



March 12, 2008

**To:** Santa Clara County EMS System Stakeholders

**From:** Josh Davies *J. Davies*  
Prehospital Programs Section Manager

**Subject:** Santa Clara County Prehospital Care Policy Revisions –  
Effective May 5, 2008

The following policies have completed the public comment phase and have been revised in accordance with Santa Clara County Policy 109 – Policy Development and Implementation and become effective on **May 5, 2008**.

Policy	Highlighted Revisions
<b>Policy 301 – Supplemental EMS ALS Resources</b>	<ul style="list-style-type: none"><li>• Memorializes and recognizes Title 22 requirements related to the use of “Fireline” paramedics.</li><li>• Revised minimum inventory list.</li><li>• Establishes the process for approval for the use of paramedics in the tactical law enforcement environment.</li></ul>
<b>Policy 506 –Internet Based EMS Communication System</b>	<ul style="list-style-type: none"><li>• New policy that establishes requirements for use of Internet-based EMS Communication Systems (EMSystem/EMResource).</li></ul>
<b>Policy 611 – EMS Air Resource Utilization</b>	<ul style="list-style-type: none"><li>• Automatic air resource launch areas modified.</li><li>• Air consideration areas identified.</li><li>• Mechanism of injury trauma patients to be transported by ground ambulance.</li><li>• Destination vs. pilot discretion related to safety clarified.</li></ul>
<b>EMS Reference 812 – EMS Trust Fund Application</b>	<ul style="list-style-type: none"><li>• All requests for funding must be reviewed and approved by EMS System Stakeholder groups, prior to submission, to be considered.</li></ul>

If you should have any questions or concerns, please feel free to contact John Blain at [john.blain@hhs.sccgov.org](mailto:john.blain@hhs.sccgov.org) or by telephone at the number provided.

Attachment

- Referenced Documents



# Emergency Medical Services Agency Prehospital Care Manual **Policy 301**

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## **SUPPLEMENTAL ALS EMS SYSTEM RESOURCES**

**Effective Date**                      May 5, 2008  
**Replaces**                              January 22, 2007

**Resources**  
None

### **I. Purpose**

To provide policy related to the use and operations of supplemental ALS EMS System Resources including paramedics working in non-traditional environments such as bike, tactical, search and rescue, and helicopter teams.

### **II. Authorization**

- A. Any Santa Clara County authorized 911-System ALS Provider Agency may provide supplemental ALS services, in accordance with this policy, when operating within their approved jurisdiction.
- B. The use of Supplemental EMS Resources shall serve as an augmentation of normally assigned EMS System resources and may not be used in lieu of the County authorized response model.
- C. Providers wishing to attain approval to use Supplemental EMS System Resources must submit a request, in writing, to the EMS Agency. Providers may not provide supplemental services until authorized by the County.
- D. All supplemental resources must be permitted, on an annual basis, by the EMS Agency.
- E. In the event that an organization wishes to provide specialized, non-transport, advanced life support services, and is not affiliated with an authorized ALS service provider; the organization shall petition the EMS Agency for limited advanced life support authorization for specific indications that are not in conflict with Exclusive Operating Area agreement and/or the County's EMS Service delivery system.

### **III. Dispatch Requirements**

- A. A Supplemental EMS Resource may not be dispatched to any incident unless a standard EMS System Response is also initiated to include first responder and/or ambulance response.
- B. Once on the scene of a response, a supplemental EMS resource may cancel incoming units as appropriate.
- C. Supplemental resources shall be tracked by an authorized PSAP.
- D. This section may not apply to specially authorized, limited ALS service providers.

### **IV. Fireline Paramedics**

- A. Santa Clara County Accredited Paramedics may function within their scope of practice, when serving in an authorized mutual aid assignment, as an agent of their authorized ALS service provider fire agency.
- B. Fire service providers shall establish non-medical qualifications in order to serve as a Fireline Paramedic.
- C. Fireline Paramedics shall follow all Santa Clara County Prehospital Care Policies when serving inside or outside of the geographic limits of Santa Clara County.
- D. Fireline Paramedics must have at least one set of supplies and equipment included in this policy and have access to adequate restock to assure these minimums are available for each patient contact.
- E. If on-line medical control (Base Hospital Contact) cannot be made with Valley Medical Center (regardless of location), then paramedics shall limit their skills to only those that do not require Base Hospital authorization.
- F. Fireline Paramedics shall immediately liaise with the local EMS system in the area where fireline ALS services may be performed to assure continuity of care and immediate coordination with the local EMS services.
- G. Fireline Paramedics shall be requested through either the fire or medical-health mutual aid system. Release of fire-based resources shall be authorized by the Fire Mutual Aid Coordinator with notification made to the Medical-Health Mutual Aid Coordinator.

## **V. Tactical Paramedics**

- A. Santa Clara County Accredited Paramedics may function within their scope of practice, when serving in a specialized tactical law enforcement role, when an agreement has been established with an existing ALS provider agency.
- B. Municipal law enforcement agencies shall establish an agreement with their ALS authorized provider, if applicable, permitting the use of personnel for this purpose. The authorized ALS provider agency shall maintain the responsibility for assuring compliance with all Santa Clara County policies and procedures.
- C. Law enforcement agencies that do not have an authorized ALS service provider within their fire department, shall petition the EMS Agency for limited advanced life support authorization for specific indications that are not in conflict with Exclusive Operating Area agreement and/or the County's EMS Service delivery system.
- D. Law enforcement providers shall establish non-medical qualifications in order to serve as a Tactical Paramedic.
- E. Tactical Paramedics shall follow all Santa Clara County Prehospital Care Policies and may only serve within the geographic boundaries of the County of Santa Clara.
- F. Tactical Paramedics must have at least one set of supplies and equipment included in this policy and have access to adequate restock to assure these minimums are available for each patient contact.

## VI. Minimum Inventory Requirements

Minimum Inventory Requirements	Qty
<b>Adenosine 6 mg</b>	3
<b>Adhesive Tape Rolls (1 inch)</b>	2
<b>Adult Nasal Cannula</b>	1
<b>Albuterol 2.5 mg/3cc Saline</b>	5
<b>Alcohol or Benzoin Prep Pads</b>	5
<b>Atropine 1 mg preload</b>	3
<b>Bacteriocidal Hand Wipes or equivalent</b>	4
<b>Bag Valve Mask Resuscitator</b> (suitable for pediatrics, children, & adults to include connection tubing)	1
<b>Blanket, Disposable</b>	1
<b>Blood Pressure Cuff</b> (must provide for infants, children, & adults)	1
<b>Broselow Tape</b>	1
<b>Chemical Activated Cold Packs</b>	1
<b>Chemical Activated Heat Packs</b>	1
<b>Chewable Baby Aspirin</b> (bottle)	1
<b>Cuffed Endotracheal Tubes with Stylet</b> (each size: 6.0, 7.0, 8.0mm - .5 sizes also recommended / not required)	1
<b>Dextrose 50% 25 gm</b>	1
<b>Diphenhydramine 50 mg</b>	2
<b>Drinking Water in 8-12oz Individual Containers or equivalent</b> (for patient use & rehab functions)	2
<b>Dual Lumen Airway Management Device (Combitube)</b> (Adult / Small Adult each)	1
<b>Epinephrine Auto-injector (Adult) 0.3 mg</b>	1
<b>Epinephrine Auto-injector (Peds) 0.15 mg</b>	1
<b>Epinephrine 1:10,000 10 ml/preload</b>	3
<b>Glucagon 1 mg or equivalent</b>	1
<b>Glucose Reagent Strips (bottle)</b> (electronic meter & strips permissible, venous/capillary samples)	1
<b>Handheld Nebulizer</b> (inspiratory-activation style recommended)	1
<b>Infectious Waste Bags</b>	1
<b>Injection Needles</b> (size 21 and 25 G)	2
<b>IV Catheters</b> (sizes 14,16, 18, 20, 22, 24 G – each)	2
<b>IV Tubing Sets</b> (each of micro & macro)	1
<b>Lancets</b> (must auto secure lancet after use)	1
<b>Laryngoscope</b> (assorted straight/curved blades for infants, children, & adults with a spare set of batteries/bulb)	1
<b>Latex Gloves</b> (assorted sizes for crew members)	NA
<b>Lidocaine 100 mg</b>	4

<b>Magill Forceps</b> (adult & peds sizes)	1 each
<b>Midazolam 4 mg</b>	1
<b>Morphine Sulfate 10 mg</b>	3
<b>Naloxone 2 mg</b>	2
<b>Nasopharyngeal Airways Kit</b>	1
<b>Needle Cricothyrotomy Kit</b> (non-surgical, may be prefabricated)	1
<b>Nitroglycerine Oral Spray</b>	1
<b>Non-Rebreather Oxygen Masks</b> (Adult & Child each)	1
<b>Normal Saline 0.9% - 1000 cc IV bags</b>	1
<b>Normal Saline 0.9% - 250 cc IV bags</b>	1
<b>Occlusive Dressings</b>	1
<b>Oral Glucose</b> (25 gram tube)	1
<b>Oropharyngeal Airways Kit</b>	1
<b>Oxygen Regulator</b> (capable of delivering oxygen at flow rates from 2-15 lpm)	1
<b>Portable Cardiac Monitor / Defibrillator with one spare battery &amp; paper roll</b>	1
<b>Portable Cell Phone</b> (if portable radio does not permit access to the base hospital)	1
<b>Portable Oxygen Cylinder</b> (C size)	1
<b>Portable Radio – (each person)</b> (must be able to communicate with assigned PSAP)	1
<b>Portable Suction Device</b> (a bulb syringe is not sufficient for this requirement)	1
<b>Santa Clara County Patient Care Report (PCR)</b>	3
<b>Sharps Container</b>	1
<b>Sterile 4 Inch Gauze Rolls</b>	2
<b>Sterile 4 X 4 Inch Gauze Pads</b>	12
<b>Stethoscope</b>	1
<b>Syringes with Luer-Lock</b> (1, 3, 10, and 30ccm – or may carry 1, 16 cc syringe)	1
<b>Trauma Dressings</b> (10 by 30 inches in dimension or larger)	1
<b>Trauma Shears</b>	1
<b>Triage Tags</b> (California Fire Chief's Association version)	5
<b>Triangular Bandage</b>	1
<b>Uncuffed Endotracheal Tubes with Stylet</b> (each size: 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5 mm)	1



# Emergency Medical Services Agency Prehospital Care Manual **Policy 506**

## **INTERNET BASED EMS COMMUNICATION SYSTEM (EMSYSTEM/EMRESOURCE®)**

**Effective Date** May 5, 2008

**Replaces** New

### **Resources**

EMS 823: EMSsystem Users Guide

EMS 818: EMS Radio Users Guide

### **I. Purpose**

EMSystem is a web-based application that links various EMS System Stakeholders for the purpose of exchanging critical information. Uses include tracking of hospital resource availability, dispatch center, public health, and EMS system information sharing.

### **II. Acute Care Hospitals**

- A. Hospitals shall use EMSystem for maintaining hospital emergency department and trauma center status, providing bed availability to the Medical-Health Branch of the Santa Clara Operational Area, and for responding to disaster inquiries. Public Health and EMS System notices will also be published to the site as appropriate.
- B. EMSystem is to be maintained by each individual facility. This includes, but is not limited to, maintenance and upgrade of all associated hardware, software, and licensing.
- C. It is the responsibility of each facility to ensure that any staff expected to use the EMSystem be properly trained and refreshed on a routine basis. At least one staff member who is knowledgeable on the use of the EMSystem is to be on duty at all times.
- D. EMSystem is to remain online at all times, placed in an easily accessible location within the Emergency Department.

- E. The sound volume on EMSystem is to be maintained at an adequate level to alert staff within the facility at all times, with external speakers attached, and is never to be placed on mute.
- F. The use of the EMSystem computer is limited to operation of the EMSystem and EMTrack (electronic patient tracking).
- G. The County shall serve as the EMSystem Regional Administrator, responsible for coordination between the facility and EMSystem.
- H. The County shall actively explore funding opportunities to cover the service costs associated with the use of EMSystem.

### **III. Permitted Air Resource Providers**

- A. Santa Clara County Permitted Air Resource Providers shall maintain status on EMSystem.
- B. EMSystem is to be maintained by each provider agency. This includes, but is not limited to, maintenance and upgrade of all associated hardware, software, and licensing.
- C. It is the responsibility of each facility to ensure that any staff expected to use the EMSystem be properly trained and refreshed on a routine basis. At least one staff member who is knowledgeable on the use of the EMSystem is to be on duty at all times.
- D. EMSystem is to remain online at all times.
- E. The sound volume on EMSystem is to be maintained at an adequate level to alert staff at all times, with external speakers attached, and is never to be placed on mute.

### **IV. Private Ambulance Dispatch Centers**

- A. All Santa Clara County Private Ambulance Dispatch Centers shall monitor EMSystem, respond to unit availability queries, and disseminate emergency information to field providers as appropriate.
- B. EMSystem is to be maintained by each provider agency. This includes, but is not limited to, maintenance and upgrade of all associated hardware, software, and licensing.

- C. It is the responsibility of each provider to ensure that any staff expected to use the EMSSystem be properly trained and refreshed on a routine basis. At least one staff member who is knowledgeable on the use of the EMSSystem is to be on duty at all times.
- D. EMSSystem is to remain online at all times.
- E. The sound volume on EMSSystem is to be maintained at an adequate level to alert staff at all times, with external speakers attached, and is never to be placed on mute.

**V. Public Safety Answering Points (PSAPs)**

- A. Santa Clara County PSAPs will be notified of multiple patient/disaster/medical-health events via EMSSystem.
- B. It is the responsibility of each provider to ensure that any staff expected to use the EMSSystem be properly trained and refreshed on a routine basis. At least one staff member who is knowledgeable on the use of the EMSSystem is to be on duty at all times.
- C. EMSSystem should remain online at all times.
- D. The sound volume on EMSSystem should be maintained at an adequate level to alert staff at all times, with external speakers attached, and is never to be placed on mute.

**VI. Miscellaneous Uses**

- A. Tracking of Santa Clara County Medical-Health Resources.
- B. Coordination of Influenza Care Center (ICC) patients.
- C. Tracking of Skilled Nursing Facilities (SNF).
- D. Tracking of Board and Care (B&C) Facilities.
- E. Sharing of Operational Area resource information.
- F. Federal HavBED Standard Reporting (bed availability).
- G. County and Community Clinic Alerting.



# Emergency Medical Services Agency Prehospital Care Manual **Policy 611**

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## **EMS AIR RESOURCE UTILIZATION**

**Effective Date** May 5, 2008  
**Replaces** January 22, 2007

**Resources**  
None

### **I. Purpose**

To establish procedures for appropriate use of air resources in the Santa Clara County Emergency Medical Services System.

### **II. Authorization**

- A. Aircraft providing prehospital patient transport within Santa Clara County must be authorized, classified, and permitted as an Air Ambulance or Rescue Aircraft by the Agency. Authorization must be confirmed by written agreement between the County and the Provider.
- B. Dispatches by County Communications shall be the only valid authorization for air resource operation at the scene of an emergency in Santa Clara County.

### **III. Medical Control**

- A. Treatment rendered in all prehospital care situations (including air transport) shall be in accordance with current Santa Clara County policies and procedures, and/or be approved in writing by the EMS Medical Director.
- B. Each air resource provider shall have a Flight Medical Director.
- C. In situations where a California licensed physician is a member of the flight crew, ground personnel shall utilize the "Physician At Scene" policy to determine the point at which responsibility for the patient transfers from ground to flight personnel.

#### IV. Request for Air Unit Utilization

The decision to use air unit transport involves both clinical and scene management considerations.

- A. Air units are requested via County Communications anytime that it is determined that there is potential need for air transport by the Incident Commander. Immediate notification of, and coordination with, the Incident Commander is essential, once the decision has been made to utilize an air resource.
- B. Responding units that wish to have an air resource dispatched shall have County Communications contact the IC prior to activation. In the event that the IC cannot be reached, the Contractors supervisor or the EMS Duty Chief may authorize the activation. In such cases, County Communications shall continue to attempt to notify the IC of addition of the resource.
- C. The Incident Commander shall determine suitability of the scene or availability of nearby rendezvous site for air ambulance operations.
- D. The Incident Commander shall cancel air resources as soon as it has been determined that air transport is not necessary.

#### V. Guidelines for Air Resource Use

- A. Automatic Air Resource Response Areas

County Communications will dispatch an air resource to predetermined areas where ground ambulance arrival is greatly extended **or** impossible due to geographic conditions **and** if the call is classified though EMD as a Charlie, Delta, or Echo response. Automatic response areas include:

- 1. Mt. Hamilton region/San Antonio Valley and all areas east of Grant Ranch
- 2. All areas east of Anderson Reservoir

An ALS ground unit shall be dispatched simultaneously with the air ambulance. The first arriving medical crew (air or ground) to make patient contact may cancel the response of additional medical crews and assume care for the patient(s), when appropriate to do so.

B. Air Resource Consideration Areas

County Communications will advise the first responder fire service agency, in predetermined areas and where ground ambulance arrival may be extended **and** if the call is classified though EMD as a Charlie, Delta, or Echo response that an air resource should be considered. However, the resource will not be dispatched until advised by the jurisdictional authority. Air Response Consideration Areas include:

1. Pacheco Pass Corridor, east of Casa De Fruita
2. Hecker Pass Corridor, west of Watsonville Road

**Table 1: Air Resource Transportation Considerations for Prehospital Providers**

1. Major Trauma Victims (MTV) meeting only Mechanism of Injury criteria should be transported by ground whenever possible. Only in unusual circumstances should air transportation be used.
2. Air transportation should be considered for MTVs who meet physiologic and/or anatomic criteria **and** where ground transport times are in excess of 30 minutes **and** when the use of an air resource will not extend the total prehospital time.

Prehospital care providers must consider delays that are associated with the use of air resources when making transport decisions. This should include on-scene aircraft loading and rendezvous activities, and assuring that the shortest, most appropriate transportation method is used. In most cases, ground ambulance transport is preferred.

C. Multiple Casualty Incidents (MCI)

When air resources are utilized in the context of an MCI, the Transportation Group Supervisor shall assign air unit destination.

D. Miscellaneous

Based on the performance of the Emergency Medical Services System, the EMS Agency may authorize alternate criteria for the use of air ambulances and/or rescue aircraft.

## VI. Dispatch

- A. If ground ambulance personnel arrive on the scene of call after the arrival of the public safety IC, the crew shall request air resources through the IC. If the IC concurs with use, the ambulance crew may request the resources through County Communications.
- B. Information to be given to County Communications when requesting an air unit includes:
  - Location and number of patient(s)
  - Landing Zone (LZ) location if identified - map coordinates if known, significant landmarks identifiable from the air, and any known scene limitations (weather, etc.)
  - Unit identification of the Incident Commander and frequency to be utilized on scene if other than CALCORD.
- C. County Communications shall always dispatch the closest Santa Clara County Permitted air ambulance unless the use of a rescue aircraft is indicated.
- D. In the event that no Santa Clara County Permitted air ambulances are available, the closest non-permitted air ambulance or ALS rescue aircraft shall be used. In such cases, the EMS Duty Chief shall be advised anytime mutual aid resources are requested.
- E. County Communications shall notify responding medical personnel and the Incident Commander of the name of the responding aircraft and their ETA, upon the completion of dispatch.
- F. Each permitted air resource is responsible for reporting to and maintaining current availability status with County Communications through EMSsystem. In the event of EMSsystem failure, voice communication shall be made to County Communications.
- G. Air resources shall notify the receiving facility of their impending arrival as soon as possible (prior to arrival); this notification is to include pertinent patient information and estimated time of arrival.
- H. County Communications will notify air resource dispatch centers if multiple air units are being used in the EMS System at the same time. This notification will include type of aircraft and unit call sign.

## **VII. Ground Personnel Responsibilities**

- A. Ground (medical) personnel are responsible for patient care until a transition of care occurs.
- B. Ground medical personnel responding to the scene shall not be released until the flight crew has assumed responsibility for the patient or there is no patient, as determined by the senior medical officer on scene, and the air ambulance has been canceled.
- C. If there are patients transported by a ground unit, as well as an air unit (and the air resource has not yet arrived), ground personnel will triage and prepare all patients for transport, load the patient(s) to be transported by ground unit and may await the aircraft **or** triage the air transport patient into the care of the on-scene EMT's in accordance with Policy. Under no circumstances are paramedic personnel to depart the scene prior to the arrival of the air ambulance until the Base Hospital has approved this transfer of care.
- D. On-scene flight crew clinical care should be expedited so that the benefits of rapid air transport are not minimized by extended on-scene times by flight crews.

## **VIII. Safety**

- A. The pilot shall have final authority as to the safe operation of the air ambulance. If, in the pilot's judgment, patient transport by aircraft would be unsafe, the patient shall be transported by ground ambulance.
- B. The air resource has the authority to "self-cancel" if, in the pilot's opinion, the scene or flight conditions are not safe.
- C. Scene security is of prime importance. The Incident Commander shall insure the landing/rendezvous site is secure.
- D. Ground personnel shall not approach an air resource unless directed to do so by flight personnel. When approaching or departing the aircraft, ground personnel shall not lift anything higher than their head, nor shall they at any time approach or depart an air ambulance from the rear or from the uphill side when the aircraft is located on a slope.
- E. All prehospital care personnel shall wear protective gear as provided in Policy 613 when working with aircraft at the scene of a call.

- F. All air resources shall communicate on designated air-to-air frequencies as appropriate (congested LZ's, multiple aircraft response, etc.).
- G. Landing Zones shall be established at 75 X 75 feet during daytime hours and 125 X 125 feet during hours of darkness.

**IX. Patient Destination and Hospital Notification**

- A. Air resource destination is determined by Santa Clara County Prehospital Care Policy, not flight crew discretion, unless a safety hazard exists.
- B. In an MCI, the Transportation Group Supervisor or scene paramedic shall provide a destination to the air unit.
- C. In cases of MCI, the air unit shall transport to the furthest appropriate facility as permitted by Policy or as assigned by the Transportation Group Supervisor or Incident Commander.
- D. In the event that a non-permitted air resource (mutual aid air ambulance or rescue aircraft) is used, the ground paramedic crew shall notify the receiving hospital of the impending arrival of the patient.

**X. Documentation**

- A. Patients transported by an air resource from emergency medical scenes within Santa Clara County shall have a Santa Clara County Patient Care Report (PCR) completed by the attending flight crew, and distributed in accordance with Prehospital Care policy.

**XI. Miscellaneous**

- A. A law enforcement agency responding to the scene of a medical emergency in a rescue aircraft may initiate response of an air ambulance upon establishing a medical need, in accordance with these guidelines.
- B. Rescue aircraft may be requested for the following:
  - 1. When specialty services such as hoist, skid, basket operations are necessary to rescue a patient.
  - 2. Permitted air resources shall be always be used as the primary means for patient transport in Santa Clara County. If a rescue aircraft advises County Communications of their availability and has a shorter ETA than the dispatched air ambulance, the rescue aircraft may provide transport.

3. The California Highway Patrol maintains the authority for numerous freeway and roadway systems in California. As such, a CHP helicopter may be utilized for rescue services or patient transport services when requested by the Incident Commander.
  4. When used for patient transport, rescue aircraft shall adhere to Santa Clara County Prehospital Care Policy.
- E. The Santa Clara County Sheriff's Office helicopter may be utilized to assist in EMS Operations as requested by the Incident Commander or EMS Duty Chief.

Examples include locating patients in remote environments, transporting a paramedic to the scene of a remote response, providing scene surveillance, transporting the EMS Duty Chief to the scene of an incident when necessary, etc.

The Sheriff's helicopter is not designed to transport patients or conduct technical rescue operations.



# County of Santa Clara Emergency Medical Services Agency

## **Emergency Medical Services Trust Fund Application**

*March 2008*

**Reference: EMS #812**

## The Trust Fund

The Santa Clara County Emergency Medical Services Trust Fund (Fund) was established as a result of the contract between the County of Santa Clara and American Medical Response. Funds are generated from fees collected for performance variations as identified in the contract. These funds are then expended in a manner that benefits the Emergency Medical Services System as determined in the sole discretion of the County.

## Submission Criteria

All requests must (1) **provide a countywide benefit** and/or (2) **enhance the EMS System**.

If the criteria above are met, the proposal will be considered if it has been reviewed and supported by at least one of the following EMS System Stakeholder Advisory Groups.

<b>Fire Service</b>	EMS Section of the County Fire Chiefs Association
<b>EMS Providers</b>	Prehospital Providers Advisory Committee
<b>Hospitals</b>	Hospital Council (ED Nurse Managers/Safety Officers)
<b>Clinical Care</b>	Clinical Practice Advisory Committee/Medical Directors Advisory Committee/Trauma Audit Committee
<b>All Others</b>	Submitted to the EMS Agency for review by the Prehospital Providers Advisory Committee.

## Submitting a Request

Any EMS System Stakeholder may request access to EMS Trust fund monies.

A written request (packet attached) shall be submitted to the EMS Agency for review. All proposals must be received by the EMS Agency by **September 15<sup>th</sup>** of each year.

The EMS Agency will conduct a review that will include, but is not limited to, identification of countywide benefits and evaluation of the ability of the project to enhance the entire Emergency Medical Services System

The EMS Agency may consult with various System Stakeholders to facilitate an appropriate review.

The EMS Agency will then make a recommendation to the EMS Committee Trust Fund Advisory Group. The Advisory Group consists of a representative of the following stakeholder groups:

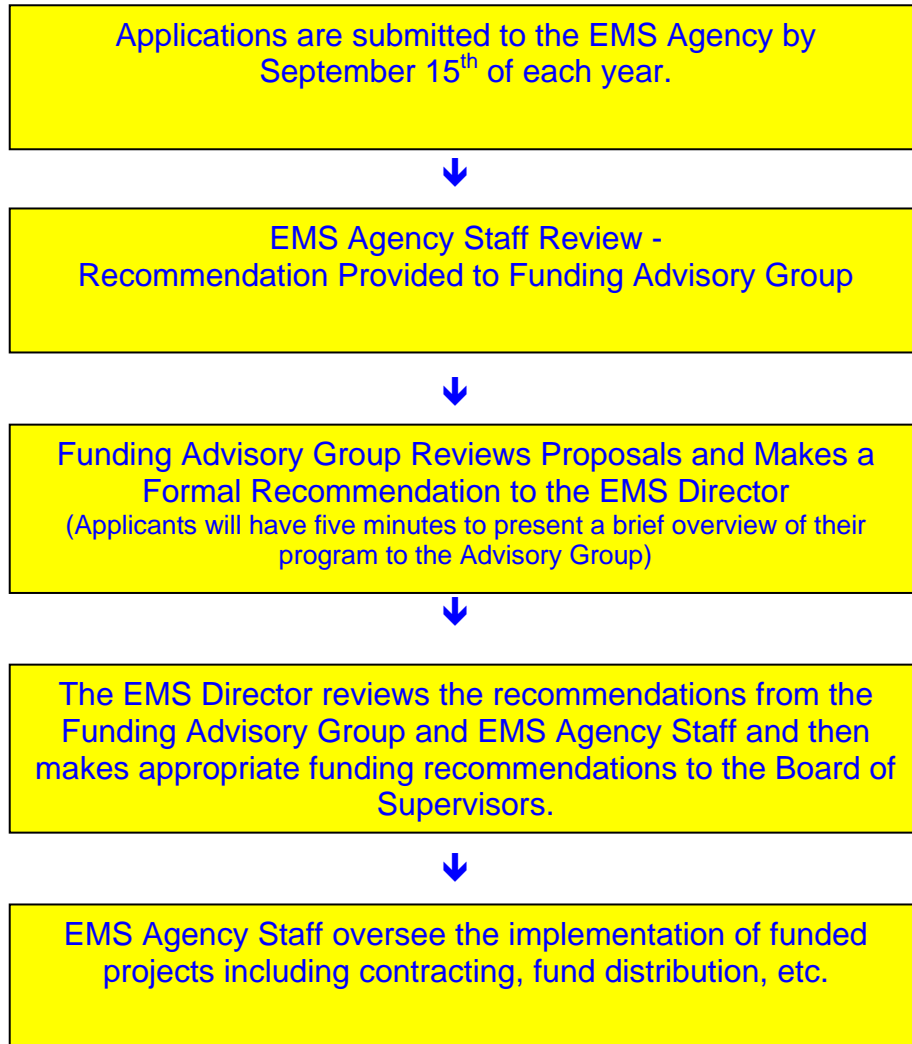
- Municipal Government/City Manager
- Santa Clara County Fire Chiefs Association
- Santa Clara County Police Chiefs Association
- County-Contracted ALS Ambulance Provider
- Non-County-Contracted Ambulance Provider
- Hospital Council of Northern California
- Santa Clara County Trauma Centers
- Health Advisory Commissioner
- Health Advisory Commissioner

The Advisory Group will review each submission and make a formal recommendation to the EMS Agency Director by December of each year. The Chair of the Advisory Group will provide their recommendation to the membership of the EMS Committee at the first meeting of the new year.

Projects that are not recommended for funding by the EMS Trust Fund Advisory Group will be removed from future consideration, unless they are resubmitted in accordance with the process described herein.

The EMS Agency Director will evaluate the recommendations from Agency staff and the Advisory Group and may make a recommendation to the Board of Supervisors for funding. The Board of Supervisors will make the final funding determination including any conditions or modifications and will coincide with the County's budget review and approval process

## Submission and Review Process



### Obligations to the County

In the event that a program is funded, the following terms will apply (in addition to any additional items required after a comprehensive review). These terms will be provided in an Agreement or Memorandum of Understanding between the County and funded organization.

*The funded organizations must agree to:*

- Provide an accounting of all monies expended and any supplemental resources necessary for verifications as requested (invoices, balance sheets, receipts, etc.)
- Return all funds of the project that can not be completed within the established time lines (if the County and organization have not agreed to project timeline extensions). Under most circumstances, award notification will be made in July of each year and approved projects must be completed by May of the same fiscal year.
- Acknowledge the Santa Clara County EMS Agency and the Santa Clara County Emergency Medical Services System in all informational, marketing, printed, or media materials.
- Inform the County of any modifications made to the program, after funding, for approval.
- All purchases will be made in accordance with established County accounting and purchasing policies. The funded organization must work with the County to procure quotes and recommend appropriate vendors acceptable to the County.
- Participate in Santa Clara County Stakeholder Advisory Groups.
- All purchased goods must be returned to the County in the event that a program is not sustainable after funding or at the will of the County. Exceptions may be granted through the Agreement/Memorandum of Understanding process.

### **Samples of Desirable Programs**

*(The Trust Fund Advisory Group uses these items to evaluate funding suitability)*

- Programs that have the support of diverse community based organizations, EMS System Stakeholders, and/or institutions of government.
- Organizations that have experience in the provision of the services to be provided.
- Programs that provide an in-kind contribution.
- Programs that provide for operational and financial sustainability.
- Programs that are provided as part of a strategic or global plan such as integrated data systems, trauma services, clinical care, etc.
- Programs that support the EMS Agenda for the Future and/or the California EMS Vision Project.
- Programs that are reproducible and/or are publicly accessible.



County of Santa Clara  
Emergency Medical Services Agency  
**TRUST FUND REQUEST**

Date: \_\_\_\_\_

\_\_\_\_\_  
*For office Use Only*

**Section I: General Information**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Project Name: \_\_\_\_\_

Requested Funding Amount: \_\_\_\_\_

**Section II: Project Summary**

***☐ Provide a brief summary of your request (a more detailed description should be included with this packet).***

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**Section III: Finance**

***☐ Attach a copy of the program budget including a list of all estimated costs. Include copies of quotes from vendors (at least three) if the request is for material goods or services to be purchased by the County or organization.***

***☐ What in-kind contributions is your organization or partner organizations', providing to the project. If a partner organization is involved, attach a statement from that organization that identifies the in-kind participation.***

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***☐ Identify what other sources you have attempted or are attempting to access to fund this project. Provide the status of each.***

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***☐ If your organization does not attain funding from the Trust Fund, how will the project be funded/implemented? Please also discuss if less than the requested amount was provided, what portions of the project could be completed.***

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