

**Emergency Medical Services Agency**

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www.sccemsagency.org

**Public Health Department**

Santa Clara Valley Health & Hospital System



April 24, 2008

To: Santa Clara County EMS Providers  
From: John Blain, Compliance Coordinator  
Subject: Annual Prehospital Compliance & Information Update

A handwritten signature in black ink, appearing to read "John Blain".

Once again, it is that time of the year to submit your department's compliance statements. Also, our Agency is asking you to update your department's priority prophylaxis information. We have attached copies of the following forms:

- EMS 907 Prehospital Care Asset Self – Inspection Program
- EMS 908 Radio Translucent Spine Board Replenishment Program
- Priority Prophylaxis Program Information Update

Completed documents can be mailed or delivered to:

Santa Clara County EMS Agency  
645 S. Bascom Avenue  
San Jose, CA 95128

Documents may be submitted electronically to: [john.blain@hhs.sccgov.org](mailto:john.blain@hhs.sccgov.org)

The documents are **due on June 1, 2008**. If you should have any questions, please contact me. I may be reached at [john.blain@hhs.sccgov.org](mailto:john.blain@hhs.sccgov.org) or at (408) 885-4258.

Thank you for your cooperation.



County of Santa Clara  
Emergency Medical Services Agency  
**EMS-907**

**Prehospital Care Asset Self-Inspection Program**

**I. Purpose**

To certify that the provider's prehospital care assets meet the minimum inventory requirements as promulgated in Policy 302 of the County of Santa Clara Emergency Medical Services Agency Prehospital Care Manual. The certification process is conducted annually. Statements of Compliance are to be completed for **each** prehospital care asset as described in Policy 302. The certification process begins on May 1<sup>st</sup> of each calendar year and must be completed within 30 days.

This form is to be completed by the supervisor assigned to the asset. The provider's Paramedic Coordinator or Basic Life Support Coordinator (if not an ALS provider) is to sign to the document, attesting to the asset's compliance with Policy 302. The document is then to be submitted to the Agency. Incomplete, inaccurate or fraudulent compliance statements may constitute grounds for administrative action.

**II. General Information (Complete for each asset)**

Company / Department Name: \_\_\_\_\_

VIN:	CA License No. / FAA Tail No:
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Company / Department Vehicle No:	Santa Clara County Permit No:
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**III. EMS Asset Classification (Check appropriate box)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Air Ambulance            | <input type="checkbox"/> BLS Ambulance            | <input type="checkbox"/> CCT-Paramedic Ambulance |
| <input type="checkbox"/> ALS Ambulance            | <input type="checkbox"/> BLS Unit - Non-Transport | <input type="checkbox"/> EMS Field Supervisor    |
| <input type="checkbox"/> ALS Unit - Non-Transport | <input type="checkbox"/> CCT-Nurse Ambulance      |  |

**IV. Declaration**

I declare, that this prehospital care asset meets the minimum inventory requirements as set forth in Policy 302 of the County of Santa Clara Emergency Medical Services Agency Prehospital Care Manual. I further declare that all of the information provided is true and correct to the best of my knowledge. I further understand that any intentional misrepresentation of fact constitutes grounds for permit denial or revocation.

Asset Supervisor's Name (Print)	Signature	Date
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Paramedic / BLS Coordinator's Name (Print)	Signature	Date
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## **Prehospital Care Asset Radio Translucent Spine Board Replenishment Program**

### **I. Purpose**

To certify that the prehospital care provider agency has fulfilled the sustainment and replenishment requirements promulgated in Policy 302, Schedule B of the County of Santa Clara Emergency Medical Services Agency Prehospital Care Manual. This certification process begins on May 1<sup>st</sup> of each calendar year and must be completed within 30 days.

This form is to be completed and signed by provider's Paramedic Coordinator or Basic Life Support Coordinator (if not an ALS provider).

### **II. General Information**

Company / Department Name: \_\_\_\_\_

Paramedic / BLS Coordinator Name: \_\_\_\_\_

Number of assets currently in service this fiscal year: \_\_\_\_\_

### **III. Declaration**

As the Paramedic / BLS Coordinator, I declare that our department / company has placed into service this fiscal year, \_\_\_\_\_ radio translucent spine boards (which meets or exceeds the minimum requirements of Policy 302–Schedule B).

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Paramedic / BLS Coordinator's Signature

Date



April 24, 2008

**To:** Santa Clara County EMS Providers  
**From:** John Blain, Compliance Coordinator  
**Subject:** Priority Prophylaxis Program Information Update

We are updated our priority prophylaxis program information records. Please complete and return back to our Agency. Thank you.

Contact Name	
Position/Title	
Department/Organization	
Email	
Phone Number	
Address	
First Responder Type	
No. of Responders	
No. of Adult Family Members	
No. of Children < 2 y/o	
No. of Children 2-7 y/o	
No. of Children 8-17 y/o	
Total for Department	