



EOA Emergency Ambulance Staffing Contingency Plan

EMS Reference 819

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Contents

Emergency Implementation/Activation Instructions	2
Plan Purpose, Concept and Scope of Operations, and Objectives	3
Plan Purpose	3
Responsibility of the 911 EOA Emergency Ambulance Provider	3
Concept and Scope of Operations.....	3
Plan Objectives.....	4
Authority and Decision to Activate.....	5
Phases of Monitoring, Mitigation, Response, Demobilization, and Adjudication	6
Phase 1: General Awareness and Passive Monitoring.....	7
Phase 2: Active Monitoring.....	8
Phase 3: Preparatory	10
Phase 4: Contingency Implementation.....	12
Activation Tiers	12
Compliance with EMS System Policies and Emergency Management Doctrine	12
Activation Tier 1: 911 EOA Emergency Ambulance Provider Able to Maintain Full Staffing	13
Activation Tier 2: 911 EOA Emergency Ambulance Provider Unable to Maintain Full Staffing	14
Public Information and Messaging	28
Legal and Administrative Proclamations and Actions.....	29
Phase 5: Demobilization/Return to Steady State	30
Phase 6: After Action Review.....	31
Phase 7: Post Incident Adjudication.....	33
Appendices: Representative Activities Checklists	34
Phase 2: Active Monitoring.....	35
Phase 3: Preparatory	36
Phase 4: Contingency Implementation.....	37
Phase 4: Tier 1 and 2 Contingencies Checklist.....	42

Emergency Implementation/Activation Instructions

In the event of an immediate and acute shortage of 911 ambulances in the Santa Clara County EMS System, Immediately go to Page 45 and implement the Phase 4: Tier 1 and 2 Contingencies Checklist in the order listed to your delegated level of authority.

Phase 4: Tier 1 and 2 Contingencies Checklist

These contingencies are listed in the order of implementation. Execute these contingencies, to your delegated level of authority, immediately as soon as a staffing deficit is realized.

The following check-list provides guidance for actions that may be taken upon activating Phase 4: Contingency Implementation. **The tasks and activities in this checklist are listed in order of implementation.**

In non-urgent situations and time permitting, the mobilization of contingency measures and use of non-911 ambulance providers should be planned and communicated before execution. In general, ambulance providers' assistance should be requested in the following order:

- 1) Santa Clara County-based non-emergency ALS Ambulances
- 2) Santa Clara County-based non-emergency BLS Ambulances
- 3) Santa Clara County-based fire ALS Ambulances
- 4) SEMS-based Out of County Mutual Aid Ambulances

Plan Purpose, Concept and Scope of Operations, and Objectives

Plan Purpose

The plan provides operational guidance to leaders of the Santa Clara County Emergency Medical Service System relating to staffing shortages of any cause within the Santa Clara County 911 Exclusive Operation Area (EOA) Emergency Ambulance Provider. Common causes of staffing shortages include:

- widespread influenza or infectious disease, epidemic or pandemic
- labor action, sickout or strike of 911 EOA Emergency Ambulance Provider's workforce
- regional transportation system failure or labor action
- disaster or severe weather incident that prevent employees from reporting to work
- service-related memorial services, holidays, and special events

Responsibility of the 911 EOA Emergency Ambulance Provider

The 911 EOA Emergency Ambulance Provider is fully responsible for mitigating any staffing shortage within their organization, regardless of the cause of that shortage. The 911 EOA Emergency Ambulance Provider is responsible to comply with all requirements in the 911 EOA Emergency Ambulance Provider contract, and all requirements of EMS System Policies and Procedures and Treatment Protocols. The 911 EOA Emergency Ambulance Provider should develop more comprehensive internal contingency plans to assure staffing within the County 911EOA is always able to meet contractually-mandated standards.

Concept and Scope of Operations

The 911 EOA Emergency Ambulance Service Disruption Plan identifies activities taken by the 911 EOA Emergency Ambulance Provider and the EMS Agency to monitor and prevent, respond to, and recover from a staffing shortage of any cause within the Santa Clara County 911 Exclusive Operation Area (EOA) Emergency Ambulance Provider.

This plan identifies operationally-focused measures and contingencies to monitor, prevent, respond to, recover from, and adjudicate staffing shortages of any cause within the Santa Clara County 911 EOA Emergency Ambulance Provider. While designed solely for this purpose, many of the contingencies and concepts articulated in this plan are generalizable for staffing shortages in other organizations with the Santa Clara County EMS System or other emergency services organizations.

Contingencies identified in this plan rely on cooperation and support from other Santa Clara County EMS System participants, including non-emergency ALS and BLS ambulance providers and fire service ambulance providers. Some contingencies also rely upon cooperation and

support of the Palo Alto Fire Department, which is not part of the Santa Clara County EOA, but is a part of the Santa Clara County EMS System.

This plan does not consider the numerous issues and preventative response measures that occur during an infectious disease emergency, such as distribution of anti-virals to first responder and ambulance personnel, social distancing, and quarantine.

Plan Objectives

1. To assure that 911 paramedic ambulance service continues to meet contractual response time standards.
2. To continue to staff 911 paramedic ambulances with qualified, accredited and locally-oriented personnel, as defined in the Santa Clara County Prehospital Care Policy standards, the EOA Ambulance Agreement, and the County Ordinance Code.
3. To assure that clinical quality is maintained and clinical quality improvement activities continue at no less than routine levels.
4. To assure that the 911 paramedic ambulance system is operated, consistent with EMS Agency policies and procedures, and standards contained in the EOA Ambulance Agreement.
5. To increase operational and clinical monitoring of the 911 EOA Emergency Ambulance Provider to help assure early recognition of issues that could devolve into staffing shortages.
6. To review and provide comment on the 911 EOA Emergency Ambulance Provider's contingency plan, in order to assess the plan's validity, to rapidly resolve any staffing deficits and resulting deployment variances, and to identify potentially unmitigated impacts on the EMS System.
7. To inform and collaborate with EMS System partners including fire chiefs, police chiefs, the Sheriff, hospitals, communication centers, and non-emergency ambulance service providers.
8. To assure that County officials and other key leaders remain informed of significant issues.
9. To assure the public confidence in the EMS System is maintained through public messaging, based on transparency, and fact.

10. To monitor, track and investigate any variances from standards in EMS System Policies and Procedures and the 911 EOA Agreement contract standards, and take corrective action if necessary.

Authority and Decision to Activate

The Director / Chief of the Santa Clara County Emergency Medical Services System (EMS Director) will determine whether contingencies will be implemented based on the situation status, available resources, and potential progression of the situation. The Director will consult with the EMS Medical Director, the County Health Officer, and others to better understand the situation and receive guidance in determining whether to implement contingency measures identified in this plan or other contingency measure.

If this plan is implemented, the EMS Director will immediately notify the Director of Public Health, the County Chief Operations Officer and Chief Executive Officer, and other parties identified Phases 1, 2, or 3 of this plan.

The EMS Director may designate the EMS Section Chief of the Santa Clara County EMS System (EMS Section Chief) to implement operational contingencies, consistent with the specific direction and constraints provided by the Director. The EMS Section Chief (SC) may request the assistance of the Santa Clara County Fire Chief's Association Overhead Support Team (OST). The OST may provide operational period incident action plan preparation that support the actions contained within this plan, assist with logistics, resource tracking, and situation status tracking.

If the EMS Director is not available for an extended period, the EMS Section Chief will perform the responsibilities normally reserved to the Director until the Director returns. Functions and responsibilities within this plan may be delegated to EMS Duty Chiefs, as determined by the Director or designee. If the Director, EMS Section Chief and others identified in this plan are not available, roles and responsibilities will be assigned consistent with the succession and delegation authorities identified in the EMS Agency, Department of Public Health or County of Santa Clara Continuity of Operations Plan (COOP).

The 911 EOA Emergency Ambulance Service Disruption Plan is a contingency plan for staffing shortages within the Santa Clara County 911 EOA Emergency Ambulance Provider. The plan is a guide and reference for leaders of the EMS Agency, the 911 EOA Emergency Ambulance Provider, and other partners in the Santa Clara County EMS System. This plan cannot identify every scenario, eventuality or contingency. As such, EMS System leaders are expected to use their professional judgment, based on education, training, and experience to make the best decision in the time available. The contingencies identified herein are not scripts that must be followed to the letter, but are adaptable and scalable guidelines to be applied to the specific situation.

Phases of General Awareness, Monitoring, Mitigation, Response, Demobilization, and Adjudication

This plan defines the following seven phases:

Phase 1: General Awareness

The general awareness phase is the routine or steady state within the EMS System.

Phase 2: Active Monitoring

Any situation when there is an increased potential for staffing shortages within the 911 EOA Emergency Ambulance Provider.

Phase 3: Preparatory

Any time information suggests that there is an increasingly probable potential for future impact on EOA operations related to a staffing shortage. Phase 3: Preparatory differs from Phase 2: Active Monitoring, because Phase 3 actions extend beyond monitoring the situation and notifying potentially affected stakeholders.

Phase 4: Contingency Implementation

Phase 4 is characterized by the implementation of contingencies by either the 911 EOA Emergency Ambulance Provider or the EMS Agency to mitigate a staffing shortage of the 911 EOA Emergency Ambulance Provider.

Phase 5: Demobilization/Return to Steady State

Phase 5 is characterized by the termination of mitigation and a return to routine paramedic and emergency ambulance services within the Santa Clara County EOA.

Phase 6: After Action Review

Phase 6: After Action Review occurs following the demobilization of resources and contingencies in Phase 5. Phase 6 and Phase 7 may occur concurrently.

Phase 7: Post Incident Adjudication

Phase 7 begins as soon as possible following the demobilization of resources and contingencies in Phase 5. Phase 5 includes seeking reimbursement for agency, department, or organization expenses. In certain incidents, Phase 7 may include contractual or regulatory actions taken by the EMS Agency. Phase 6 and Phase 7 may occur concurrently.

Phase 1: General Awareness and Passive Monitoring

During this phase, the 911 EOA Emergency Ambulance Provider and the EMS Agency should passively monitor the environment for external causes that could impact staffing, such as infectious disease emergencies, severe transportation problems (BART or VTA strike), weather that may impact travel and may substantially increase call volume, or activities of other labor organizations that may indirectly affect the 911 EOA Emergency Ambulance Provider's employees. The 911 EOA Emergency Ambulance Provider should also be aware of labor/management discord within their organization that may progress to an informal or formal labor action by EMS responders. Routine interaction between labor organizations, employees/members, and their employers is expected and does not normally constitute a threat to stable staffing.

The 911 EOA Emergency Ambulance Provider must rapidly notify the EMS Agency as soon as they become aware of information that can reasonably suggest that staffing may be degraded or reduced, regardless of the cause.

Phase 2: Active Monitoring

The EMS Agency and 911 EOA Emergency Ambulance Provider must more actively monitor the internal and external environments whenever there is an increased potential for staffing shortages. Situations which warrant active monitoring include:

- the annual influenza (flu) season, especially seasons with higher than average rates of illness
- days before major holidays, especially if past staffing patterns indicate higher than normal rates of absenteeism
- following the death or severe injury of a coworker, especially during the days surrounding the memorial service
- prolonged severe weather incidents, which may increase call volume or make travel difficult
- before regional transportation formal or informal labor action system
- failure of regional transportation system or during significant major road or bridge closures
- during renewals or extensions of collective bargaining agreements (CBAs), during elections to consider switching labor unions or during extended labor/management differences involving the 911 EOA Emergency Ambulance Provider's workforce
- whenever another organized labor organization plans to take formal labor actions and the 911 EOA Emergency Ambulance Provider's workforce may join in solidarity activities.

Phase 2: Active Monitoring Representative Activities

The following table provides guidance for actions that may be taken upon activating Phase 2: Active Monitoring status. This list is not in order of priority. **A checklist version of this table starts on Page 35.**

Item	Responsible		Description of Activity
	EMSA	Provider	
1	X	X	Log actions on ICS-214: Unit Activity Log
2	X		Notify EMS Duty Chiefs, EMS Section Chief, and EMS Director that the EMS System has entered Phase 2: Active Monitoring via SCCAlert and CAD.
3		X	Monitor daily staffing reports, looking for increased sick call or other causes of absenteeism
4	X	X	Establish a schedule for receipt of weekly updates from Provider as to status of staffing shortages
5	X	X	Review Providers contingency plan with Providers management team.
6	X		Notify County Executive Leadership
7			Notify County Counsel's Office
8	X		Request that County Pubic Information staff increase monitoring of relevant media
9	X	X	Increase monitoring of daily operations to identify early indicators of potential future action such as extended off-load times, out of service

			periods, on-scene delays, extended hospital times, extended move-up times, etc.
10	X	X	Consider if Legal and Administrative Proclamations and Actions will reduce staffing shortages (see page 31)
11	X		Notify EMS System Stakeholders through meetings or conference calls

A checklist version of this table starts on Page 35.

Phase 3: Preparatory

The preparatory phase begins when information suggests that there is an increasingly probable potential for future impact on EOA operations related to a staffing shortage. Phase 3: Preparatory differs from Phase 2: Active Monitoring, because Phase 3 actions extend beyond monitoring the situation and notifying potentially affected stakeholders.

The activities identified in Phase 3: Preparatory, should be considered when:

- The 911 EOA Emergency Ambulance Provider has identified potential staffing shortages due to employee illness.
- As soon as staffing patterns identify absenteeism rates that indicate a probable systemic staffing shortage
- following the death or severe injury of a coworker
- the 911 EOA Emergency Ambulance Provider is not able to meet contractual response time requirements, due to inability to adequately staff ambulances.
- before regional transportation formal or informal labor action system, unless the 911 EOA Emergency Ambulance Provider is confident that their workforce will not be effected
- failure of regional transportation system or during significant major road or bridge closures, unless the 911 EOA Emergency Ambulance Provider is confident that their workforce will not be effected
- If the 911 EOA Emergency Ambulance Provider's workforce intends to strike or conduct a sickout. Phase 3: Preparatory should be implemented no later than time when the Provider's workforce provides a ten day notice of intent to strike.
- Any other situation that will likely result in a staffing shortage for the 911 EOA Emergency Ambulance Provider

In Phase 3: Preparatory, the 911 EOA Emergency Ambulance Provider and the EMS Agency reviews the ambulance provider's contingency plans to evaluate whether the provider's contingency plan is adequate to provide 911 staffing. The 911 EOA Emergency Ambulance Provider, the EMS Agency and/or the County may consider some or all of legal and administrative proclamations and actions identified below. The EMS Agency notifies EMS System stakeholders that were not notified about a potential staffing shortage during Phase 2. . These stakeholders may include: the fire chiefs' association, private ambulance services, County Communications, acute care hospitals, public safety answering points, police chiefs association. Additionally, in during Phase 3 the EMS Agency develops operational contingency plans and briefs EMS System stakeholders about those plans.

Phase 3: Preparatory Representative Activities

The following table provides guidance for actions that may be taken upon activating Phase 3: Preparatory status. This list is not in order of priority. **A checklist version of this table starts on Page 36.**

Item	Responsible		Description of Activity
	EMSA	Provider	
1	X	X	Log actions on ICS-214: Unit Activity Log
2	X		Notify EMS Duty Chiefs, EMS Section Chief, and EMS Director that the EMS System has entered Phase 3: Preparatory via SCCAlert and CAD.
3	X	X	Review Phase 2 Representative Activities. Consider any representative activity not completed during Phase 2
4		X	Monitor daily staffing reports, looking for increased sick call or other causes of absenteeism
5	X	X	Establish a schedule for receipt of daily (or Operational Period, or less, depending on situation) updates from Provider as to status of staffing and need for assistance.
6	X	X	Review Provider's contingency plan with Provider's management team.
7	X		Implement a formal process to collect, analyze, and report situation status information (e.g. Health Officer information, traffic or weather information and labor/strike information)
8	X		Notify County Executive Leadership
9	X		Notify County Counsel's Office
10	X		Request that County Public Information staff increase monitoring of relevant media
11	X		Request that County Public Information staff prepare messaging templates and advisories for print, electronic and social media, including SCCAlert. (see page 30)
12	X	X	Increase monitoring of daily operations to identify early indicators of potential future action such as extended off-load times, out of service periods, on-scene delays, extended hospital times, extended move-up times, etc.
13	X	X	Consider if Legal and Administrative Proclamations and Actions will reduce staffing shortages (see page 31)
14	X		Notify EMS System Stakeholders through meetings or conference calls
15	X	X	Determine whether Incident Actions Plans should be developed.

A checklist version of this table starts on Page 36.

Phase 4: Contingency Implementation

Phase 4: Contingency Implementation is characterized by the implementation of contingencies by either the 911 EOA Emergency Ambulance Provider or the EMS Agency to mitigate a staffing shortage of the 911 EOA Emergency Ambulance Provider.

Activation Tiers

Activation of contingencies Phase 4: Contingency Implementation is separated into two “Tiers”. A Tier 1 activation presumes the 911 EOA Emergency Ambulance Provider takes mitigation measures that will maintain staffing at levels adequate to meet contractual response time standards, without intervention by the EMS Agency.

A Tier 2 Activation occurs when the 911 EOA Emergency Ambulance Provider cannot maintain staffing at levels adequate to meet contractual response time standards and requests assistance from the EMS Agency.

Characteristics of Tier 1 and Tier 2 and suggested mitigation and response actions are contained in the following pages.

Compliance with EMS System Policies and Emergency Management Doctrine

Actions taken in Phase 4 should be consistent with EMS System Policies and Procedures and Treatment Protocols. Actions taken in Phase 4 should also consistent with the doctrine established in National Incident Management System (NIMS), Standardized Emergency Management System (SEMS), and the Incident Command System (ICS).

As such, EMS System leaders are expected to use their professional judgment, based on education, training, and experience to make the best decision in the time available. The contingencies identified are not scripts that must be followed to the letter, but are adaptable and scalable to the specific situation.

In non-urgent situations and time permitting, the mobilization of contingency measures and use of non-911 ambulance providers should be planed and communicated before execution. In general, ambulance providers’ assistance should be requested in the following order:

- 1) Santa Clara County-based non-emergency ALS Ambulances
- 2) Santa Clara County-based non-emergency BLS Ambulances
- 3) Santa Clara County-based fire ALS Ambulances
- 4) SEMS-based Out of County Mutual Aid Ambulances

Activation Tier 1: 911 EOA Emergency Ambulance Provider Able to Maintain Full Staffing

Description

The 911 EOA Emergency Ambulance Provider reports that:

- 1) They are beginning to experience or will soon experience severe staffing shortages; and,
- 2) They are implementing actions, such as brining in temporary personnel, that they believe will allow their organization to maintain staffing at levels to meet contractual obligations.

If the 911 EOA Emergency Ambulance Provider believes that they will enter Phase 4, Tier 1, they should notify the EMS Agency as soon as possible. For labor related issues, such as a strike, the 911 EOA Emergency Ambulance Provider will receive a ten-day notice of strike.

Potential Triggers

- Notification by 911 EOA Emergency Ambulance Provider of staffing shortage due to any cause.
- Notification by 911 EOA Emergency Ambulance Provider, workforce or labor organizations, or other source that a ten-day strike notice has been issued. Verify any notice with 911 EOA Emergency Ambulance Provider before taking any action.
- EMS Duty Chief obtains information that indicates staffing deficiencies.

Objectives

- 1.1 Assure that 911 EOA Emergency Ambulance Provider's response to emergency medical calls meets established response times.
- 1.2 Assure that clinical quality is maintained.
- 1.3 Assure compliance with Santa Clara County Prehospital Care Policy, Ordinance Code, and EOA agreement.
- 1.4 Monitor 911 EOA Emergency Ambulance Provider's implementation of their contingency plan.
- 1.5 Minimize impacts to other elements of the EMS System, such as fire services, hospitals, and interfacility ambulance transportation services.
- 1.6 Restore routine 911 EOA Emergency Ambulance- staffing as soon as is possible.
- 1.7 Maintain EMS System situational awareness.
- 1.8 Inform all EMS System stakeholders and County leadership of the event.
- 1.9 Maintain public confidence in the EMS System, through public information and messaging.
- 1.10 Remain vigilant in the observation of unusual EMS System activity or other indicators that may be indicative of emerging threats (civil disturbance, terrorism, surge, etc.). In other words – keep your eyes out for other activities not solely focusing on staffing/deployment concerns.
- 1.10 Prepare the EMS System for multiple events, system surge, and additional unanticipated threats.

Activation Tier 2: 911 EOA Emergency Ambulance Provider Unable to Maintain Full Staffing

Description

The 911 EOA Emergency Ambulance Provider reports that:

- 1) They are beginning to experience or will soon experience severe staffing shortages; and,
- 2) Are not able or do not believe they will be able to maintain staffing at levels to meet contractual obligations.

If the 911 EOA Emergency Ambulance Provider believes that they will enter Phase 4, Tier 2, they should notify the EMS Agency as soon as possible. For labor related issues, such as a strike, the 911 EOA Emergency Ambulance Provider will receive a ten-day notice of strike.

Potential Triggers

- Notification of by the 911 EOA Emergency Ambulance Provider's personnel including field and/or management staff.
- Notification by workforce or labor organization representing workforce
- Activation of ambulance availability queries
- Public and social media reports, contacts, and inquires
- Markedly extended response times as evidenced by first responder notifications to the EMS Duty Chief (fire departments on scene waiting for ambulances).
- EMS Duty Chief obtains information that indicates staffing deficiencies.
- Fire department ambulances in the EOA are transporting patients due to extended response times by 911 EOA Emergency Ambulance Provider rather than patient condition (excess of 18 minutes for red lights and siren transports).

Objectives

- 1.1 Add ambulances and other resources to the EMS System to meet EMS response time standards. Respond to emergency medical calls for service meeting established response times.
- 1.2 Assure that clinical quality is maintained.
- 1.3 Assure compliance with Santa Clara County Prehospital Care Policy, Ordinance Code, and EOA agreement.
- 1.4 Minimize impacts to other elements of the EMS System, such as fire services, hospitals, and interfacility ambulance transportation services.
- 1.5 Restore routine 911 EOA Emergency Ambulance- staffing as soon as is possible.
- 1.6 Maintain EMS System situational awareness.
- 1.7 Inform all EMS System stakeholders and County leadership of the event.
- 1.8 Maintain public confidence in the EMS System, through public information and messaging.
- 1.9 Plan for continued operation of the EMS System until 911 EOA Emergency Ambulance Provider is able to adequately staff ambulances.

- 1.10 Remain vigilant in the observation of unusual EMS System activity or other indicators that may be indicative of emerging threats (civil disturbance, terrorism, surge, etc.). In other words – keep your eyes out for other activities not solely focusing on staffing/deployment concerns.

Phase 4: Contingency Implementation Activities

The following table provides guidance for actions that may be taken upon activating Phase 4: Contingency Implementation. This list is not in order of priority. **A checklist version of this table starts on Page 37.**

Item	Responsible		Description of Activity
	EMSA	Provider	
Items 1 through 21 should be performed as soon as Phase 4 is activated			
1	X	X	Log actions on ICS-214: Unit Activity Log
2	X	X	Maintain enhanced situational status: Determine whether the cause of the staffing shortage is getting better, staying the same or getting worse
3	X		Notify EMS Duty Chiefs, EMS Section Chief, and EMS Director that the EMS System has entered Phase 4: Contingency Implementation via SCCAlert and CAD.
4	X	X	Review Phase 3 Representative Activities. Consider any representative activity not completed during Phase 3
5		X	Monitor daily staffing reports, looking for increased sick call or other causes of absenteeism
6	X	X	Establish a schedule for receipt of daily (or Operational Period, or less, depending on situation) updates from Provider as to status of staffing and need for assistance.
7	X	X	Review Provider's contingency plan with Provider's management team.
8	X		Implement a formal process to collect, analyze, and report situation status information (e.g. Health Officer information, traffic or weather information and labor/strike information)
9	X		Notify County Executive Leadership
10			Notify County Counsel's Office
11	X		Request that County Public Information staff increase monitoring of relevant media
12	X		Request that County Public Information staff prepare messaging templates and advisories for print, electronic and social media, including SCCAlert. (see page 30)
13	X	X	Increase monitoring of daily operations to identify early indicators of potential future action such as extended off-load times, out of service periods, on-scene delays, extended hospital times, extended move-up times, extended first responder scene times, etc.
14	X	X	Consider if Legal and Administrative Proclamations and Actions will reduce staffing shortages (see page 31)
15	X		Notify EMS System Stakeholders through meetings or conference calls
16	X	X	Develop Incident Action Plan for two operational periods (each operational period will be 12 hours) prior to anticipated strike start through each operational period where the strike continues. Consider support from the County Overhead Support Team.
17			Notify Region II Medical and Health Operational Area Coordinators (MHOACs) through RDMHS
18			Notify EMS Authority through EMS Authority Duty Officer

19	X		Insure contingent workforce meets all Santa Clara County professional standards requirements.
	X		Review "Factors Related to Implementing Contingencies" with Provider, Counsel, and EMS Agency in order to implement strategies to lessen impacts.
20	X	X	Determine Provider management / field supervisor staffing plans.
21	X	X	Coordinate meeting with County Communications and 911 EOA Emergency Ambulance Provider, and all in-county ambulance providers (including fire-providers) to coordinate command and control during impacted period.
22	X		Determine whether County Communications Center can increase staffing.
23	X	X	Develop enhanced clinical quality assurance oversight mechanism for first responders and ambulance providers.
<i>No less than five days before staffing shortage (if advance notice possible)</i>			
24	X	X	Log actions on ICS-214: Unit Activity Log
25	X	X	Confirm that items 1 through 23 have been completed. If not, complete now.
26	X	X	Maintain enhanced situational status: Determine whether the cause of the staffing shortage is getting better, staying the same or getting worse
27	X		Conduct formal briefing of EMS System Stakeholders through phone call or meeting (meeting is more desirable for operational security).
28	X	X	If Legal and Administrative Proclamations and Actions can reduce or mitigate impact of staffing shortage, implement now if not previously implemented. (see page 31)
29	X		EMS Section Chief leads development of draft IAP, incorporating participating agencies into IAP development, and verifying ambulance ability with executive of each company or agency.
30	X		Finalize and begin media announcements (see page 30)
31	X		Assess need to activate Operational Area EOA or Medical Health Operations Center
32	X		Confirm adequacy of County Communications Medical Pod Staffing, considering that AVL equipped ambulances may not be available.
33	X		Conduct test of all EMS System and EMS Agency alerting and communication devices
<i>No less than four days before staffing shortage (if advance notice possible)</i>			
34	X	X	Log actions on ICS-214: Unit Activity Log
35	X	X	Maintain enhanced situational status: Determine whether the cause of the staffing shortage is getting better, staying the same or getting worse
36	X		Draft IAP submitted to EMS Director for approval. IAP approved
37	X		Conduct formal briefing of EMS System Stakeholders through phone call or meeting (meeting is more desirable for operational security).
38	X		Assess need to activate Operational Area EOA or Medical Health Operations Center
39	X		Notify County Executive Leadership
40	X		Notify County Counsel's Office
<i>No less than three days before staffing shortage (if advance notice possible)</i>			

41	X	X	Log actions on ICS-214: Unit Activity Log
42	X	X	Maintain enhanced situational status: Determine whether the cause of the staffing shortage is getting better, staying the same or getting worse
43	X		Request Ambulance Mutual Aid to fill any identified Gaps through Regional Disaster Medical and Health Specialist (RDMHS): <ul style="list-style-type: none"> If out of County Ambulance Mutual Aid is requested, total number of ambulances in system should be 1.25 x normal (25% greater than normal) to compensate for lack of AVL System and unfamiliarity with the Santa Clara County System.
44	X		Review EMS Agency COOP Plan <ul style="list-style-type: none"> Critical prioritized functions are: <ol style="list-style-type: none"> 1 Duty Chief on duty in System 24/7 (on 12-hour shifts) Enhanced Clinical Quality Monitoring Enhanced Operational Performance Monitoring Media Relations 1 Duty Chief in County Communications 24/7 (on 12-hour shifts) Certification Function Provide appropriate EMS personnel time off as necessary to prepare for 12-hour night shift.
45	X		Confirm adequacy of County Communications Medical Pod Staffing, considering that AVL equipped ambulances may not be available.
46	X		Conduct test of all EMS System and EMS Agency alerting and communication devices
47	X		Publish and Distribute Final Draft IAP for first Operational Period
48	X		Conduct formal briefing of EMS System Stakeholders through phone call or meeting (meeting is more desirable for operational security).
49	X		Assess need to activate Operational Area EOA or Medical Health Operations Center
50	X		Notify County Executive Leadership
51	X		Notify County Counsel's Office (see page 30)
52	X		Request that County Public Information staff increase monitoring of relevant media
53	X		Request that County Public Information staff prepare messaging templates and advisories for print, electronic and social media, including SCCAlert. (see page 317)
54	X		Update RDMHS—provide information to assure that EMS System is prepared to receive ambulance mutual aid and those ambulances have the necessary communications, restock, and maps/GPS to function in EMS System.
55	X		Update EMS Authority
56	X	X	Review all items listed above. Determine whether any warrant repeating.
<i>No less than one day before staffing shortage (if advance notice possible)</i>			
57	X	X	Log actions on ICS-214: Unit Activity Log
58	X	X	Maintain enhanced situational status: Determine whether the cause of the staffing shortage is getting better, staying the same or getting worse

59	X		Publish, distribute and brief IAP for first Operational Period
60	X		Conduct formal briefing of EMS System Stakeholders through phone call or meeting (meeting is more desirable for operational security).
61	X		Confirm adequacy of County Communications Medical Pod Staffing, considering that AVL equipped ambulances may not be available.
62	X		Conduct test of all EMS System and EMS Agency alerting and communication devices
63	X		Assess need to activate Operational Area EOA or Medical Health Operations Center
64	X		Notify County Executive Leadership
65	X		Notify County Counsel's Office
66	X		Request that County Pubic Information staff increase monitoring of relevant media
67	X		Request that County Public Information staff prepare messaging templates and advisories for print, electronic and social media, including SCCAlert. (see page 30)
68	X		Update RDMHS
69	X		Update EMS Authority
70	X	X	Review all items listed above. Determine whether any warrant repeating.
<i>During the first and future Operational Period of the staffing shortage</i>			
71	X	X	Log actions on ICS-2' 4: Unit Activity Log
72	X	X	Execute IAP and contingencies.
73	X	X	Maintain enhanced situational status: Determine whether the cause of the staffing shortage is getting better, staying the same or getting worse
74	X	X	Review ambulance staffing for current Operational Period to determine adequacy
75	X	X	Actively monitor operations to identify early indicators of potential system problems, such as extended off-load times, out of service periods, on-scene delays, extended hospital times, extended move-up times, extended first responder scene times, etc.
76	X		If necessary, add additional ambulances to EMS System
77	X		Confirm adequacy of County Communications Medical Pod Staffing, considering that AVL equipped ambulances may not be available.
78	X		Implement enhanced clinical quality assurance oversight for first responders and ambulance providers.
79	X		Conduct formal briefing of EMS System Stakeholders through phone call or meeting (meeting is more desirable for operational security).
80	X		Assess need to activate Operational Area EOA or Medical Health Operations Center
81	X		Provide report to County Executive Leadership
82	X		Provide report to County Counsel's Office
83	X		Provide report to RDMHS
84	X		Provide report to EMS Authority
85	X		Monitor ambulance staffing for next Operational Period to determine adequacy
86	X		Monitor County Communications staffing for next Operational Period to determine adequacy

87	X		Working with PIOs, provide media messages through print, electronic, and social media. (see page 30)
88	X	X	Review all items listed above. Determine whether any warrant repeating.

A checklist version of this table starts on Page 37.

Tier 1 and 2 Contingencies

These contingencies are listed in the order of implementation. Execute these contingencies, to your delegated level of authority, immediately as soon as a staffing deficit is realized.

The following check-list provides guidance for actions that may be taken upon activating Phase 4: Contingency Implementation. **The tasks and activities in this checklist are listed in order of implementation. A checklist version of this table starts on Page 42.**

Item ID	Description	Attributes, Components, or Actions
<p>T1-1</p> <p>Activate Ambulance Availability Query</p>	<ul style="list-style-type: none"> Provides immediate ambulance availability. Query is automatically activated based on existing ambulance system levels. All fire departments with ambulances and private ambulance dispatch centers are notified automatically when the query is activated. Implementation of contingencies must be swift to meet EMS System emergency ambulance demand. 	<p>Activation of the Ambulance Availability Query by County Communications results in the following:</p> <ul style="list-style-type: none"> Place into service any available private ambulance to immediately respond to pending ambulance calls Place into service any available private ambulance to cover a geographic area needing additional ambulance coverage Authorize fire department ambulances to transport any patient. When BLS ambulances are used in the 911 EMS System, first responder paramedics will assess each patient and determine if the patient must be accompanied by a paramedic to the hospital consistent with Santa Clara County Prehospital Care Policy. CCT ambulances that are used in the EMS System are treated as BLS ambulances in accordance with Santa Clara County EMS System Policy. Paramedic ambulances shall be provided to the City of Sunnyvale as a priority if possible to address paramedic first response and transport needs. Non Provider ambulances do

		not have AVL to assist in call mapping and recommendation. These units must be posted and maintained on radio-watch.
T1-2 Initiate EMResource System Alert	<ul style="list-style-type: none"> Notification to EMS System partners of the event. 	<ul style="list-style-type: none"> Provide instruction on continuous use of ambulance query. Provides first notification to EMS System Managers of a problem (conference call to follow).
T1-X Insure Provider Contingency Plan is Activated	<ul style="list-style-type: none"> The EMS Duty Chief will contact Provider Operations 1 (General Manager) to verify that Providers Contingency Plan has been activated. 	<ul style="list-style-type: none"> Record time of Provider Plan activation. Notify the Section Chief that Providers Plan has been implemented.
T1-2 Expanded Dispatch	<ul style="list-style-type: none"> EMS Duty Chief assumes EMS System operational oversight at County Communications. Alternate Duty Chief is activated to handle field response and routine EMS Duty Chief responsibilities. Additional Duty Chief assignments will be required to maintain 24 hour coverage in Expanded Dispatch, field coverage, and potential coverage for Chief 1 and Chief 2. Implementation of contingencies must be swift in order to meet EMS System emergency ambulance demand. 	<ul style="list-style-type: none"> Monitors situational status and provides updates to County staff. Implements Standard Dispatch Orders as appropriate and as approved. Oversees Provider Operations Managers implementation of Provider contingencies and County initiated contingencies. Develops plans for addressing previously unrecognized threats. Decrease elective ambulance use (low risk standby's, special events, etc.). Open a "COMPLY" CAD event to track activities and contingencies implemented. The use of BLS ambulances must be closely monitored – paramedic ambulances or other paramedic first responders should be used to support jurisdictions that do not have paramedic first response.

		<ul style="list-style-type: none"> Expanded Dispatch Duty Chief will notify all EMS Specialist to become available for assignments via AlertSCC and ring down. Consider Central Patient Routing with approval from the Section Chief or Chief. Deploy EMS Specialist / Duty Chief to Providers main station to monitor supply, site operations, and any labor actions in progress. Determine the need for on-site presence. Consider use of AlertSCC to notify various groups, stakeholders and the public. Notify the RDMHS and EMSA Duty Officer.
<p>T1-3</p> <p>Expanded System Status Management</p>	<ul style="list-style-type: none"> Provider Operations 2 assumes responsibility for fleet deployment, coverage, administrative actions of deployed units, etc. Provider Operations 2 works directly with the EMS Duty Chief to coordinate contingency actions and address potential threats. Implementation of contingencies must be swift in order to meet EMS System emergency ambulance demand. 	<ul style="list-style-type: none"> Responsible for coordinating staffing with Providers personnel. Responsible for implementation of Providers contingency plan items. Responsible for maintaining deployed ambulance availability by clearing units from hospitals, cancelling scheduled non-urgent standbys, closely monitors on-scene, and at hospital times. Assists in the development of addressing previously unrecognized threats.
<p>T1-3</p> <p>Convene Meeting / Conference Call with Provider and EMS Agency</p>	<ul style="list-style-type: none"> Attain situation update from Provider. Determine actions taken by Provider to resolve issue. Notice Provider of variances from agreements, policy, etc. 	<ul style="list-style-type: none"> Provider actions to address staffing/deployment shortages. Establish initial communication and schedule follow-up communications and situational/status reporting intervals.

	<ul style="list-style-type: none"> Determine what, if any, County contingencies should be activated. 	<ul style="list-style-type: none"> Provider produces Incident Action Plan for County Approval.
<p>T1-X</p> <p>Implement Additional Contingencies</p>	<ul style="list-style-type: none"> Immediately following the conference call with Provider and EMS Agency, implement necessary additional contingencies to maintain ambulance availability. Implementation of contingencies must be swift in order to meet EMS System emergency ambulance demand. 	<ul style="list-style-type: none"> Restoration of routine EMS System operations is key – implement contingencies as indicated. Stabilization of the EMS System is the primary objective until routine EMS System operations may be restored.
<p>T1-X</p> <p>Convene EMS System Conference Call</p>	<ul style="list-style-type: none"> Provide situational status report to fire service, EMS, and hospital partners. Discuss the need for the implementation of additional contingencies. Share intelligence 	<ul style="list-style-type: none"> Partners notified via AlertSCC. Fire service partners dispatch center also notified by RedNet broadcast. Determine need for additional calls and time of next call.
<p>T1-X</p> <p>Consider Additional Contingencies</p>	<ul style="list-style-type: none"> Implementation of contingencies must be swift in order to meet EMS System emergency ambulance demand. 	<ul style="list-style-type: none"> Consider the implementation of additional contingencies including Standard Dispatch Orders.
<p>T1-X</p> <p>Consider Demobilization of Contingencies</p>	<ul style="list-style-type: none"> Conservatively terminate implemented contingencies when routine systems have returned to normal operations. 	<ul style="list-style-type: none"> Implemented contingencies should be terminated only after routine operations have been restored and have been determined to be stable.
<p>T1-X</p> <p>Consideration</p> <p>Schedule Private Ambulance Providers for Routine 911 Ambulance Service Coverage</p>	<ul style="list-style-type: none"> Schedule private ambulance service support within the 911 EMS System. 	<ul style="list-style-type: none"> Scheduled deployment of private ambulance service providers (12 hour operational periods recommended).

<p>T1-X Consideration</p> <p>Request Fire Service Support in Staffing Additional Paramedic First Response Units</p>	<ul style="list-style-type: none"> • Increase fire service based paramedic first responder deployment. 	<ul style="list-style-type: none"> • Increased fire service paramedic first responder service will assist in providing paramedic assessment and care prior to arrival of the ambulance. • Increased fire service paramedic first response may assist in reducing unnecessary ambulance response (no patient, non-critical patients, etc.).
<p>T1-X Consideration</p> <p>Modify Automatic Ambulance Dispatch</p>	<ul style="list-style-type: none"> • Adjust automatic and simultaneous dispatch of ambulances. 	<ul style="list-style-type: none"> • Limit automatic ambulance dispatch to MPDS “Alpha” classified calls. Dispatch when requested by first responder.
<p>T1-X Consideration</p> <p>Modify All Paramedic Ambulance Dispatch</p>	<ul style="list-style-type: none"> • Dispatch BLS ambulances. 	<ul style="list-style-type: none"> • Dispatch BLS ambulances to MPDS “Alpha” classified calls. Dispatch only when requested by first responder. • Request first responders request BLS ambulances if the patients transport does not require advanced life support care.
<p>T1-X Consider</p> <p>Mutual Aid Ambulance Use from other Operational Areas</p>	<ul style="list-style-type: none"> • In the event that locally permitted ambulances are not able to meet 911 call demand, ambulances may be requested from other operational areas. 	<ul style="list-style-type: none"> • Provide early notice to RDMHS. • Request RDMHS convene a conference call to provide details to regional partners.
<p>Upon completion of items T1-X; repeat the checklist throughout the duration of the event. Some items may not need to be addressed, others may need to be updated/modified, and others may need to be added.</p> <p>The ICS214 shall also include clear documentation of any other contingencies that were implement, adjusted, or cancelled during the operational period.</p>		

A checklist version of this table starts on Page 42.

Factors Related to Implementing Contingency Actions

Factor	Description	Action
Command and Control/Ambulance Deployment	Non-911 ambulances (private ambulances, fire ambulances, and out of county ambulances) do not have AVLs that interact with County Communication	More ambulances than normal will be needed to meet response time standards. County communications will need to manually track ambulance locations.
Area Familiarization	Out of County ambulances are likely not familiar with area geography	EMS Agency must provide Santa Clara County map books and GPS pre-programmed with hospitals and other key locations. EMS Agency must provide maps to identify location of hospital EDs, especially for hospitals under construction.
Communications	Out of County ambulances do not have radios with Santa Clara County frequencies	EMS Agency must provide Santa Clara County portable radios, batteries, and vehicle-based chargers to incoming mutual aid ambulances at check in.
Fuel	Out of County will need ability to refuel	EMS agency to develop 24/7fuel contingency
Supply	Private provider ambulances do not carry supplies to restock first responder apparatus.	Provider must schedule increased courier runs to keep first responders supplied and/or increase first responders on-site supply caches.
Supply	Private provider ambulances will require restock from company supply frequently.	Provider must make arrangements to support private ambulance needs for restock and must be coordinated with private ambulance service management.
Supply	Out of County ambulances will require frequent resupply Some equipment, such as defibrillator pads may not be compatible with existing stocks.	
Patient Care Records	Some private ambulances will not have transitioned to the EMS Patient Care Data System. Therefore, the delivery of patient care records to the hospital will vary in format and style and the EMS Agency will not be able to access records directly.	The private ambulance service providers will provide copies of all completed patient care records to the EMS Agency at the end of each day.

Clinical Quality	Clinical quality will not be able to be tracked real time if the private ambulance providers have not yet transitioned to the EMS Patient Care Data System. Increased clinical review is necessary due to the increased use of BLS resources.	The EMS Agency will assign an EMS Specialist to review patient care records daily to monitor clinical quality. This will permit the County to identify issues early and implement any necessary mitigation actions.
EOA Agreement Variances	Should any labor action occur, it is likely that provisions of the EOA agreement have been violated	Track all variance and performance issues to determine damages and applicable censures.
Costs	The use of other public and private ambulance service providers will likely incur costs to related to the implementation of various contingencies.	All costs must be tracked to determine total cost of all contingencies implemented. The cost of implementing contingencies must be recovered and provided to those assisting during the contingency.
Clinical Care / Crew Safety	Monitor crew fatigue related to the potential for extended shift hours and decreased time off between shifts.	Track out of service time for declared “fatigue” periods or periods where fatigue may be present. Take actions to replace fatigued crews and/or decrease fatigue.
Impact to First Responders	First responders may assist in augmenting response or providing paramedic follow-up care in BLS ambulances.	The impact to first responders’ availability must be assessed.
Public Perception of 911 EMS Services	It is critical that the People of Santa Clara County are confident of the 911 EMS Services that are provided.	Review public messaging, complaints and concerns received, and alerts issued. Integrate data into the after action report. Issue media and public notifications as long as is necessary to reassure the public and/or to provide critical information related to the incident.

Public Information and Messaging

In relation to this section, the term Public Information Officer (PIO) shall mean that the identified individual is able to address specific EMS System technical questions as well as serve as the spokesperson for the County. The term spokesperson shall mean a person trained to work with the media and citizens, but not one that has the ability to address EMS System specific issues.

The EMS Director serves as the primary Public Information Officer (PIO). In absence of the EMS Director, the EMS Section Chief serves as the PIO. In absence of the Section Chief, the Public Health Director or County Chief Operations Officer will appoint an appropriate person to serve as a spokesperson.

Public information must be provided rapidly and routinely to keep the public aware of the current situation and to provide information about the status of the EMS System. As appropriate, the following core messages may be included in media releases.

Public Messaging Considerations

Item #	Message
1	The Santa Clara County EMS ambulance system is currently adequately staffed and experiencing routine call volume.
2	Santa Clara County permitted non-emergency ambulance services are being used within the 911 ambulance system to augment routine deployment.
3	The Santa Clara County EMS Agency has determined to use mutual aid ambulances from counties. These ambulances are working with our local first responders to help insure rapid ambulance transportation to local hospitals.
4	[Provider] has added additional staffing to the Santa Clara County 911 ambulance system to assist in covering shifts and staffing ambulances.
5	The County is aggressively monitoring the activities of [Provider] to insure that the people of Santa Clara County receive timely, quality, and competent emergency medical care.
6	The County has taken actions to insure fast, quality, and competent emergency medical care is provided to the People of Santa Clara County. The County is hopeful that [Provider] will come to agreements with its workforce that will enable routine services to be restored immediately.
7	Based on the current situation, [Provider] has likely violated terms and provisions of its agreement with the County. At the appropriate time, the County will pursue any and all remedies that may be available to censure [Provider] based on the damages that have resulted from this labor action.
8	The Santa Clara County EMS System is stable and those in need of emergency medical services should continue to call 9-1-1 when an emergency occurs.

Legal and Administrative Proclamations and Actions

There are four categories of legal and administrative actions that may be necessary to prevent, mitigate or respond to a significant staffing shortage: 1) proclamation of local emergency by the Board of Supervisors; 2) proclamation of state of emergency or state of war emergency by the Governor of the State of California; 3) preventative measures taken by the Public Health Officer; and, 4) injunction , temporary restraining order, or writ ordered by a Court.

The proclamation of a local emergency by the Board of Supervisors can provide relief from County ordinance-code requirements of EMS Providers and EMS personnel. The proclamation of a state of emergency or state of war emergency by the Governor of the State of California may provide local relief from EMS-related requirements of the EMS Act and California Code of Regulations. The Governor’s proclamation may also provide relief from ambulance destination, ambulance treat and transport, and hospitals-specific requirements. Additionally, during any “state of war emergency,” “state of emergency“ or “local emergency”,¹ the Public Health Officer may take any preventive measure that may be necessary to protect and preserve the public from any public health hazard within his or her jurisdiction. In the event of a projected or actual staffing shortage related to a strike, the 911 EOA Emergency Ambulance Provider may consider requesting an injunction, temporary restraining order or writ. Neither the County nor the EMS Agency has the legal basis to request an injunction, temporary restraining order or writ.

Phase 5: Demobilization/Return to Steady State

Phase 5: Demobilization/Return to Steady State is characterized by the termination of mitigation measures implemented in Phase 3: Preparatory and Phase 4: Contingency Implantation and a return to routine paramedic and emergency ambulance services within the Santa Clara County EOA.

The demobilization of contingency measures and use of non-911 ambulance providers should be planned and communicated before execution. In general, ambulance providers should be released from service in the following order:

- 1) SEMS-Based Out of County Mutual Aid Ambulances
- 2) Santa Clara County-based non-emergency BLS Ambulances
- 3) Santa Clara County-based fire ALS Ambulances
- 4) Santa Clara County-based non-emergency ALS Ambulances

Phase 6: After Action Review

Phase 6: After Action Review occurs following the demobilization of resources and contingencies in Phase 5. Implementation of Phase 4: Contingency Implementation of this plan constitutes a sentinel event of the Santa Clara County EMS System. Phase 6 and Phase 7 may occur concurrently.

As such, the EMS Agency must lead a review of all events related to the Phase 4 incident, starting at the point of deviation from Phase 1 within 30 days of demobilization. All providers who participated in the contingencies identified in this plan shall participate in this review. Each provider is also expected to conduct an organization-specific after action review to better understand their organizations strengths and weaknesses and take appropriate corrective measures. Each participating organization, and the EMS Agency, shall assess the efficacy of the response to the staffing shortage, based on at least the following criteria:

1. Communications
 - 1.1. Identify and analyze communications functionality during the sentinel event. Consider equipment condition and interoperability, user training, and procedures when assessing consistency and efficacy of communications with County Communications and other providers.
2. Response
 - 2.1. Identify and analyze factors contributing to any delayed response, including but not limited to geographical familiarity, navigation aids, unit posting, driver failure, and vehicle failure.
3. Clinical Care
 - 3.1. Identify, analyze, and report any incidents of clinical care wherein a patient was harmed.
4. Responder safety and health
 - 4.1. Identify and analyze root cause of any incidents wherein aiding responders performing duties outside the scope of their routine operations were harmed or were at heightened risk of harm.
 - 4.2. Identify, secondary to root cause analysis, a plan to mitigate risk to non-routine responders.
5. Medical surge
 - 5.1. Assess the capability of the contingency to accommodate system volume surge which, during routine operation, would be mitigated without implementation of non-routine practices.

6. Data collection

- 6.1. Assess the celerity with which patient care report data was made accessible to the EMS Agency
- 6.2. Assess the completeness and quality of patient care report data collected during implementation of the contingency.

In addition to evaluating the incident that caused the implementation of the 911 EOA Emergency Ambulance Service Disruption Plan, the plan should be reviewed to determine whether it should be revised or modified. The EMS Agency shall assess the efficacy of the plan, based on at least the following criteria:

1. How well did the plan define the purpose, scope, and objectives accurately and adequately to address the needs of the public during the sentinel event?
2. How well did the plan identify and provide for the continuity of field operations impacted by the sentinel event?
3. How well did the plan identify and provide for the continuity of necessary routine functions of public and private system stakeholders impacted by the sentinel event?
4. How well did the plan anticipate and address critical deficiencies in the training of aiding stakeholders related to operations not routinely performed by non-EOA providers, such as infrequently implemented Standard Dispatch Orders?

Phase 7: Post Incident Adjudication

Phase 7: Post Incident Adjudication begins as soon as possible following the demobilization of resources and contingencies in Phase 5. Phase 6 and Phase 7 may occur concurrently.

During Phase 7: Post Incident Adjudication, participating agencies may prepare and submit incident-related documents to support reimbursement.

In the event of a proclamation of a Local State of Emergency or Governor's Proclamation of a State of Emergency or War Emergency, agencies that participating in mitigating the 911 EOA Emergency Ambulance Provider's staffing shortage may qualify for reimbursement by local, state or federal government agencies. In certain situations, such as staffing shortages not due to emergencies, the 911 EOA Emergency Ambulance Provider may be responsible for reimbursing participating agencies for their documented costs.

During Phase 7, the EMS Agency will take additional actions to close the incident. Depending on the characteristics of the cause and nature of the incident, and the characteristics of the response, the EMS Agency may:

- Implement changes to EMS System Policies and Procedures or Treatment Protocols
- Implement additional training for some or all providers
- Implement additional equipment for some or all providers
- Recommend changes to the Board of Supervisors regarding the County Ordinance-Code
- Implement actions and remedies provided in the EOA contract.

Appendices: Representative Activities Checklists

This appendix contains four checklists, each based on the corresponding table in Phases 2, 3, and 4. It also contains the checklist for the Tier 1 and Tier 2 contingencies in Phase 4.

- Phase 2: Active Monitoring
- Phase 3: Phase 3: Preparatory
- Phase 4: Contingency Implementation
- Phase 4: Tier 1 and 2 Contingencies Checklist

Phase 2: Active Monitoring

Representative Activities Checklist

The following table provides guidance for actions that may be taken upon activating Phase 2: Active Monitoring status. This list is not in order of priority.

Item	Initial	Date/ Time	Responsible		Description of Activity
			EMSA	Provider	
1			X	X	Log actions on ICS-214: Unit Activity Log
2			X		Notify EMS Duty Chiefs, EMS Section Chief, and EMS Director that the EMS System has entered Phase 2: Active Monitoring via SCCAlert and CAD.
3				X	Monitor daily staffing reports, looking for increased sick call or other causes of absenteeism
4			X	X	Establish a schedule for receipt of weekly updates from Provider as to status of staffing shortages
5			X	X	Review Providers contingency plan with Providers management team.
6			X		Notify County Executive Leadership
7					Notify County Counsel's Office
8			X		Request that County Public Information staff increase monitoring of relevant media
9			X	X	Increase monitoring of daily operations to identify early indicators of potential future action such as extended off-load times, out of service periods, on-scene delays, extended hospital times, extended move-up times, etc.
10			X	X	Consider if Legal and Administrative Proclamations and Actions will reduce staffing shortages (see page 27)
11			X		Notify EMS System Stakeholders through meetings or conference calls

Phase 3: Preparatory

Representative Activities Checklist

The following checklist provides guidance for actions that may be taken upon activating Phase 3: Preparatory status. This list is not in order of priority.

Item	Initial	Date/ Time	Responsible		Description of Activity
			EMSA	Provider	
1			X	X	Log actions on ICS-214: Unit Activity Log
2			X		Notify EMS Duty Chiefs, EMS Section Chief, and EMS Director that the EMS System has entered Phase 3: Preparatory via SCCAlert and CAD.
3			X	X	Review Phase 2 Representative Activities. Consider any representative activity not completed during Phase 2
4				X	Monitor daily staffing reports, looking for increased sick call or other causes of absenteeism
5			X	X	Establish a schedule for receipt of daily (or Operational Period, or less, depending on situation) updates from Provider as to status of staffing and need for assistance.
6			X	X	Review Provider's contingency plan with Provider's management team.
7			X		Implement a formal process to collect, analyze, and report situation status information (e.g. Health Officer information, traffic or weather information and labor/strike information)
8			X		Notify County Executive Leadership
9			X		Notify County Counsel's Office
10			X		Request that County Public Information staff increase monitoring of relevant media
11			X		Request that County Public Information staff prepare messaging templates and advisories for print, electronic and social media, including SCCAlert. (see page 26)
12			X	X	Increase monitoring of daily operations to identify early indicators of potential future action such as extended off-load times, out of service periods, on-scene delays, extended hospital times, extended move-up times, etc.
13			X	X	Consider if Legal and Administrative Proclamations and Actions will reduce staffing shortages (see page 27)
14			X		Notify EMS System Stakeholders through meetings or conference calls
15			X	X	Determine whether Incident Actions Plans should be developed.

Phase 4: Contingency Implementation

Representative Activities Checklist

The following check-list provides guidance for actions that may be taken upon activating Phase 4: Contingency Implementation. This list is not in order of priority.

Item	Responsible				Description of Activity
	Initial	Date/ Time	EMSA	Provider	
Items 1 through 21 should be performed as soon as Phase 4 is activated					
1			X	X	Log actions on ICS-214: Unit Activity Log
2			X	X	Maintain enhanced situational status: Determine whether the cause of the staffing shortage is getting better, staying the same or getting worse
3			X		Notify EMS Duty Chiefs, EMS Section Chief, and EMS Director that the EMS System has entered Phase 4: Contingency Implementation via SCCAlert and CAD.
4			X	X	Review Phase 3 Representative Activities. Consider any representative activity not completed during Phase 3
5				X	Monitor daily staffing reports, looking for increased sick call or other causes of absenteeism
6			X	X	Establish a schedule for receipt of daily (or Operational Period, or less, depending on situation) updates from Provider as to status of staffing and need for assistance.
7			X	X	Review Provider's contingency plan with Provider's management team.
8			X		Implement a formal process to collect, analyze, and report situation status information (e.g. Health Officer information, traffic or weather information and labor/strike information)
9			X		Notify County Executive Leadership
10					Notify County Counsel's Office
11			X		Request that County Public Information staff increase monitoring of relevant media
12			X		Request that County Public Information staff prepare messaging templates and advisories for print, electronic and social media, including SCCAlert. (see page 26)
13			X	X	Increase monitoring of daily operations to identify early indicators of potential future action such as extended off-load times, out of service periods, on-scene delays, extended hospital times, extended move-up times, extended first responder scene times, etc.
14			X	X	Consider if Legal and Administrative Proclamations and Actions will reduce staffing shortages (see page 27)

15			X		Notify EMS System Stakeholders through meetings or conference calls
16			X	X	Develop Incident Action Plan for two operational periods (each operational period will be 12 hours) prior to anticipated strike start through each operational period where the strike continues. Consider support from the County Overhead Support Team.
17					Notify Region II Medical and Health Operational Area Coordinators (MHOACs) through RDMHS
18					Notify EMSA through EMSA Duty Officer
19			X		Insure contingent workforce meets all Santa Clara County professional standards requirements.
			X		Review "Factors Related to Implementing Contingencies" with Provider, Counsel, and EMS Agency in order to implement strategies to lessen impacts.
20			X	X	Determine Provider management / field supervisor staffing plans.
21			X	X	Coordinate meeting with County Communications and 911 EOA Emergency Ambulance Provider, and all in-county ambulance providers (including fire-providers) to coordinate command and control during impacted period.
22			X		Determine whether County Communications Center can increase staffing.
23			X	X	Develop enhanced clinical quality assurance oversight mechanism for first responders and ambulance providers.
<i>No less than five days before staffing shortage (if advance notice possible)</i>					
24			X	X	Log actions on ICS-214: Unit Activity Log
25			X	X	Confirm that items 1 through 23 have been completed. If not, complete now.
26			X	X	Maintain enhanced situational status: Determine whether the cause of the staffing shortage is getting better, staying the same or getting worse
27			X		Conduct formal briefing of EMS System Stakeholders through phone call or meeting (meeting is more desirable for operational security).
28			X	X	If Legal and Administrative Proclamations and Actions can reduce or mitigate impact of staffing shortage, implement now if not previously implemented. (see page 27)
29			X		EMS Section Chief leads development of draft IAP, incorporating participating agencies into IAP development, and verifying ambulance ability with executive of each company or agency.
30			X		Finalize and begin media announcements (see page 26)
31			X		Assess need to activate Operational Area EOA or Medical Health Operations Center

32			X		Confirm adequacy of County Communications Medical Pod Staffing, considering that AVL equipped ambulances may not be available.
33			X		Conduct test of all EMS System and EMS Agency alerting and communication devices
No less than four days before staffing shortage (if advance notice possible)					
34			X	X	Log actions on ICS-214: Unit Activity Log
35			X	X	Maintain enhanced situational status: Determine whether the cause of the staffing shortage is getting better, staying the same or getting worse
36			X		Draft IAP submitted to EMS Director for approval. IAP approved
37			X		Conduct formal briefing of EMS System Stakeholders through phone call or meeting (meeting is more desirable for operational security).
38			X		Assess need to activate Operational Area EOA or Medical Health Operations Center
39			X		Notify County Executive Leadership
40			X		Notify County Counsel's Office
No less than three days before staffing shortage (if advance notice possible)					
41			X	X	Log actions on ICS-214: Unit Activity Log
42			X	X	Maintain enhanced situational status: Determine whether the cause of the staffing shortage is getting better, staying the same or getting worse
43			X		Request Ambulance Mutual Aid to fill any identified Gaps through Regional Disaster Medical and Health Specialist (RDMHS): <ul style="list-style-type: none"> If out of County Ambulance Mutual Aid is requested, total number of ambulances in system should be 1.25 x normal (25% greater than normal) to compensate for lack of AVL System and unfamiliarity with the Santa Clara County System.
44			X		Review EMS Agency COOP Plan <ul style="list-style-type: none"> Critical prioritized functions are: <ol style="list-style-type: none"> 1 Duty Chief on duty in System 24/7 (on 12-hour shifts) 8. Enhanced Clinical Quality Monitoring 9. Enhanced Operational Performance Monitoring 10. Media Relations 11. 1 Duty Chief in County Communications 24/7 (on 12-hour shifts) 12. Certification Function Provide appropriate EMS personnel time off as necessary to prepare for 12-hour night shift.
45			X		Confirm adequacy of County Communications Medical Pod Staffing, considering that AVL equipped ambulances may not be available.

46			X		Conduct test of all EMS System and EMS Agency alerting and communication devices
47			X		Publish and Distribute Final Draft IAP for first Operational Period
48			X		Conduct formal briefing of EMS System Stakeholders through phone call or meeting (meeting is more desirable for operational security).
49			X		Assess need to activate Operational Area EOA or Medical Health Operations Center
50			X		Notify County Executive Leadership
51			X		Notify County Counsel's Office (see page 27)
52			X		Request that County Pubic Information staff increase monitoring of relevant media
53			X		Request that County Public Information staff prepare messaging templates and advisories for print, electronic and social media, including SCCAlert. (see page 26)
54			X		Update RDMHS—provide information to assure that EMS System is prepared to receive ambulance mutual aid and those ambulances have the necessary communications, restock, and maps/GPS to function in EMS System.
55			X		Update EMS Authority
			X	X	Review all items listed above. Determine whether any warrant repeating.
<i>No less than one day before staffing shortage (if advance notice possible)</i>					
57			X	X	Log actions on ICS-214: Unit Activity Log
58			X	X	Maintain enhanced situational status: Determine whether the cause of the staffing shortage is getting better, staying the same or getting worse
59			X		Publish, distribute and brief IAP for first Operational Period
60			X		Conduct formal briefing of EMS System Stakeholders through phone call or meeting (meeting is more desirable for operational security).
61			X		Confirm adequacy of County Communications Medical Pod Staffing, considering that AVL equipped ambulances may not be available.
62			X		Conduct test of all EMS System and EMS Agency alerting and communication devices
63			X		Assess need to activate Operational Area EOA or Medical Health Operations Center
646			X		Notify County Executive Leadership
65			X		Notify County Counsel's Office
66			X		Request that County Pubic Information staff increase monitoring of relevant media
67			X		Request that County Public Information staff prepare messaging templates and advisories for print, electronic and social media, including SCCAlert. (see page 26)

68			X		Update RDMHS
69			X		Update EMS Authority
70			X	X	Review all items listed above. Determine whether any warrant repeating.
<i>During the first and future Operational Period of the staffing shortage</i>					
71			X	X	Log actions on ICS-2`4: Unit Activity Log
72			X	X	Execute IAP and contingencies.
73			X	X	Maintain enhanced situational status: Determine whether the cause of the staffing shortage is getting better, staying the same or getting worse
74			X	X	Review ambulance staffing for current Operational Period to determine adequacy
75			X	X	Actively monitor operations to identify early indicators of potential system problems, such as extended off-load times, out of service periods, on-scene delays, extended hospital times, extended move-up times, extended first responder scene times, etc.
76			X		If necessary, add additional ambulances to EMS System
77			X		Confirm adequacy of County Communications Medical Pod Staffing, considering that AVL equipped ambulances may not be available.
78			X		Implement enhanced clinical quality assurance oversight for first responders and ambulance providers.
79			X		Conduct formal briefing of EMS System Stakeholders through phone call or meeting (meeting is more desirable for operational security).
80			X		Assess need to activate Operational Area EOA or Medical Health Operations Center
81			X		Provide report to County Executive Leadership
82			X		Provide report to County Counsel's Office
83			X		Provide report to RDMHS
84			X		Provide report to EMS Authority
85			X		Monitor ambulance staffing for next Operational Period to determine adequacy
86			X		Monitor County Communications staffing for next Operational Period to determine adequacy
87			X		Working with PIOs, provide media messages through print, electronic, and social media. (see page 26)
88			X	X	Review all items listed above. Determine whether any warrant repeating.

Phase 4: Tier 1 and 2 Contingencies Checklist

These contingencies are listed in the order of implementation. Execute these contingencies, to your delegated level of authority, immediately as soon as a staffing deficit is realized.

The following check-list provides guidance for actions that may be taken upon activating Phase 4: Contingency Implementation. **The tasks and activities in this checklist are listed in order of implementation.**

Initial	Date/ Time	Item ID	Description	Attributes, Components, or Actions
		T1-1 Activate Ambulance Availability Query	<ul style="list-style-type: none"> Provides immediate ambulance availability. Query is automatically activated based on existing ambulance system levels. All fire departments with ambulances and private ambulance dispatch centers are notified automatically when the query is activated. Implementation of contingencies must be swift to meet EMS System emergency ambulance demand. 	<p>Activation of the Ambulance Availability Query by County Communications results in the following:</p> <ul style="list-style-type: none"> Place into service any available private ambulance to immediately respond to pending ambulance calls Place into service any available private ambulance to cover a geographic area needing additional ambulance coverage Authorize fire department ambulances to transport any patient. When BLS ambulances are used in the 911 EMS System, first responder paramedics will assess each patient and determine if the patient must be accompanied by a paramedic to the hospital consistent with Santa Clara County Prehospital Care Policy. CCT ambulances that

				<p>are used in the EMS System are treated as BLS ambulances in accordance with Santa Clara County EMS System Policy.</p> <ul style="list-style-type: none"> • Paramedic ambulances shall be provided to the City of Sunnyvale as a priority if possible to address paramedic first response and transport needs. • Non Provider ambulances do not have AVL to assist in call mapping and recommendation. These units must be posted and maintained on radio-watch.
		<p>T1-2 Initiate EMResource System Alert</p>	<ul style="list-style-type: none"> • Notification to EMS System partners of the event. 	<ul style="list-style-type: none"> • Provide instruction on continuous use of ambulance query. • Provides first notification to EMS System Managers of a problem (conference call to follow).
		<p>T1-X Insure Provider Contingency Plan is Activated</p>	<ul style="list-style-type: none"> • The EMS Duty Chief will contact Provider Operations 1 (General Manager) to verify that Providers Contingency Plan has been activated. 	<ul style="list-style-type: none"> • Record time of Provider Plan activation. • Notify the Section Chief that Providers Plan has been implemented.
		<p>T1-2 Expanded Dispatch</p>	<ul style="list-style-type: none"> • EMS Duty Chief assumes EMS System operational oversight at County Communications. • Alternate Duty Chief is activated to handle field response and routine EMS Duty Chief 	<ul style="list-style-type: none"> • Monitors situational status and provides updates to County staff. • Implements Standard Dispatch Orders as appropriate and as approved.

			<p>responsibilities.</p> <ul style="list-style-type: none"> • Additional Duty Chief assignments will be required to maintain 24 hour coverage in Expanded Dispatch, field coverage, and potential coverage for Chief 1 and Chief 2. • Implementation of contingencies must be swift in order to meet EMS System emergency ambulance demand. 	<ul style="list-style-type: none"> • Oversees Provider Operations Managers implementation of Provider contingencies and County initiated contingencies. • Develops plans for addressing previously unrecognized threats. • Decrease elective ambulance use (low risk standby's, special events, etc.). • Open a "Compy" CAD event to track activities and contingencies implemented. • The use of BLS ambulances must be closely monitored – paramedic ambulances or other paramedic first responders should be used to support jurisdictions that do not have paramedic first response. • Expanded Dispatch Duty Chief will notify all EMS Specialist to become available for assignments via AlertSCC and ring down. • Consider Central Patient Routing with approval from the Section Chief or Chief. • Deploy EMS Specialist / Duty Chief to Providers main station to monitor supply, site operations, and any labor actions in progress. Determine the need for on-site
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				<p>presence.</p> <ul style="list-style-type: none"> • Consider use of AlertSCC to notify various groups, stakeholders and the public. • Notify the RDMHS and EMSA Duty Officer.
		<p>T1-3</p> <p>Expanded System Status Management</p>	<ul style="list-style-type: none"> • Provider Operations 2 assumes responsibility for fleet deployment, coverage, administrative actions of deployed units, etc. • Provider Operations 2 works directly with the EMS Duty Chief to coordinate contingency actions and address potential threats. • Implementation of contingencies must be swift in order to meet EMS System emergency ambulance demand. 	<ul style="list-style-type: none"> • Responsible for coordinating staffing with Providers personnel. • Responsible for implementation of Providers contingency plan items. • Responsible for maintaining deployed ambulance availability by clearing units from hospitals, cancelling scheduled non-urgent standbys, closely monitors on-scene, and at hospital times. • Assists in the development of addressing previously unrecognized threats.
		<p>T1-3</p> <p>Convene Meeting / Conference Call with Provider and EMS Agency</p>	<ul style="list-style-type: none"> • Attain situation update from Provider. • Determine actions taken by Provider to resolve issue. • Notice Provider of variances from agreements, policy, etc. • Determine what, if any, County contingencies should be activated. 	<ul style="list-style-type: none"> • Provider actions to address staffing/deployment shortages. • Establish initial communication and schedule follow-up communications and situational/status reporting intervals. • Provider produces Incident Action Plan for County Approval.

		T1-X Implement Additional Contingencies	<ul style="list-style-type: none"> Immediately following the conference call with Provider and EMS Agency, implement necessary additional contingencies to maintain ambulance availability. Implementation of contingencies must be swift in order to meet EMS System emergency ambulance demand. 	<ul style="list-style-type: none"> Restoration of routine EMS System operations is key – implement contingencies as indicated. Stabilization of the EMS System is the primary objective until routine EMS System operations may be restored.
		T1-X Convene EMS System Conference Call	<ul style="list-style-type: none"> Provide situational status report to fire service, EMS, and hospital partners. Discuss the need for the implementation of additional contingencies. Share intelligence 	<ul style="list-style-type: none"> Partners notified via AlertSCC. Fire service partners dispatch center also notified by RedNet broadcast. Determine need for additional calls and time of next call.
		T1-X Consider Additional Contingencies	<ul style="list-style-type: none"> Implementation of contingencies must be swift in order to meet EMS System emergency ambulance demand. 	<ul style="list-style-type: none"> Consider the implementation of additional contingencies including Standard Dispatch Orders.
		T1-X Consider Demobilization of Contingencies	<ul style="list-style-type: none"> Conservatively terminate implemented contingencies when routine systems have returned to normal operations. 	<ul style="list-style-type: none"> Implemented contingencies should be terminated only after routine operations have been restored and have been determined to be stable.
		T1-X Consideration Schedule Private Ambulance Providers for Routine 911 Ambulance Service Coverage	<ul style="list-style-type: none"> Schedule private ambulance service support within the 911 EMS System. 	<ul style="list-style-type: none"> Scheduled deployment of private ambulance service providers (12 hour operational periods recommended).

		<p>T1-X Consideration</p> <p>Request Fire Service Support in Staffing Additional Paramedic First Response Units</p>	<ul style="list-style-type: none"> • Increase fire service based paramedic first responder deployment. 	<ul style="list-style-type: none"> • Increased fire service paramedic first responder service will assist in providing paramedic assessment and care prior to arrival of the ambulance. • Increased fire service paramedic first response may assist in reducing unnecessary ambulance response (no patient, non-critical patients, etc.).
		<p>T1-X Consideration</p> <p>Modify Automatic Ambulance Dispatch</p>	<ul style="list-style-type: none"> • Adjust automatic and simultaneous dispatch of ambulances. 	<ul style="list-style-type: none"> • Limit automatic ambulance dispatch to MPDS “Alpha” classified calls. Dispatch when requested by first responder.
		<p>T1-X Consideration</p> <p>Modify All Paramedic Ambulance Dispatch</p>	<ul style="list-style-type: none"> • Dispatch BLS ambulances. 	<ul style="list-style-type: none"> • Dispatch BLS ambulances to MPDS “Alpha” classified calls. Dispatch only when requested by first responder. • Request first responders request BLS ambulances if the patients transport does not require advanced life support care.
		<p>T1-X Consider</p> <p>Mutual Aid Ambulance Use from other Operational Areas</p>	<ul style="list-style-type: none"> • In the event that locally permitted ambulances are not able to meet 911 call demand, ambulances may be requested from other operational areas. 	<ul style="list-style-type: none"> • Provide early notice to RDMHS. • Request RDMHS convene a conference call to provide details to regional partners.

		<p>Upon completion of items T1-X; repeat the checklist throughout the duration of the event. Some items may not need to be addressed, others may need to be updated/modified, and others may need to be added. The ICS214 shall also include clear documentation of any other contingencies that were implement, adjusted, or cancelled during the operational period.</p>
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END OF PLAN