</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b>	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b>	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b><u>No</u></b>	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> No
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**Table 9: Resources Directory**

**Reporting Year:** 2012

**Facilities**

**County:** Contra Costa County

**Facility:** San Ramon Regional Medical Center  
**Address:** 6001 Norris Canyon Road  
San Ramon, CA 94583

Telephone Number: 925-275-9200

<p><b><u>Written Contract:</u></b>   <input checked="" type="checkbox"/> <b><u>Yes</u></b>   <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency      <input type="checkbox"/> Standby Emergency  <input checked="" type="checkbox"/> <b><u>Basic Emergency</u></b>      <input type="checkbox"/> Comprehensive Emergency</p>	<p><b><u>Base Hospital:</u></b>   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b><u>No</u></b></p>	<p><b><u>Burn Center:</u></b>   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b><u>No</u></b></p>
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<p><b>Pediatric Critical Care Center</b>      <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b><u>No</u></b>  <b>EDAP</b>      <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b><u>No</u></b>  <b>PICU</b>      <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b><u>No</u></b></p>	<p><b><u>Trauma Center:</u></b>   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b><u>No</u></b></p>	<p><b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I      <input type="checkbox"/> Level II  <input type="checkbox"/> Level III      <input type="checkbox"/> Level IV</p>
---	---	---

<p><b><u>STEMI Center:</u></b>   <input checked="" type="checkbox"/> <b><u>Yes</u></b>   <input type="checkbox"/> No</p>	<p><b><u>Stroke Center:</u></b>   <input checked="" type="checkbox"/> <b><u>Yes</u></b>   <input type="checkbox"/> No</p>
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**Table 9: Resources Directory**

**Reporting Year:** 2012

**Facilities**

**County:** Contra Costa County

**Facility:** Sutter Delta Medical Center  
**Address:** 3901 Lone Tree Way  
Antioch, CA 94509

**Telephone Number:** 925-779-7200

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p><input type="checkbox"/> Referral Emergency      <input type="checkbox"/> Standby Emergency  <input checked="" type="checkbox"/> <b>Basic Emergency</b>      <input type="checkbox"/> Comprehensive Emergency</p>	<p><b><u>Base Hospital:</u></b></p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b>No</b></p>	<p><b><u>Burn Center:</u></b></p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b>No</b></p>
--	--	---	---

<p><b>Pediatric Critical Care Center</b>      <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b>No</b>  <b>EDAP</b>      <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b>No</b>  <b>PICU</b>      <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b>No</b></p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> <b>No</b></p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I      <input type="checkbox"/> Level II  <input type="checkbox"/> Level III      <input type="checkbox"/> Level IV</p>
--	---	---

<p><b><u>STEMI Center:</u></b></p> <p><input checked="" type="checkbox"/> <b>Yes</b>   <input type="checkbox"/> No</p>	<p><b><u>Stroke Center:</u></b></p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> <b>No</b></p>
--	--

**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

**County:** Contra Costa County

**Reporting Year:** 2012

<b>Training Institution:</b>	<u>Los Medanos College</u>		<b>Telephone Number:</b>	<u>925-439-2181</u>
<b>Address:</b>	<u>2700 East Leland Road</u>			
	<u>Pittsburg, CA 94563</u>			
<b>Student Eligibility:</b>	<u>Open to</u> <u>The public</u>	<b>Cost of Program:</b> <b>Basic:</b> <u>\$46/unit</u> <b>Refresher:</b> <u>\$46/unit</u>	<b>Program Level</b>	<u>EMT</u>
			<b>Number of students completing training per year:</b>	
			<b>Initial training:</b>	<u>130</u>
			<b>Refresher: No Classes Due to State Budget Cuts</b>	<u>0</u>
			<b>Continuing Education:</b>	<u>0</u>
			<b>Expiration Date:</b>	<u>2014</u>
			<b>Number of courses:</b>	
			<b>Initial training:</b>	<u>4</u>
			<b>Refresher:</b>	<u>2</u>
			<b>Continuing Education:</b>	<u>0</u>

**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

**County:** Contra Costa County

**Reporting Year:** 2012

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

**Address:** 1266 San Carlos Avenue  
Concord, CA 94518

Program Level EMT-1

**Student Eligibility:** Open to General Public

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

**Number of students completing training per year:**

<b>Initial training</b>	22
<b>Refresher:</b>	14
<b>Continuing Education:</b>	1
<b>Expiration Date:</b>	02/14
<b>Number of courses:</b>	
<b>Initial Training:</b>	2
<b>Refresher:</b>	2
<b>Continuing Education:</b>	1

**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

**County:** Contra Costa County

**Reporting Year:** 2012

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

Program Level: MICN Training

**Student Eligibility:**

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

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

**Number of students completing training per year:**  
**Initial Training:** 4  
**Refresher:** 0  
**Continuing Education:** 24 Hours  
**Expiration Date:** 2014  
**Number of Courses:**  
**Initial Training:** (annually in the spring) 1  
**Refresher:** ongoing  
**Continuing Education:** TNCC PALS, ACLS, Trauma, Other (All provided in house.)

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Contra Costa CountyReporting Year: 2012

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

**Program Level:** EMT Training**Student**

<b>Eligibility:</b>	District Personnel Only	<b>Cost of Program:</b>	<b>Basic:</b> \$0 <b>Refresher:</b> \$0
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1. No charge to fire district employees.
2. In-house training only.

**Number of students completing training per year:**

<b>Initial Training:</b>	0
<b>Refresher:</b>	0
<b>Continuing Education:</b>	253
<b>Expiration Date:</b>	08/31/15

**Number of Courses:**

<b>Initial Training:</b>	0
<b>Refresher:</b>	0
<b>Continuing Education:</b>	4

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Contra Costa CountyReporting Year: 2012

**Training Institution:** Contra Costa College  
**Address:** 2600 Mission Bell Drive  
San Pablo, CA 94806

**Telephone Number:** 510-235-7800; ext 4229Program Level: EMT Training

**Student Eligibility:** Open to Public

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

**Number of students completing training per year:**  
**Initial Training:** 27  
**Refresher:** 0  
**Continuing Education:** 0  
**Expiration Date:** 8/31/2015

**Number of Courses:**  
**Initial Training** 2  
**Refresher:** 0  
**Continuing Education:** 0

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

**County:** Contra Costa County

**Reporting Year:** 2012

<b>Name:</b>	<u>San Ramon Valley Fire Dispatch</u>	<b>Primary Contact:</b>
<b>Address:</b>	<u>800 San Ramon Valley Road</u> <u>Danville, CA 94526</u>	Denise Pangelinan Communications Center Manager
<b>Telephone Number:</b>	925-838-6645	
<b>Written Contract:</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<b>Number of Personnel Providing Services:</b>
	<input checked="" type="checkbox"/> <b>Day-to-Day</b> <input checked="" type="checkbox"/> <b>Disaster</b>	<u>12</u> <b>EMD Training</b> <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> Other
Ownership: <input checked="" type="checkbox"/> <b>Public</b> <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> <b>Fire</b> <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"/> <b>Fire District</b> <input type="checkbox"/> Federal

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

**County:** Contra Costa County

**Reporting Year:** 2012

<b>Name:</b>	<u>Contra Costa Sheriff's Office</u>	<b>Primary Contact:</b>	<u>Gail Bowen</u>
<b>Address:</b>	<u>40 Glacier Drive</u>		<u>Communications Center Director</u>
	<u>Martinez, CA 94553</u>		
<b>Telephone Number:</b>	<u>925-313-2454</u>		
<b>Written Contract:</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No	<input checked="" type="checkbox"/> <b>Day-to-Day</b> <input checked="" type="checkbox"/> <b>Disaster</b>	<b>Number of Personnel Providing Services:</b>
			<u>    </u> EMD Training <u>12</u> <b>EMT-D</b> <u>    </u> ALS
			<u>    </u> BLS <u>    </u> LALS <u>    </u> Other
<b>Ownership:</b> <input checked="" type="checkbox"/> <b>Public</b> <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> <b>Law</b> <input type="checkbox"/> Other	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> <b>County</b> <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
	Explain: <u>                    </u>		

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

County: Contra Costa County

Reporting Year: 2012

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

<b>Name:</b>	<u>Contra Costa Fire Dispatch</u>	<b>Primary Contact:</b>	<u>Kody Kerwin Communications Specialist</u>
<b>Address:</b>	<u>2010 Geary Road</u> <u>Pleasant Hill, CA 94523</u>		
<b>Telephone Number:</b>	<u>925-941-3550</u>		
<b>Written Contract:</b> <input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	<input checked="" type="checkbox"/> <u>Day-to-Day</u> <input checked="" type="checkbox"/> <u>Disaster</u>	<b>Number of Personnel Providing Services:</b> <u>15</u> <u>EMD Training</u> <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> Other
<b>Ownership:</b> <input checked="" type="checkbox"/> <u>Public</u> <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> <u>Fire</u> <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"/> <u>Fire District</u> <input type="checkbox"/> Federal	

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

County: Contra Costa County

Reporting Year: 2012

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

<b>Name:</b>		<b>Primary Contact:</b>	Byron Baptiste, Communication Specialist
<b>Address:</b>	<u>Richmond Communications Center</u> <u>326 27<sup>th</sup> Street</u> <u>Richmond, CA 94804</u>		
<b>Telephone Number:</b>	510-620-6660		
<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <u>No</u>	<b>Medical Director:</b> <input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	<input checked="" type="checkbox"/> <u>Day-to-Day</u> <input checked="" type="checkbox"/> <u>Disaster</u>	<b>Number of Personnel Providing Services:</b> <u>28</u> EMD Training <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> Other
<b>Ownership:</b> <input checked="" type="checkbox"/> <u>Public</u> <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> <u>Fire</u> <input checked="" type="checkbox"/> <u>Law</u> <input type="checkbox"/> Other Explain: _____	If Public: <input checked="" type="checkbox"/> <u>City</u> <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

**AMBULANCE ZONE SUMMARY FORM: ERA I**

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

**AMBULANCE ZONE SUMMARY FORM: ERA II**

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

**AMBULANCE ZONE SUMMARY FORM: ERA III**

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

**AMBULANCE ZONE SUMMARY FORM: ERA IV**

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

**AMBULANCE ZONE SUMMARY FORM: ERA V**

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