

**MARIN COUNTY**

**EMS PLAN**

**August, 1995**

# **EMS PLAN**

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## **Section I**

### **Executive Summary**

## EXECUTIVE SUMMARY

### Plan Overview

The Marin County EMS Plan, as submitted, contains all elements requested by the Emergency Medical Services Authority in the format required.

- Section I contains this document, the Executive Summary
- Section II is an assessment of the system, evaluating how this system meets or does not meet the *Systems Standards and Guidelines*. It includes the Summary Table and an individual assessment sheet for each standard (pages 1 through 122).
- Section III includes Tables 2 through 7, providing an inventory of system operation indicators.
- Section IV provides an inventory of resources within the system and includes Tables 8 through 11b.
- Section V is a narrative description of the process of plan development.
- Section VI is an annex for systems which have developed a trauma care system, granted exclusive operating permits, and/or developed a pediatric emergency medical and critical care subsystem. Marin County's Annex includes a discussion of the development of exclusive operating zones only.

### Major Needs and Proposed Solutions

The use of the System Assessment tools (Section II) assisted staff in the identification of eighteen short term objectives and sixteen long term objectives. For reference, those objectives are listed and attached to this summary.

The short term objectives can be divided into four general categories: Evaluation/planning (1.05, 1.07, 1.10, 1.27), System additions/changes (1.06, 1.09, 1.22, 2.02, 4.16, 6.08), Quality Improvement (1.11, 2.01, 4.05, 4.21, 6.01, 6.09), and Medical Disaster Planning (8.11, 8.13).

The long term objectives were also divided into four general categories, using the following designations: System additions/changes (1.16, 1.28, 2.05, 4.19), Public Education (7.01, 7.02), Quality Improvement (1.11, 1.15, 1.18, 4.18, 4.21, 6.01, 6.06, 6.10), and Medical Disaster Planning (5.06, 8.03, 8.12).

By far, the areas requiring most attention, both in short and long term objectives, are the areas of quality improvement (fourteen objectives, six short term and eight long term) and system additions/changes (ten objectives, six short term and four long term). The accomplishment of these objectives requires the cooperative development of two major items--a system-wide, provider based plan for quality improvement and a plan for system direction and goals that is mutually agreeable to all system participants. While that sounds quite simple, these are items that the system has struggled with, on various levels, since its inception.

Commitment to the attainment of these objectives over the next year (for the short term goals) and over the next five years (for the long term goals) will require substantial commitment of staff time from the EMS Office and from the provider agencies within the system. Those personnel resources are not universally in place and must be developed in conjunction with progress toward attaining the goals. These two areas have received much attention from system participants over the last several years and, although there is considerable distance to go, much progress has been made.

While the area of Medical Disaster Planning is small in terms of number of objectives (five objectives, two short term and three long term), the accomplishment of these objectives will require substantial staff time, considerable financial resources, and extensive commitment and involvement of medical personnel within the community. For the most part, these objectives relate to the ability to establish casualty collection points and to evacuate hospitals.

Much progress has been made in the category of Public Education over the last two years. The Public Education and Information Subcommittee of the Emergency Medical Care Committee (EMCC) has been established as a standing sub-committee and is expected to continue their fine work in this area.

Components of the system will use all resources available to them to maximize attainment of the individual objectives that are specified in the System Assessment Forms within the desired timelines.

## **Short Term Objectives**

### **Evaluation/Planning**

Objective 1.05: To carefully review targeted clinical categories and address their needs during the development of this plan.

Objective 1.07: To develop a specific, written trauma plan for patients in Marin County.

Objective 1.10: To identify population groups served which require specialized services and to develop services for those groups if appropriate.

Objective 1.27: To develop a pediatric emergency medical and critical care system plan as described in this standard.

### **System Additions/Changes**

Objective 1.06: To develop an EMS plan that will include provisions for annual updates and a workplan for the next year.

Objective 1.09: To establish a computerized "suspense item", automating the resource updating process.

Objective 1.22: To develop a policy that addresses the reporting of suspected SIDS deaths

Objective 2.02: To restructure the process for approval of educational programs to comply with the new C.E. Guidelines.

Objective 4.16: To increase level of training of BLS member of ALS/BLS crew to include defibrillation.

Objective 6.08: To establish a routine for yearly comprehensive reports to the Board of Supervisors, provider agencies, and the EMCC containing the results of EMS office evaluation of system design and operation.

### **Quality Improvement**

Objective 1.11: To continue to work to achieve system-wide conformance with identified roles and responsibilities.

Objective 2.01: To develop, in conjunction with providers, a reliable, QI based tool to assess personnel and training needs on a routine (yearly) basis.

Objective 4.05: To continue to examine current response times and their appropriateness to patient needs.

Objective 4.21: To strive for the attainment of universal compliance with established policies and procedures.

Objective 6.01: To develop those elements of the QA/QI program, as detailed in the minimum standard, that are not currently in place.

Objective 6.09: To include additional hospital data in the current data management system.

### **Medical Disaster Planning**

Objective 8.11: To re-evaluate the current CCP designations and obtain contracts or agreements for use.

Objective 8.13: To review the training of EMS responders in the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

## **Long Term Objectives**

### **System Additions/Changes**

Objective 1.16: To ensure continued operation of agency funding by maximizing Board and citizen awareness of services and functions and increasing their involvement with EMS.

Objective 1.28: To develop a plan for granting of exclusive operating areas which determines the optimal system design and the process for assigning roles as described above.

Objective 2.05: To upgrade the remaining non-defibrillation first responder units to defibrillation status.

Objective 4.19: To develop a plan, addressing minimum standards for transportation services, optimal transportation system efficiency and effectiveness, and the use of a competitive process to ensure system optimization prior to the need for its use.

### **Public Education**

Objective 7.01: To continue to promote the development and dissemination to the public of informational materials designed to increase awareness of all items listed in standard.

Objective 7.02: To participate actively with other local health education programs working to promote injury control and preventive medicine.

### **Quality Improvement**

Objective 1.11: To continue to work to achieve system-wide conformance with identified roles and responsibilities.

Objective 1.15: To shift the emphasis toward a quality improvement focus, with participants working together to serve the patient appropriately.

Objective 1.18: To develop a comprehensive QI program that incorporates provider-based programs approved by the local EMS agency and coordinated between system participants.

Objective 4.18: To continue efforts intended to assure universal compliance with requirements.

Objective 4.21: To strive for the attainment of universal compliance with established policies and procedures.

Objective 6.01: To develop those elements of the QA/QI program, as detailed in the minimum standard, that are not currently in place.

Objective 6.06: To develop an evaluation program to evaluate EMS system design and operations that shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

Objective 6.10: To develop a trauma system evaluation and data collection program that would include a trauma registry, a mechanism to identify patients whose care fell outside of established criteria, and a process of identifying potential improvements to the system design and operation.

### **Medical Disaster Planning**

Objective 5.06: To develop a plan for hospital evacuation, including its impact on other EMS system providers.

Objective 8.03: To develop a medical response plan for catastrophic disasters modeled after the California OES multi-hazard functional plan.

Objective 8.12: To develop a plan for the implementation of CCPs when needed, including supplies and staffing.

**Marin County  
Board of Supervisors**

**Resolution 95-217  
Accepting  
The Emergency Medical Services Plan, 1995**

**WHEREAS**, the Emergency Medical Services Authority requires that each Emergency Medical Services agency develop and submit an EMS plan to the Authority; and

**WHEREAS**, the purpose of that plan is to provide a framework for EMS planning and implementation, to demonstrate the ways in which the local agency meets the minimum state standards and complies with various state laws and regulations; and

**WHEREAS**, the plan should demonstrate that the local EMS agency is planning implementing, and evaluating a system which provides well managed, patient-oriented emergency health care and takes into consideration coordination with resources in neighboring systems; and

**WHEREAS**, the plan is a useful tool in the development of long-range goals and subsequent annual work plans; and

**WHEREAS**, the plan is the primary mechanism for the collection of system information to avoid duplication and streamline the information collection process; and

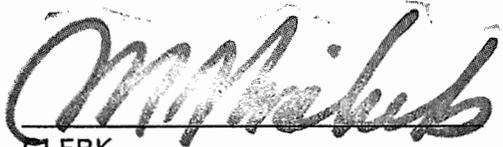
**WHEREAS**, this plan was developed with the input of system participants and approved by the Emergency Medical Care Committee.

**NOW, THEREFORE, BE IT RESOLVED** that the Board of Supervisors of the County of Marin held this 21st day of November, 1995, by the following vote:

- AYES: SUPERVISORS Harry Moore, Gary Giacomini, Harold Brown, John Kress,  
Annette Rose
- NOES: none
- ABSENT: none

  
\_\_\_\_\_  
PRESIDENT, BOARD OF SUPERVISORS

ATTEST:

  
\_\_\_\_\_  
CLERK

## **Section II**

### **Assessment of System**

**TABLE 1: Summary of System Status**

Place an "x" in the appropriate boxes for each standard. Complete a System Assessment form (Attachment 1) for each standard. For those items from Table 1 that are followed by an asterisk, describe on the Assessment form how resources and/or services are coordinated with other EMS agencies in meeting the standards. Table 1 and the System Assessment form are to be reported by agency.

The last two columns of Table 1 refer to the time frame for meeting the objective. Put an "x" in the "Short-range Plan" column if the objective will be met within a year. Put an "x" in the "Long-range Plan" column if the objective will take longer than a year to complete. If the minimum or recommended standard is currently met no "x" is required in either column.

**A. SYSTEM ORGANIZATION AND MANAGEMENT**

Agency Administration	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan	Pg. #
1.01 LEMSA Structure		X	-			1
1.02 LEMSA Mission		X	-			2
1.03 Public Input		X	-			3
1.04 Medical Director			X			4
<b>Planning Activities</b>						
1.05 System Plan		X	-	X		5
1.06 Annual Plan Update	X		-	X		6
1.07 Trauma Planning*		X		X		7
1.08 ALS Planning*		X	-			8
1.09 Inventory of Resources	X		-	X		9
1.10 Special Populations	X			X		10
1.11 System Participants			X		X	11
<b>Regulatory Activities</b>						
1.12 Review & Monitoring		X	-	X		12
1.13 Coordination		X	-			13
1.14 Policy & Procedures Manual		X	-			14
1.15 Compliance w/ Policies		X	-		X	15

**System Finances**

1.16 Funding Mechanism	X		-		X	16
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**Medical Direction**

1.17 Medical Direction*		X	-			17
1.18 QA / QI	X				X	18
1.19 Policies, Procedures, Protocols			X			19
1.20 DNR Policy		X	-			20
1.21 Determination of Death		X	-			21
1.22 Reporting of Abuse	X		-	X		22
1.23 Interfacility Transfer		X	-			23

**Enhanced Level: Advanced Life Support**

1.24 ALS Systems			X			24
1.25 On-Line Medical Direction		X				25

**Enhanced Level: Trauma Care System**

1.26 Trauma System Plan	Optional					26
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**Enhanced Level: Pediatric Emergency Medical and Critical Care System**

1.27 Pediatric System Plan	Optional			X		27
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**Enhanced Level: Exclusive Operating Areas**

1.28 EOA Plan	X				X	28
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**B. STAFFING / TRAINING**

**Local EMS Agency**

2.01 Assessment of Needs	X		-	X		29
2.02 Approval of Training		X	-	X		30
2.03 Personnel		X	-			31

**Dispatchers**

2.04 Dispatch Training			X			32
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**First Responders (non-transporting)**

2.05 First Responder Training		X			X	33
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Table 1-2

2.06 Response		X	-			34
2.07 Medical Control		X	-			35
<b>Transporting Personnel</b>						
2.08 EMT-I Training		X				36
<b>Hospital</b>						
2.09 CPR Training		X	-			37
2.10 Advanced Life Support		X				38
<b>Enhanced Level: Advanced Life Support</b>						
2.11 Accreditation Process		X	-			39
2.12 Early Defibrillation		X	-			40
2.13 Base Hospital Personnel		X	-			41

### C. COMMUNICATIONS

#### Communications Equipment

3.01 Communication Plan*		X				42
3.02 Radios			X			43
3.03 Interfacility Transfer*		X	-			44
3.04 Dispatch Center		X	-			45
3.05 Hospitals		X				46
3.06 MCI/Disasters		X	-			47

#### Public Access

3.07 9-1-1 Planning/Coordination			X			48
3.08 9-1-1 Public Education		X				49

#### Resource Management

3.09 Dispatch Triage			X			50
3.10 Integrated Dispatch		X				51

### D. RESPONSE / TRANSPORTATION

4.01 Service Area Boundaries*			X			52
4.02 Monitoring			X			53

4.03 Classifying Medical Requests		X	-			54
4.04 Prescheduled Responses		X	-			55
4.05 Response Time Standards*		X		X		56
4.06 Staffing		X	-			58
4.07 First Responder Agencies		X	-			59
4.08 Medical & Rescue Aircraft*		X	-			60
4.09 Air Dispatch Center		X	-			61
4.10 Aircraft Availability*		X	-			62
4.11 Specialty Vehicles*		X				63
4.12 Disaster Response		X	-			64
4.13 Intercounty Response*			X			65
4.14 Incident Command System		X	-			66
4.15 MCI Plans		X				67

**Enhanced Level: Advanced Life Support**

4.16 ALS Staffing		X		X		68
4.17 ALS Equipment		X	-			69
4.18 Compliance		X	-		X	70

**Enhanced Level: Exclusive Operating Permits**

4.19 Transportation Plan	X				X	71
4.20 "Grandfathering"		X				72
4.21 Compliance		X	-	X	X	73
4.22 Evaluation		X	-			74

**E. FACILITIES / CRITICAL CARE**

5.01 Assessment of Capabilities			X			75
5.02 Triage & Transfer Protocols*		X	-			76

Table 1-4

5.03 Transfer Guidelines*	X			--	--	77
5.04 Specialty Care Facilities*		X	-			78
5.05 Mass Casualty Management		X				79
5.06 Hospital Evacuation*	X		-		X	80

**Enhanced Level: Advanced Life Support**

5.07 Base Hospital Designation*		X	-			81
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**Enhanced Level: Trauma Care System**

5.08 Trauma System Design	Optional		-	--	--	82
5.09 Public Input	Optional					83

**Enhanced Level: Pediatric Emergency Medical and Critical Care System**

5.10 Pediatric System Design	Optional		-	--	--	84
5.11 Emergency Departments	Optional					85
5.12 Public Input	Optional					86

**Enhanced Level: Other Speciality Care Systems**

5.13 Speciality System Design	Optional		-	--	--	87
5.14 Public Input	Optional					88

**F. DATA COLLECTION / SYSTEM EVALUATION**

6.01 QA/QI Program	X		X	X	X	89
6.02 Prehospital Records		X	-			90
6.03 Prehospital Care Audits		X		X		91
6.04 Medical Dispatch		X	-			92
6.05 Data Management System*		X				93
6.06 System Design Evaluation	X		-		X	94
6.07 Provider Participation		X	-			95
6.08 Reporting	X		-	X		96

**Enhanced Level: Advanced Life Support**

6.09 ALS Audit		X		X		97
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Table 1-5

**Enhanced Level: Trauma Care System**

6.10 Trauma System Evaluation	Optional		-		X	98
6.11 Trauma Center Data	Optional					99

**G. PUBLIC INFORMATION AND EDUCATION**

7.01 Public Information Materials	X				X	100
7.02 Injury Control	X				X	101
7.03 Disaster Preparedness		X				102
7.04 First Aid & CPR Training		X				103

**H. DISASTER MEDICAL RESPONSE**

8.01 Disaster Medical Planning*		X	-		X	104
8.02 Response Plans		X			X	105
8.03 HazMat Training		X	-			106
8.04 Incident Command System		X				107
8.05 Distribution of Casualties*		X				108
8.06 Needs Assessment		X				109
8.07 Disaster Communications*		X				110
8.08 Inventory of Resources	X			X		111
8.09 DMAT Teams	X			--	--	112
8.10 Mutual Aid Agreements*		X	-			113
8.11 CCP Designation*		X	-	X		114
8.12 Establishment of CCPs	X		-		X	115
8.13 Disaster Medical Training	X			X		116
8.14 Hospital Plans		X				117

Table 1-6

8.15 Interhospital Communications		X	-			118
8.16 Prehospital Agency Plans		X				119
<b>Enhanced Level: Advanced Life Support</b>						
8.17 ALS Policies		X	-			120
8.18 Specialty Center Roles	N/A					121
<b>Enhanced Level: Exclusive Operating Areas/Ambulance Regulations</b>						
8.19 Waiving Exclusivity		X	-			122

Table 1-7

## APPENDIX 1: SYSTEM ASSESSMENT FORM

### STANDARD:

1.01 Each local EMS agency shall have a formal organizational structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

### CURRENT STATUS:

The EMS Office is a program within the Health Services Division of the Department of Health and Human Services. Necessary resources are available.

Standard is met.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

1.02 Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement and evaluation processes to identify needed system changes.

**CURRENT STATUS:**

Refinement of the quality assurance/quality improvement plan continues. Completion of the development of a comprehensive database to track patient care and audit processes has moved this process along significantly and system-wide implementation will continue to improve the system ability to accomplish system improvements.

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

This standard is one of constant evolution. The need is for continued commitment of all system components.

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

1.03 Each local EMS agency shall have a mechanism (including the emergency medical care committee(s) and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies, and procedures, as described throughout this document.

**CURRENT STATUS:**

This standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

1.04 Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

The local EMS agency medical director should have administrative experience in emergency medical services systems.

Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and prehospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics and other areas as needed.

**CURRENT STATUS:**

This EMS Office meets the minimum standard and the recommended guideline as it relates to administrative experience.

The Prehospital Medical Care Committee, a standing subcommittee of the Emergency Medical Care Committee and advisory to the EMS office and the Medical Director, is comprised of base hospital physicians, base hospital liaison nurses, and representatives from all paramedic provider organizations. Specialty physicians, while not on the committees, are consulted when their expertise is indicated.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## APPENDIX 1: SYSTEM ASSESSMENT FORM

### STANDARD:

1.05 Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority. The plan shall: (a) assess how the current system meets these guidelines, (b) identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and (c) provide a methodology and timeline for meeting these needs.

### CURRENT STATUS:

This standard is met with the completion and submission of this plan to the EMSA.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Examination of system needs for targeted clinical categories requires careful review during development of this plan.

### OBJECTIVE:

Objective 1.05: To carefully review targeted clinical categories and address their needs during the development of this plan.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

1.06 Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

**CURRENT STATUS:**

Initial plan is being developed, which will include provisions for annual updates.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

An initial workplan.

**OBJECTIVE:**

Objective 1.06: To develop an EMS plan that will include provisions for annual updates and a workplan for the next year.

**TIME FRAME FOR MEETING OBJECTIVE:**

X Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

1.07 The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

**CURRENT STATUS:**

While the system contains provision for the treatment of all patients, a specific written plan for trauma patients does not exist.

Evaluation of the system in the past has determined that the designation of a trauma system within the area itself is not warranted or feasible, agreements with trauma facilities in other jurisdictions have not been executed. EMS agency is collecting data and will review trauma care to facilitate formation of an appropriate plan.

**COORDINATION WITH OTHER EMS AGENCIES:**

Coordination with other EMS Agencies may be needed to facilitate Marin County's plan.

**NEED(S):**

A written plan that is specific to the care of trauma patients.

**OBJECTIVE:**

Objective 1.07: To develop a specific, written trauma plan for patients in Marin County.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-range Plan (one year or less)

Long-range Plan (more than one year)

## APPENDIX 1: SYSTEM ASSESSMENT FORM

### STANDARD:

1.08 Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

### CURRENT STATUS:

Advanced life support services are available throughout the jurisdiction.

Standard is met. ~~\_\_\_\_\_~~

### COORDINATION WITH OTHER EMS AGENCIES:

Coordination is necessary with adjoining jurisdictions to assure mutual aid and to assist in coverage in some remote areas.

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## APPENDIX 1: SYSTEM ASSESSMENT FORM

### STANDARD:

1.09 Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

### CURRENT STATUS:

Updated inventory will be established and updated with the preparation of this plan.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

None

### OBJECTIVE:

Objective 1.09: To establish a computerized "suspense item", automating the resource updating process.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-range Plan (one year or less)  
 Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

1.10 Each local EMS agency shall identify population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services.

**CURRENT STATUS:**

Specific written plans to provide services to specialized populations are not currently present within the system, although the system, in principal, serves all equally.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

A specific written plan(s) detailing services available to specialized population groups.

**OBJECTIVE:**

Objective 1.10: To identify population groups served which require specialized services and to develop services for those groups if appropriate.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-range Plan (one year or less)

Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

1.11 Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designation, and exclusive operating areas.

**CURRENT STATUS:**

This standard is met, with the recommended level partially met. Contracts are in place with all primary providers. An ambulance ordinance defines the role and regulates the activities of non-public providers. Mechanisms are in place to verify compliance with contract and ordinance requirements.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

System-wide conformance with identified roles and responsibilities is necessary to achieve the recommended level of performance.

**OBJECTIVE:**

Objective 1.11: To continue to work to achieve system-wide conformance with identified roles and responsibilities.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

## APPENDIX 1: SYSTEM ASSESSMENT FORM

### STANDARD:

1.12 Each local EMS agency shall provide for review and monitoring of EMS system operations.

### CURRENT STATUS:

Provisions are in place describing the mechanisms for review and monitoring of all components of the system.

Standard is met.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

Continued refinement of the review and monitoring processes is needed to assure that it is appropriate to current management techniques and philosophies.

### OBJECTIVE:

Objective 1.12: To update and improve the review and monitoring processes in place.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-range Plan (one year or less)  
 Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

1.13 Each local EMS agency shall coordinate EMS system operations.

**CURRENT STATUS:**

Standard is met. The EMS office is the single agency responsible for maintaining an overview of all components of the system.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## APPENDIX 1: SYSTEM ASSESSMENT FORM

### STANDARD:

1.14 Each local EMS agency shall develop a policy and procedures manual which includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

### CURRENT STATUS:

This standard is met.

The policy and procedure manual was reformatted and revised in July of 1994. Updates are published at least quarterly, and have wide distribution throughout the system. A Patient Care Manual containing ALS and BLS treatment guidelines and pertinent patient care policies and procedures is now available to individual system participants.

### COORDINATION WITH OTHER EMS AGENCIES:

Although not required for this standard, sharing of information between EMS agencies makes the achievement of this standard easier.

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## APPENDIX 1: SYSTEM ASSESSMENT FORM

### STANDARD:

1.15 Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

### CURRENT STATUS:

A mechanism to review, monitor, and enforce compliance with system policies exists. This standard is met.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

### NEED(S):

In the arena of continuous quality improvement, a need exists to redefine this standard, enlisting the cooperation of system participants to work toward achieving mutually agreed-upon goals.

### OBJECTIVE:

Objective 1.15: To shift the emphasis toward a quality improvement focus, with participants working together to serve the patient appropriately.

### TIME FRAME FOR MEETING OBJECTIVE:

- \_\_\_\_\_ Short-range Plan (one year or less)  
X Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

1.16 Each local EMS agency shall have a funding mechanism which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund.

**CURRENT STATUS:**

This standard is not met.

The maximum amount of EMS Fund moneys available are used to support the activities of the EMS Office. This is not sufficient and the office continues to be supported by general funds. Fees are charged for services as appropriate, but cannot provide sufficient income to support activities.

**COORDINATION WITH OTHER EMS AGENCIES:**

Funding of EMS agencies cannot be ensured without legislative assistance. Coordination between EMS agencies will be necessary if change in funding is to occur.

**NEED(S):**

A method to assure funding of EMS agencies is needed, but this need is shared by many other agencies as well.

**OBJECTIVE:**

Objective 1.16: To ensure continued operation of agency funding by maximizing Board and citizen awareness of services and functions and increasing their involvement with EMS.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

X Long-range Plan (more than one year)

## APPENDIX 1: SYSTEM ASSESSMENT FORM

### STANDARD:

1.17 Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of prehospital and hospital providers.

### CURRENT STATUS:

This standard is met.

Components of medical direction are identified and present within the system. Their roles, relationships and responsibilities are identified in individual contracts and in system policies and procedures.

### COORDINATION WITH OTHER EMS AGENCIES:

Awareness of the mechanisms of medical direction in other EMS agencies is necessary to assure some degree of regional consistency when establishing the specifics of medical control within an individual system.

This EMS system shares resources (helicopters, receiving facilities, providers) with another jurisdiction and coordination of medical control is essential.

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

1.18 Each local EMS agency shall establish a quality assurance/quality improvement program. This may include use of provider based programs which are approved by the local EMS agency and which are coordinated with other system participants.

Prehospital care providers should be encouraged to establish in-house procedures which identify methods of improving the quality of care provided.

**CURRENT STATUS:**

"Pieces" of a QI plan are in place, but a system-wide, integrated, provider-based program has not been achieved.

Standard is not met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not required for this standard.

**NEED(S):**

A comprehensive, coordinated QI program incorporating provider-based programs.

**OBJECTIVE:**

Objective 1.18: To develop a comprehensive QI program that incorporates provider-based programs approved by the local EMS agency and coordinated between system participants.

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

1.19 Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to (a) triage, (b) treatment, (c) medical dispatch protocols, (d) transport, (e) on-scene treatment times, (f) transfer of emergency patients, (g) standing orders, (h) base hospital contact, (i) on-scene physicians and other medical personnel, and (j) local scope of practice for prehospital personnel.

Each local EMS agency should develop (or encourage the development of) pre-arrival/post dispatch instructions.

**CURRENT STATUS:**

Required policies, procedures and protocols are in place. Pre-arrival instructions are a part of the system.

Recommended guidelines are met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not required for this standard.

**NEED(S):**

No needs are identified.

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

1.20 Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the prehospital setting, in accordance with the EMS Authority's DNR guidelines.

**CURRENT STATUS:**

Policy is in place. Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

1.21 Each local EMS agency, in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

**CURRENT STATUS:**

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

1.22 Each local EMS agency shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

**CURRENT STATUS:**

Current policy does not address reporting of suspected SIDS deaths.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

Policy that addresses the reporting of suspected SIDS deaths.

**OBJECTIVE:**

Objective 1.22: To develop a policy that addresses the reporting of suspected SIDS deaths.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-range Plan (one year or less)

Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

1.23 The local EMS medical director shall establish policies and protocols for scope of practice of prehospital medical personnel during inter facility transfers.

**CURRENT STATUS:**

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## APPENDIX 1: SYSTEM ASSESSMENT FORM

### STANDARD:

1.24 Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency. Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

### CURRENT STATUS:

All primary ALS providers have written agreements. Five exclusive operating areas exist for the provision of ALS services.

Standard is met at the recommended level.

### COORDINATION WITH OTHER EMS AGENCIES:

Not required for this standard.

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

1.25 Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

Each EMS system should develop a medical control plan which determines: (a) the base hospital configuration for the system, (b) the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and (c) the process for determining the need for in-house medical direction for provider agencies.

**CURRENT STATUS:**

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

1.26 The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines: (a) the optimal system design for trauma care in the EMS area, and (b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

**CURRENT STATUS:**

Standard is not met, but is an enhanced level and not required.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## APPENDIX 1: SYSTEM ASSESSMENT FORM

### STANDARD:

1.27 The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines: (a) the optimal system design for pediatric emergency medical and critical care in the EMS area, and (b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

### CURRENT STATUS:

There is no written plan that specifically addresses this issue. Treatment guidelines specifically for pediatric patients are in place and prehospital pediatric equipment meets the state recommendations.

Standard is not currently met, but is an optional system enhancement.

### COORDINATION WITH OTHER EMS AGENCIES:

Not required for this standard.

### NEED(S):

A written plan specifically addressing the management of pediatric patients according to community needs and appropriate resources.

### OBJECTIVE:

Objective 1.27: To develop a pediatric emergency medical and critical care system plan as described in this standard.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-range Plan (one year or less)  
 Long-range Plan (more than one year)

## APPENDIX 1: SYSTEM ASSESSMENT FORM

### STANDARD:

1.28 The local EMS agency shall develop, and submit for state approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas which determines: (a) the optimal system design for ambulance service and advanced life support services in the EMS area, and (b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

### CURRENT STATUS:

Written plan has not been developed, competitive process for implementation of exclusive operating areas is not part of the system. Although this level is enhanced, a plan must be developed as exclusive operating areas are in use in the area. Standard is not met.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

### NEED(S):

A plan for the granting of exclusive operating areas as described above.

### OBJECTIVE:

Objective 1.28: To develop a plan for granting of exclusive operating areas which determines the optimal system design and the process for assigning roles as described above.

### TIME FRAME FOR MEETING OBJECTIVE:

- \_\_\_\_\_ Short-range Plan (one year or less)  
X Long-range Plan (more than one year)

## APPENDIX 1: SYSTEM ASSESSMENT FORM

### STANDARD:

2.01 The local EMS agency shall routinely assess personnel and training needs.

### CURRENT STATUS:

The process of personnel and training assessment does not occur as a regular, objective system-wide review.

Standard ~~is~~ not met.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

### NEED(S):

Routine assessment of personnel and training needs.

### OBJECTIVE:

Objective 2.01: To develop, in conjunction with providers, a reliable, QI based tool to assess personnel and training needs on a routine (yearly) basis.

### TIME FRAME FOR MEETING OBJECTIVE:

X Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## APPENDIX 1: SYSTEM ASSESSMENT FORM

### STANDARD:

2.02 The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs which require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

### CURRENT STATUS:

The system is changing to comply with the new guidelines for continuing education.

Standard is met.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

### NEED(S):

Modify current mechanism of C.E. approval to meet new Continuing Education Guidelines.

### OBJECTIVE:

Objective 2.02: To restructure the process for approval of educational programs to comply with the new C.E. Guidelines.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

2.03 The local EMS agency shall have mechanisms to accredit, authorize, and certify prehospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for prehospital providers to identify and notify the local EMS agency of unusual occurrences which could impact EMS personnel certification.

**CURRENT STATUS:**

Mechanisms are in place. Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

2.04 Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

**CURRENT STATUS:**

Standard is met at the recommended level.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## APPENDIX 1: SYSTEM ASSESSMENT FORM

### STANDARD:

2.05 At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.

At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

At least one person on each non-transporting EMS first response unit should be currently certified at the EMT-I level and have available equipment commensurate with such scope of practice.

### CURRENT STATUS:

Only the lack of universal defibrillation capabilities on all first response units prevents meeting standard at the recommended level.

Standard is met.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

### NEED(S):

Universal availability of defibrillation capability on all first responder units.

### OBJECTIVE:

Objective 2.05: To upgrade the remaining non-defibrillation first responder units to defibrillation status.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

2.06 Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.

**CURRENT STATUS:**

Public safety agencies respond to all medical emergencies as determined by Emergency Medical Dispatch guidelines.

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

2.07 Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.

**CURRENT STATUS:**

BLS treatment guidelines are in place. Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

2.08 All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.

If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

**CURRENT STATUS:**

Minimal requirement on a transport vehicle if EMT-I certification.

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

2.09 All allied health personnel who provide direct emergency patient care shall be trained in CPR.

**CURRENT STATUS:**

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

2.10 All emergency department physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support.

All emergency department physicians should be certified by the American Board of Emergency Medicine.

**CURRENT STATUS:**

All RNs are trained in advanced life support, all ED physicians are Board certified or qualified.

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

2.11 The local EMS agency shall establish a procedure for accreditation of advanced life support personnel which includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the local EMS agency's quality assurance/quality improvement process.

**CURRENT STATUS:**

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

2.12 The local EMS agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.

**CURRENT STATUS:**

Early defibrillation program is in place. Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## APPENDIX 1: SYSTEM ASSESSMENT FORM

### STANDARD:

2.13 All base hospital/alternative base station personnel who provide medical direction to prehospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

### CURRENT STATUS:

Only personnel who have been authorized as MICNs or physicians who have been oriented to the base station functions may provide medical direction.

Standard is met.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

3.01 The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.

The local EMS agency's communication plan should consider the availability and use of satellites and cellular telephones.

**CURRENT STATUS:**

Standard is met at the recommended level.

**COORDINATION WITH OTHER EMS AGENCIES:**

Communication use in neighboring counties is part of the communication planning process to assure jurisdictional interface.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## APPENDIX 1: SYSTEM ASSESSMENT FORM

### STANDARD:

3.02 Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.

Emergency medical transport vehicles should have two-way radio communications equipment which complies with the local EMS communications plan and which provide for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication.

### CURRENT STATUS:

All primary ALS providers have communications equipment that complies with the plan and able to effect vehicle-to-vehicle communication.

Recommended standard is met.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

3.03 Emergency medical transport vehicles used for inter facility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

**CURRENT STATUS:**

Cellular telephones are available in many units doing inter facility transport, as is the UHF radio, allowing for communication with sending and receiving facilities.

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Knowledge of available frequencies in an area facilitates the ability of ambulances to communicate with hospital facilities as they travel from one location to another.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

3.04 All emergency medical transport vehicles where physically possible, (based on geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post.

**CURRENT STATUS:**

All vehicles are capable of communicating with Marin 17, a central dispatch agency.

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

3.05 All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.

All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation).

**CURRENT STATUS:**

Hospitals are linked by UHF radio. Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

3.06 The local EMS agency shall review communications linkages among providers (prehospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.

**CURRENT STATUS:**

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

3.07 The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

The local EMS agency should promote development of enhanced 9-1-1 system.

**CURRENT STATUS:**

Enhanced 9-1-1 system is in place. Performance of dispatchers is evaluated as part of the Emergency Medical Dispatch system.

Recommended level is in place.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

3.08 The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.

**CURRENT STATUS:**

The Public Information and Education committee, a standing subcommittee of the EMCC meets regularly, with a goal of evaluating and improving public education as it relates to all aspects of EMS system use.

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

3.09 The local EMS agency shall establish guidelines for proper dispatch triage which identifies appropriate medical response.

The local EMS agency should establish emergency medical dispatch priority reference system, including systematize caller interrogation, dispatch triage policies, and pre-arrival instructions.

**CURRENT STATUS:**

Emergency Medical Dispatch, including the provision of pre-arrival instructions, has been in place since 1987.

Standard is met at the recommended level.

**COORDINATION WITH OTHER EMS AGENCIES:**

None

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## APPENDIX 1: SYSTEM ASSESSMENT FORM

### STANDARD:

3.10 The local EMS system shall have a functionally integrated dispatch with system wide emergency services coordination, using standardized communication frequencies.

The local EMS agency should develop a mechanism to ensure appropriate system wide ambulance coverage during periods of peak demand.

### CURRENT STATUS:

Mutual aid agreements between primary providers within the area provide for system-wide coverage during periods of unusual or peak demand.

Standard is met at the recommended level.

### COORDINATION WITH OTHER EMS AGENCIES:

Not required for this standard.

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

4.01 The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas (e.g., ambulance response zones).

**CURRENT STATUS:**

The County of Marin is divided into 5 service areas, each assigned, by contract to a specific provider. Boundaries are established by the Board of Supervisors and require LAFCO approval for change.

Standard is met at the recommended level.

**COORDINATION WITH OTHER EMS AGENCIES:**

In some areas of the county, providers from other jurisdictions routinely provide service on a contractual or mutual aid basis. Mutual aid agreements are in place with neighboring jurisdictions.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

4.02 The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

**CURRENT STATUS:**

Ambulance Ordinance has been in place since 1981 and is currently in the final stages of revision designed to be consistent with overall system management.

Standard is met at the recommended level.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

4.03 The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.

**CURRENT STATUS:**

As part of the Emergency Medical Dispatch program, established in 1987, calls are classified and the response dispatched according to written guidelines.

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

4.04 Service by emergency medical transport vehicles which can be pre-scheduled without negative medical impact shall be provided only at levels which permit compliance with local EMS agency policy.

**CURRENT STATUS:**

Current primary providers of 9-1-1 service do ~~not~~ also provide pre-scheduled transport services.

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## APPENDIX 1: SYSTEM ASSESSMENT FORM

### STANDARD:

4.05 Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of the call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch intervals and driving time.

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergent responses,:

- a) the response time for a basic life support and CPR capable first responder does not exceed:  
Metro/urban--5 minutes; Suburban/rural--15 minutes; Wilderness--as quickly as possible
- (b) the response time for an early defibrillation-capable responder does not exceed: Metro/urban--5 minutes; Suburban/rural--as quickly as possible; Wilderness--as quickly as possible;
- (c) the response time for an advanced life support capable responder (not functioning as the first responder) does not exceed: metro/urban--8 minutes; Suburban/rural--20 minutes; Wilderness--as quickly as possible;
- (d) the response time for an EMS transportation unit (not functioning as the first responder) does not exceed: Metro/urban--8 minutes; Suburban/rural--20 minutes; Wilderness--as quickly as possible.

### CURRENT STATUS:

Standard is met. Response times are established.

### COORDINATION WITH OTHER EMS AGENCIES:

Mutual aid agreements are in place to provide coverage when needed. Resources from other jurisdictions are routinely used to achieve timely response in a particularly isolated part of the county.

### NEED(S):

Assessment of the appropriateness of current standards.

**OBJECTIVE:**

Objective 4.05: To continue to examine current response times and their appropriateness to patient needs.

**TIME FRAME FOR MEETING OBJECTIVE:**

X\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

4.06 All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

**CURRENT STATUS:**

Standards are set in contract, policy and procedure, and in the ambulance ordinance.

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

4.07 The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

**CURRENT STATUS:**

First response is provided uniformly by public safety agencies.

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## APPENDIX 1: SYSTEM ASSESSMENT FORM

### STANDARD:

4.08 The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding: (a) authorization of aircraft to be utilized in prehospital patient care, (b) requesting of EMS aircraft, (c) dispatching of EMS aircraft, (d) determination of EMS aircraft patient destination, (e) orientation of pilots and medical flight crews to the local EMS system, and (f) addressing and resolving formal complaints regarding EMS aircraft.

### CURRENT STATUS:

Marin County does not host any medical or rescue aircraft at this time. Aircraft from other jurisdictions are utilized when indicated and policies and procedures are in place regarding this process. Standard is met.

### COORDINATION WITH OTHER EMS AGENCIES:

Medical and rescue aircraft from other jurisdictions are utilized in this county when appropriate, requiring cooperative agreements and working relationships with the EMS agencies in those host jurisdictions.

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

4.09 The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.

**CURRENT STATUS:**

The County Communications Center is designated to coordinate the use of air ambulances and rescue aircraft.

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

4.10 The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS area.

**CURRENT STATUS:**

Contracts are in place with all regularly used medical and rescue aircraft.

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Contracts referenced above are all with providers based in the jurisdictions of other EMS agencies. Contracts with these providers are in concert with the requirements of the EMS agencies having primary jurisdiction.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

4.11 Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snow mobiles, and water rescue and transportation vehicles.

The local EMS agency should plan for response by and use of all-terrain vehicles, snow mobiles, and water rescue vehicles in areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

**CURRENT STATUS:**

Current use of water rescue vehicles does not require modification of procedure or policy. Their presence in the system is recognized in inventory of resources. Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Awareness of specialty vehicles within neighboring jurisdictions is maintained to facilitate medical mutual aid processes.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

4.12 The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster.

**CURRENT STATUS:**

The bulk of medical services in Marin County are provided by fire service. Response and transport vehicles would be obtained through fire mutual aid mechanisms.

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

4.13 The local EMS agency shall develop agreements permitting inter county response of emergency medical transport vehicles and EMS personnel.

The local EMS agency should encourage and coordinate development of mutual aid agreements which identify financial responsibility for mutual aid responses.

**CURRENT STATUS:**

Marin County participates in the Bay Area Medical Mutual Aid Agreement, which meets the recommended standard level.

**COORDINATION WITH OTHER EMS AGENCIES:**

This agreement includes 11 bay area counties.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

4.14 The local EMS agency shall develop multi-casualty response plans and procedures which include provisions for on-scene medical management, using the Incident Command System.

**CURRENT STATUS:**

MCI plan was revised in 1992 and utilizes the Incident Command System to provide for on-scene medical management.

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

4.15 Multi-casualty response plans and procedures shall utilize state standards and guidelines.

**CURRENT STATUS:**

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

4.16 All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-I level.

The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew members. On any emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

**CURRENT STATUS:**

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

To assure training of second, non-ALS crew members in defibrillation, using available defibrillators.

**OBJECTIVE:**

Objective 4.16: To increase level of training of BLS member of ALS/BLS crew to include defibrillation.

**TIME FRAME FOR MEETING OBJECTIVE:**

X\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

4.17 All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.

**CURRENT STATUS:**

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

4.19 Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&SC, shall develop an EMS transportation plan which addresses: (a) minimum standards for transportation services, (b) optimal transportation system efficiency and effectiveness, and (c) use of a competitive process to ensure system optimization.

**CURRENT STATUS:**

Written plan does not exist. Exclusive zones were established by contract in the early 1980's and have not changed. A competitive process has not been utilized within this system to award a primary zone contract.

Standard is not met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

A plan to award exclusive operating areas, should the need arise to do so.

**OBJECTIVE:**

Objective 4.19: To develop a plan, addressing minimum standards for transportation services, optimal transportation system efficiency and effectiveness, and the use of a competitive process to ensure system optimization prior to the need for its use.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

X\_\_\_\_\_ Long-range Plan (more than one year)

## APPENDIX 1: SYSTEM ASSESSMENT FORM

### STANDARD:

4.20 Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grand fathering") under Section 1797.224, H&SC.

### CURRENT STATUS:

In effect, exclusive operating zones now in existence were "grandfathered" in many years ago. Not all would meet the requirements for grand fathering. Creation of new exclusive zones would occur according to standard.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

- \_\_\_\_\_ Short-range Plan (one year or less)
- \_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

4.21 The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

**CURRENT STATUS:**

Mechanisms are in place to assure universal compliance with policies and procedures. Actual compliance is not universal.

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

Universal compliance with policies and procedures.

**OBJECTIVE:**

Objective 4.21: To strive for the attainment of universal compliance with established policies and procedures.

**TIME FRAME FOR MEETING OBJECTIVE:**

X\_\_\_ Short-range Plan (one year or less)

X\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

4.22 The local EMS agency shall periodically evaluate the design of the exclusive operating areas.

**CURRENT STATUS:**

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

5.01 The local EMS agency shall assess and periodically reassess the EMS-related capabilities of acute care facilities in its service area.

The local EMS agency should have written agreements with acute care facilities in its services area.

**CURRENT STATUS:**

Agreements are in place with all acute care facilities.

Standard is met at the recommended level.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

5.02 The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

**CURRENT STATUS:**

Prehospital triage protocols and transfer protocols and agreements are in place.

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

The establishment of triage protocols and transfer agreements will often require coordination with other EMS agencies as receiving hospitals are often located outside in other jurisdictions.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

5.03 The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

**CURRENT STATUS:**

Acute care hospitals establish guidelines to identify patients who should be considered for transfer individually, based on their facility's capabilities and the professional judgment and relationships of the transferring physician. The local EMS agency does not participate in these decisions.

Standard is not met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Anytime jurisdictional lines are "crossed", coordination between EMS agencies is necessary.

**NEED(S):**

None. The EMS agency has no plans to meet this standard at this time.

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

5.04 The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

**CURRENT STATUS:**

Contracts are in place with receiving hospitals, hospital audits are a part of the system.

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

When specialty care facilities receive patients from another jurisdiction, cooperation between EMS agencies will reduce duplication of effort in the designation and monitoring processes.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

5.05 The local EMS agency shall encourage hospitals to prepare for mass casualty management.

The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.

**CURRENT STATUS:**

The EMS agency participates as requested with all hospital preparations for mass casualty management as described.

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

5.06 The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

**CURRENT STATUS:**

Standard is not met in terms other than general management of disaster situations. The EMS Authority is working with related issues, dealing with the EMS Medical Disaster planning process and these documents, when complete, will be used to help meet this standard.

**COORDINATION WITH OTHER EMS AGENCIES:**

A plan for evacuation of hospitals must include a patient dispersal plan that, in this county would require use of outside resources.

**NEED(S):**

A plan to facilitate hospital evacuation.

**OBJECTIVE:**

Objective 5.06: To develop a plan for hospital evacuation, including its impact on other EMS system providers.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-range Plan (one year or less)

Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

5.07 The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of prehospital personnel.

**CURRENT STATUS:**

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Some jurisdictions may share base hospitals and alternative base stations. This county does not.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## APPENDIX 1: SYSTEM ASSESSMENT FORM

### STANDARD:

5.08 Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to (a) the number and level of trauma centers (including the use of trauma centers in other counties), (b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix, (c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers, (d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and (e) a plan for monitoring and evaluation of the system.

### CURRENT STATUS:

This standard is a system enhancement, Marin County does not plan to develop a trauma care system at this time.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)  
\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

5.09 In planning its trauma care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

**CURRENT STATUS:**

Marin County does not anticipate planning a trauma care system, although input from prehospital and hospital providers and consumers will be part of the development of a trauma plan.

Standard is a system enhancement.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

5.10 Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including ....

**CURRENT STATUS:**

Marin County does not plan to develop a Pediatric Emergency Medical and Critical Care System, although a **plan** for pediatric emergency medical and critical care is appropriate.

Standard is a system enhancement.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

5.11 Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including: (a) staffing, (b) training, (c) equipment, (d) identification of patients for whom consultation with a pediatric critical care center is appropriate, (e) quality assurance/quality improvement, and (f) data reporting to the local EMS agency.

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

**CURRENT STATUS:**

Standard is a system enhancement.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

5.12 In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

**CURRENT STATUS:**

Marin County does not anticipate planning a pediatric emergency medical and critical care system at this time, although input from prehospital and hospital providers and consumers will be part of the development of such a plan.

Standard is system enhancement.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not required for this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

5.13 Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved including: (a) the number and role of system participants, (b) the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix, (c) identification of patients who should be triaged or transferred to a designated center, (d) the role of non-designated hospitals including those which are outside of the primary triage area, and (e) a plan for monitoring and evaluation of the system.

**CURRENT STATUS:**

Marin County has no current plans to develop any specialty care system. Standard is system enhancement.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

5.14 In planning other specialty care systems, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

**CURRENT STATUS:**

Marin County does not anticipate planning a specialty care system at this time, although input from prehospital and hospital providers and consumers will be part of the development of such plans.

Standard is system enhancement.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## APPENDIX 1: SYSTEM ASSESSMENT FORM

### STANDARD:

6.01 The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all prehospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols and identification of preventable morbidity and mortality and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.

The local EMS agency should have the resources to evaluate the response to, and the care provided to, specific patients.

### CURRENT STATUS:

System meets recommended, but not minimum standard. We can easily evaluate response to and care for an individual patient, but do not have all elements of minimum standard in place.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

### NEED(S):

Missing components detailed in minimum standard should be developed.

### OBJECTIVE:

Objective 6.01: To develop those elements of the QA/QI program, as detailed in the minimum standard, that are not currently in place.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)  
 Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

6.02 Prehospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

**CURRENT STATUS:**

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

6.03 Audits of prehospital care, including both system response and clinical aspects, shall be conducted.

The local EMS agency should have a mechanism to link prehospital records with dispatch, emergency department, in-patient and discharge records.

**CURRENT STATUS:**

Routine audits are done as required in contracts with providers.

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

To establish a link with ED, inpatient and discharge records.

**OBJECTIVE:**

Objective 6.03: To integrate the emergency department, in-patient and discharge records into the prehospital database, providing for improved QI capabilities.

**TIME FRAME FOR MEETING OBJECTIVE:**

X\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## APPENDIX 1: SYSTEM ASSESSMENT FORM

### STANDARD:

6.04 The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre arrival/post dispatch directions.

### CURRENT STATUS:

Mechanism to review and monitor medical dispatching is in place.

Standard is met.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

6.05 The local EMS agency shall establish a data management system which supports its system wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

The local EMS agency should establish an integrated data management system which includes system response and clinical (both prehospital and hospital) data. The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

**CURRENT STATUS:**

Minimum standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Ideally, coordination with other EMS agencies is indicated to allow comparison of data in abutting jurisdictions and/or similar geographic or geo-political areas.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## APPENDIX 1: SYSTEM ASSESSMENT FORM

### STANDARD:

6.06 The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

### CURRENT STATUS:

On-going evaluation of system design, operations, effectiveness, etc. is performed in a piece-meal fashion by all components of the system. A structured process by which to accomplish this evaluation program is part of the QI process under development. Standard is not met.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

### NEED(S):

An evaluation program as described above.

### OBJECTIVE:

Objective 6.06: To develop an evaluation program to evaluate EMS system design and operations that shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

### TIME FRAME FOR MEETING OBJECTIVE:

- Short-range Plan (one year or less)  
 Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

6.07 The local EMS agency shall have the resources and authority to require provider participation in the system wide evaluation program.

**CURRENT STATUS:**

Providers are required, through contract and ordinance, to participate in the Emergency Medical Care Committee and its standing sub-committee, the Prehospital Medical Care Committee, where system wide evaluation is performed. Evaluation is being done with the preparation of this plan.

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

6.08 The local EMS agency shall, at least annually report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

**CURRENT STATUS:**

Annual report to the BOS has not been a part of the EMS office responsibility in the past, although provider agencies and the EMCC are subject to regular "piecemeal" reports.

Standard is not met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

Routine comprehensive yearly reports to the Board of Supervisors, provider agencies, and the EMCC.

**OBJECTIVE:**

Objective 6.08: To establish a routine for yearly comprehensive reports to the Board of Supervisors, provider agencies, and the EMCC containing the results of EMS office evaluation of system design and operation.

**TIME FRAME FOR MEETING OBJECTIVE:**

X\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

6.09 The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and prehospital activities.

The local EMS agency's integrated data management system should include prehospital, base hospital, and receiving hospital data.

**CURRENT STATUS:**

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

To include additional receiving hospital information in the database.

**OBJECTIVE:**

Objective 6.09: To include additional hospital data in the current data management system.

**TIME FRAME FOR MEETING OBJECTIVE:**

X\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

6.11 The local EMS agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information which is required for quality assurance/quality improvement and system evaluation.

The EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their quality assurance/quality improvement and system evaluation program.

**CURRENT STATUS:**

There are no designated trauma centers within the jurisdiction.

Standard is enhanced level.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## APPENDIX 1: SYSTEM ASSESSMENT FORM

### STANDARD:

7.01 The local EMS agency shall promote the development and dissemination of information materials for the public which addresses: (a) understanding of EMS system design and operation, (b) proper access to the system, (c) self help (e.g., CPR, first aid, etc.), (d) patient and consumer rights as they relate to the EMS system, (e) health and safety habits as they relate to the prevention and reduction of health risks in target areas, and (f) appropriate utilization of emergency departments.

The local EMS agency should promote targeted community education program on the use of emergency medical service in its service area.

### CURRENT STATUS:

Current efforts to promote the above list of informational materials to the public do not include all areas listed, although efforts are on-going to do so.

Standard is not met.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

### NEED(S):

Continued expansion of public education efforts to include all areas listed above.

### OBJECTIVE:

Objective 7.01: To continue to promote the development and dissemination to the public of informational materials designed to increase awareness of all items listed in standard.

### TIME FRAME FOR MEETING OBJECTIVE:

- \_\_\_\_\_ Short-range Plan (one year or less)  
X Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

7.02 The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

**CURRENT STATUS:**

The EMS agency does not have formal programs aimed at injury control and prevention at this time, although existing committees staffed by EMS personnel encourage the establishment of these programs within the community.

Standard is not met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

Participation, by the EMS agency in educational programs promoting injury control and preventive medicine.

**OBJECTIVE:**

Objective 7.02: To participate actively with other local health education programs working to promote injury control and preventive medicine.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

X Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

7.03 The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

The local EMS agency, in conjunction with the local office of emergency services (OES) should produce and disseminate information on disaster medical preparedness.

**CURRENT STATUS:**

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

7.04 The local EMS agency shall promote the availability of first aid and CPR training for the general public.

The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high risk groups.

**CURRENT STATUS:**

The EMS office is very active in promoting first and CPR training for the general public.

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

8.01 In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

**CURRENT STATUS:**

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Coordination with other EMS agencies is necessary to assure that disaster medical response is consistent within designated disaster response regions. OES/EMS at the state level are currently developing documents that will facilitate local planning processes.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

8.02 Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

**CURRENT STATUS:**

Medical response plans are applicable to a variety of hazards.

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

Medical Response Plans modeled after the California OES multi-hazard functional plan.

**OBJECTIVE:**

Objective 8.02: To develop a medical response plan for catastrophic disasters modeled after the California OES multi-hazard functional plan.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

**X**\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

8.03 All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

**CURRENT STATUS:**

All responders are trained as required by Cal OSHA requirements.

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

8.04 Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

The local EMS agency should ensure that ICS training is provided for all medical providers.

**CURRENT STATUS:**

ICS is the basis for field management for all incidents.

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

8.05 The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

**CURRENT STATUS:**

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Distribution of casualties from within the service area to facilities outside the area would require coordination with other EMS agencies.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

8.06 The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

**CURRENT STATUS:**

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

8.07 A specific frequency (e.g.,  
CALCORD) or frequencies shall be  
identified for interagency  
communication and coordination  
during a disaster.

**CURRENT STATUS:**

CALCORD and RACES are utilized for interagency communication and coordination  
during a disaster.

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Coordination with other EMS agencies provides for regional consistency during a disaster.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

8.08 The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

**CURRENT STATUS:**

Standard will be met with completion of this plan.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None.

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

8.09 The local EMS agency shall establish and maintain relationships with DMAT teams in the area.

The local EMS agency should support the development and maintenance of DMAT teams in the area.

**CURRENT STATUS:**

There are no DMAT teams in the area. Standard cannot be met at this time.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## APPENDIX 1: SYSTEM ASSESSMENT FORM

### STANDARD:

8.10 The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

### CURRENT STATUS:

Medical mutual aid agreements are in place with the appropriate jurisdictions.

Standard is met.

### COORDINATION WITH OTHER EMS AGENCIES:

The participation of other EMS agencies was necessary to establish the current medical mutual aid agreements that are in place.

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## APPENDIX 1: SYSTEM ASSESSMENT FORM

### STANDARD:

8.11 The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate casualty collection points (CCPs).

### CURRENT STATUS:

Casualty Collection Point sites have been "designated" by county OES. No formal agreements are in place and designations need to be reviewed in light of current anticipated uses.

Standard is met.

### COORDINATION WITH OTHER EMS AGENCIES:

CCP sites need to be coordinated with anticipated evacuation routes or anticipated patient dispersal patterns within, to and through other jurisdictions. They should also be coordinated with the designated regional area taken into consideration.

### NEED(S):

Review designations of CCP locations and contract for use of same.

### OBJECTIVE:

Objective 8.11: To re-evaluate the current CCP designations and obtain contracts or agreements for use.

### TIME FRAME FOR MEETING OBJECTIVE:

X\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

8.12 The local EMS agency, in coordination with the local OES, shall develop plans for establishing CCPs and a means for communicating with them.

**CURRENT STATUS:**

There are no current plans for establishing CCPs. Means of communication has been established as RACES.

Standard is not met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

An established plan to implement CCPs when needed.

**OBJECTIVE:**

Objective 8.12: To develop a plan for the implementation of CCPs when needed, including supplies and staffing.

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-range Plan (one year or less)

Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

8.13 The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

**CURRENT STATUS:**

Training of EMS responders as detailed above has not been reviewed by the local EMS office.

Standard is not met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

Review of training as detailed above should be performed.

**OBJECTIVE:**

Objective 8.13: To review the training of EMS responders in the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

**TIME FRAME FOR MEETING OBJECTIVE:**

X\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

8.14 The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and prehospital medical care agencies.

**CURRENT STATUS:**

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

8.15 The local EMS agency shall ensure that there is an emergency system for inter hospital communications, including operational procedures.

**CURRENT STATUS:**

Mechanism to utilize RACES is in place.

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

8.16 The local EMS agency shall ensure that all prehospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

The local EMS agency should ensure the availability of training in management of significant medical incidents for all prehospital medical response agencies and acute-care hospital staffs in its service area.

**CURRENT STATUS:**

All acute-care hospitals and all medical response agencies have guidelines in place for the management of significant medical incidents and have trained their staffs in their use.

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

8.17 The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

**CURRENT STATUS:**

Policy and contracts currently in place provide for disaster response and functioning.

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

8.18 Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during a significant medical incidents and the impact of such incidents on day-to-day triage procedures.

**CURRENT STATUS:**

No trauma or specialty care systems are designated in this jurisdiction.

This standard is enhanced level.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

8.19 Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

**CURRENT STATUS:**

Provisions for medical mutual aid and disaster response allow this.

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## **Section III**

### **System Resources and Operations**

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

EMS System: **Marin County** Reporting Year: **1994-1995**

**NOTE:** Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:  
 (Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)  
 County: **Marin**

a. Basic Life Support (BLS)	_____ %
b. Limited Advanced Life Support (LALS)	_____ %
c. Advanced Life Support (ALS)	<b>100%</b>
  
2. Type of agency **b**
  - a - Public Health Department
  - b - County Health Services Agency
  - c - Other (non-health) County Department
  - d - Joint Powers Agency
  - e - Private Non-profit Entity
  - f - Other: \_\_\_\_\_
  
3. The person responsible for day-to-day activities of EMS agency reports to **b**
  - a - Public Health Officer
  - b - Health Services Agency Director/Administrator
  - c - Board of Directors
  - d - Other: \_\_\_\_\_
  
4. Indicate the non-required functions which are performed by the agency
 

Implementation of exclusive operating areas (ambulance franchising)	_____
Designation of trauma centers/trauma care system planning	_____
Designation/approval of pediatric facilities	_____
Designation of other critical care centers	_____
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	<b>X</b>
Enforcement of ambulance service contracts	_____
Operation of ambulance service	_____

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

Continuing education	_____
Personnel training	_____
Operation of oversight of EMS dispatch center	<b>X</b>
Non-medical disaster planning	_____
Administration of critical incident stress debriefing (CISD) team	_____
Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	_____
Other: _____	

5. EMS agency budget for FY **94-95**

A. EXPENSES

Salaries and benefits (all but contract personnel)	\$ 118,987
Contract Services (e.g. medical director)	23,000
Operations (e.g. copying, postage, facilities)	55,500
Travel	_____
Fixed assets	_____
Indirect expenses (overhead)	_____
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	_____
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: _____	_____

\* \$55,500 amount represents line item and includes all expenses not otherwise detailed.

**TOTAL EXPENSES** **\$197,487**

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$ _____
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	118,732
Other local tax funds (e.g., EMS district)	_____

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

Certification fees	3705
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____
Base hospital designation fees	_____
Trauma center application fees	_____
Trauma center designation fees	_____
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	5150
Contributions	_____
EMS Fund (SB 12/612)	68,000
Other grants: Reimbursement for personnel working in other Co.	1900
Other fees: _____	_____
Other (specify): _____	_____
<b>TOTAL REVENUE</b>	<b>\$197,487</b>

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.  
IF THEY DON'T, PLEASE EXPLAIN BELOW.*

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

6. Fee structure for FY 1994-95

\_\_\_\_\_ We do not charge any fees

X Our fee structure is:

First responder certification	\$ _____
EMS dispatcher certification	15.00
EMT-I certification	15.00
EMT-I recertification	15.00
EMT-defibrillation certification	_____
EMT-defibrillation recertification	_____
EMT-II certification	_____
EMT-II recertification	_____
EMT-P accreditation	75.00
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	110.00
MICN/ARN recertification	45.00
EMT-I training program approval	_____
EMT-II training program approval	_____
EMT-P training program approval	_____
MICN/ARN training program approval	_____
Base hospital application	_____
Base hospital designation	_____
Trauma center application	_____
Trauma center designation	_____
Pediatric facility approval	_____
Pediatric facility designation	_____
Other critical care center application	
Type: _____	
Other critical care center designation	
Type: _____	
Ambulance service license	650.00
Ambulance vehicle permits	275.00
Other: _____	_____

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year 1994-95.

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

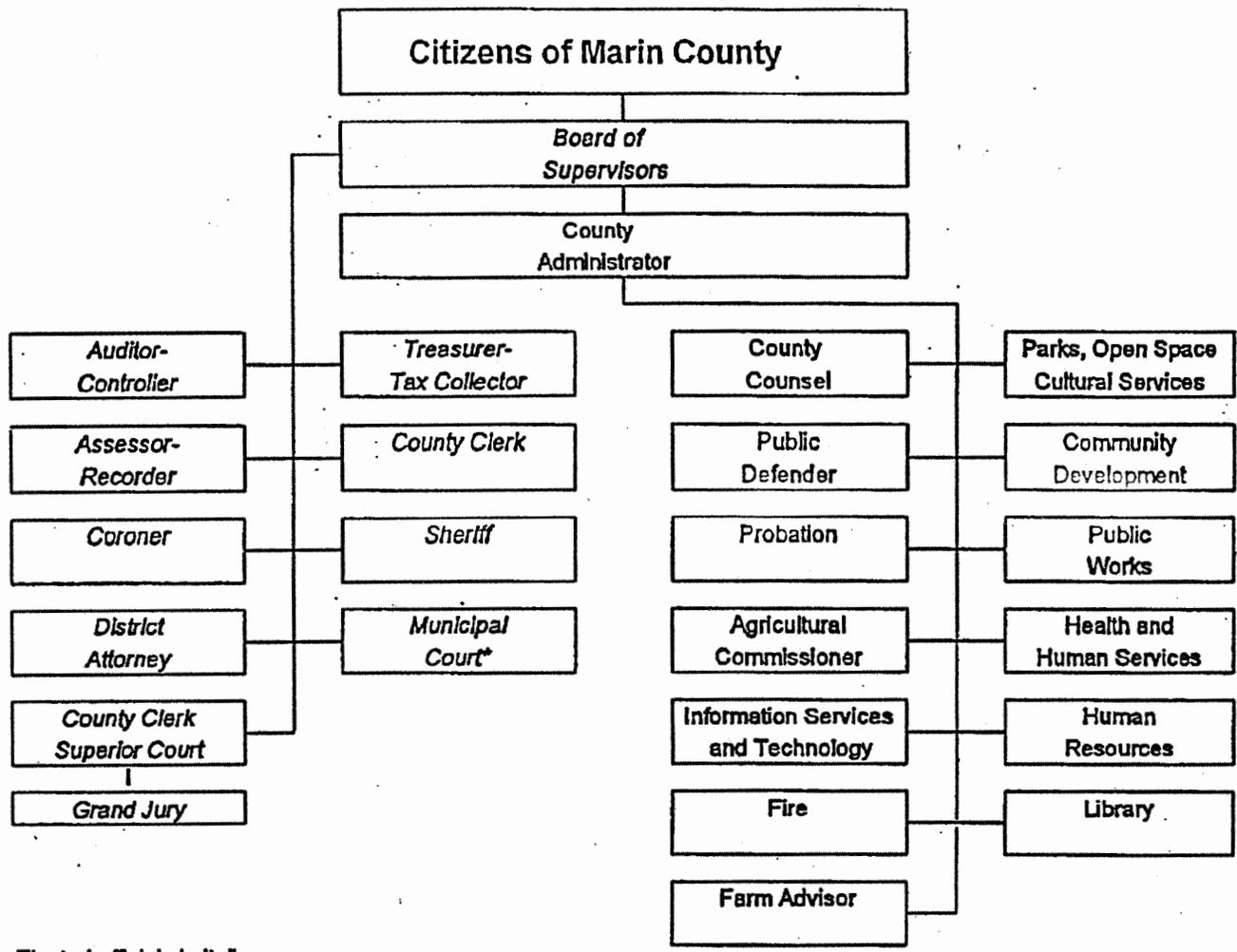
EMS System: **Marin County**

Reporting Year: **1994-1995**

<b>Category</b>	<b>Actual Title</b>	<b>FTE (EMS only)</b>	<b>Top Salary by hourly equivalent</b>	<b>Benefits (% of salary)</b>	<b>Comments</b>
EMS Admin./ Coord./Dir.	EMS Program Administrator	1.0	\$27.36	25%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./Trng Coord.					
Program Coord./Field Liaison (non-clinical)					
Trauma Coordinator					
Medical Director	EMS Medical Director	0.12	\$75.00	none	
Other MD/Med. Consult./Trng. Med. Dir.					
Disaster Med. Planner					
Dispatch Supervisor					
Medical Planner					
Dispatch Supervisor					
Data Evaluator/Analyst	Computer Analyst	0.3	\$26.50	none	
QA/QI Coordinator					
Public Info. & Ed. Coord.	Public Information and Education	0.25	\$16.50	none	
Ex. Secretary	Office Manager	0.94	\$16.77	25%	
Other clerical					
Data Entry Clerk	Data Clerk	0.4	\$11.50	none	
Other	EMS Assistant	0.2	\$12.00	none	

Table 2-5

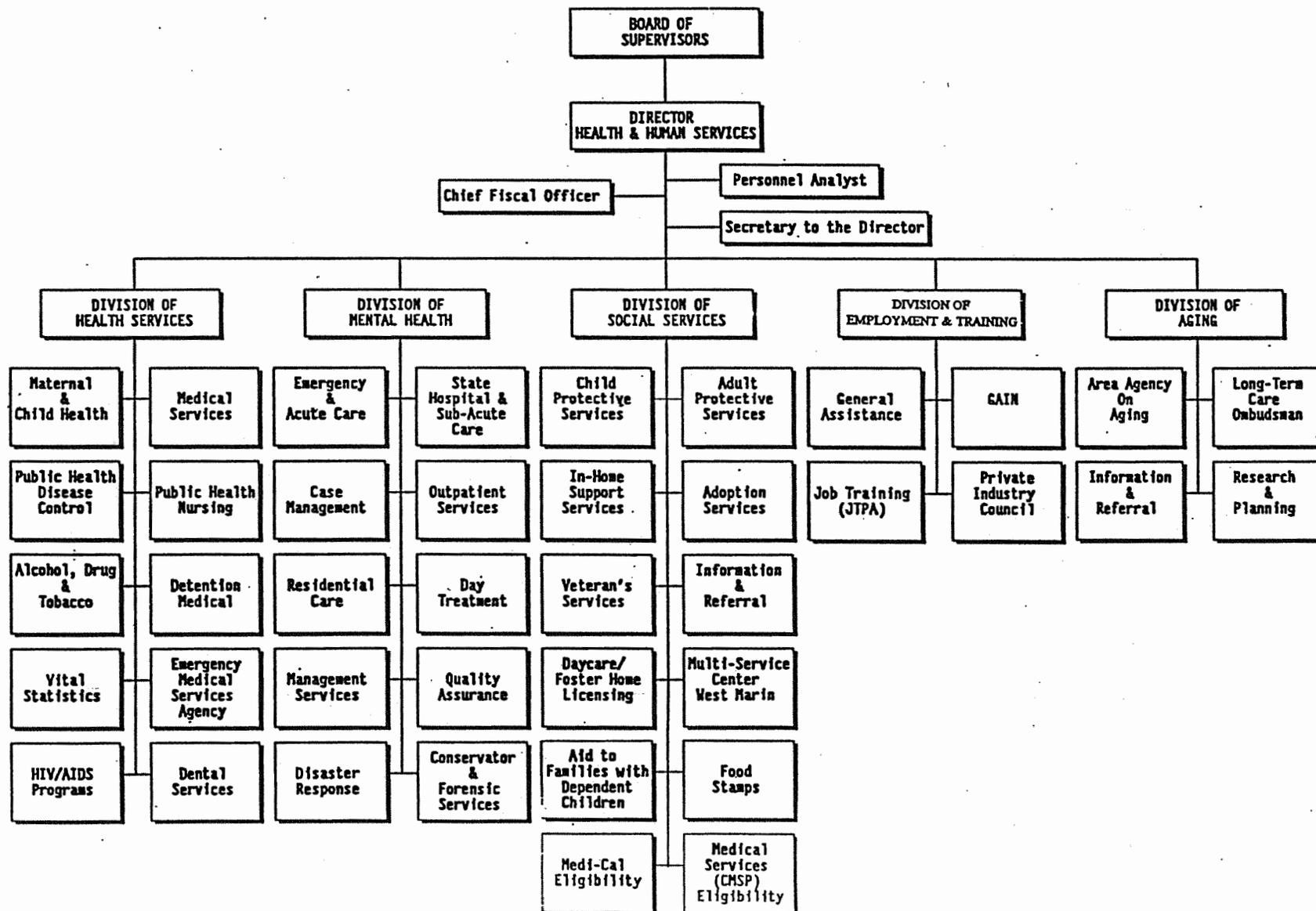
**Include an organizational chart of the local EMSA and a county organizational chart(s) indicating how the LEMSA fits within the county/multi-county structure.**



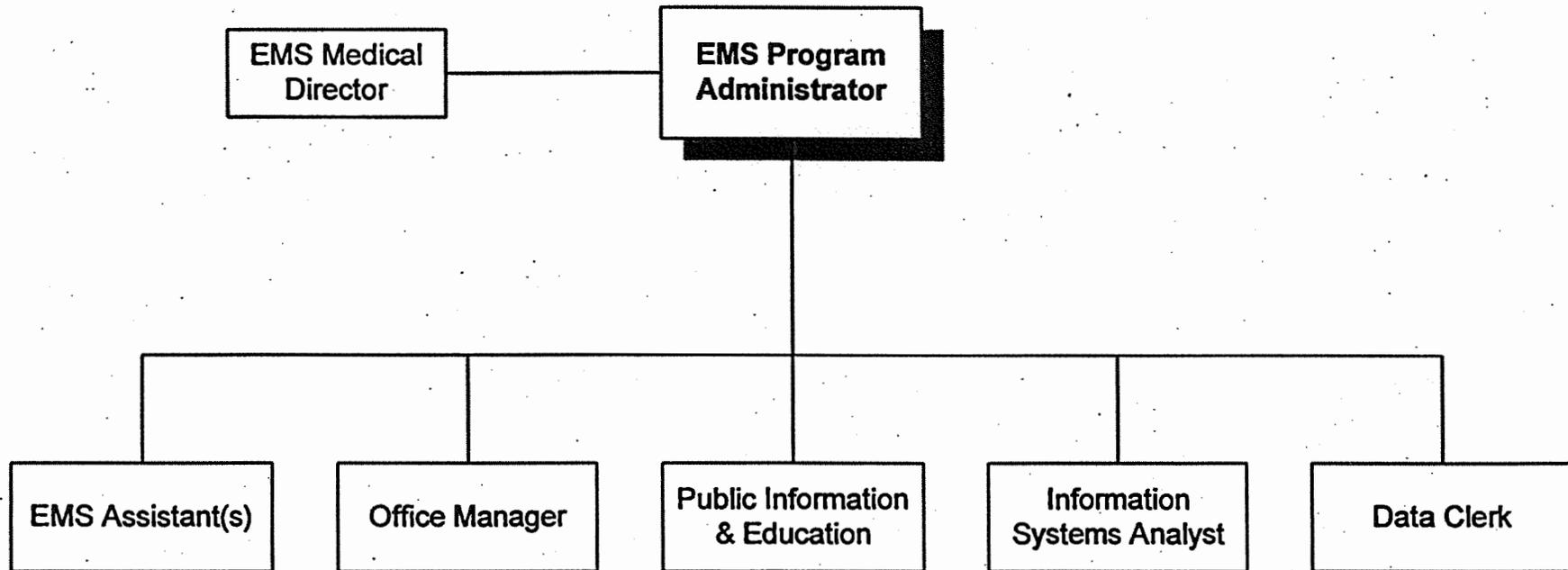
Elected officials in italics.  
 Municipal Court Administrator appointed by judges.  
 Municipal Court Judges elected; Municipal Court Administrator appointed.

January 1995

# MARIN COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES



# LEMSA Organization



**TABLE 3: SYSTEM RESOURCES AND OPERATIONS -- Personnel/Training** Revision #3 [2/16/95]

EMS System: **Marin County**

Reporting Year: **Calendar 1994**

**NOTE:** Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICNs	EMS Dispatchers
Total certified	123	0	0	60	1
Number newly certified this year	53	0	0	1	1
Number recertified this year	35	0	0	34	0
Total number of accredited personnel on July 1 of the reporting year	not known	0	72	58	1
Number of certification reviews resulting in:					
a) formal investigations	0	0	0	0	0
b) probation	0	0	0	0	0
c) suspensions	0	0	0	0	0
d) revocations	0	0	0	0	0
e) denials	0	0	0	0	0
f) denials of renewal	0	0	0	0	0
g) no action taken	0	0	0	0	0

1. Number of EMS dispatchers trained to EMSA standards: 34
2. Early defibrillation:
  - a) Number of EMT-I (defib) certified 185
  - b) Number of public safety (defib) certified (non-EMT-I) 10
3. Do you have a first responder training program?     yes     no

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications**

EMS System: **Marin County EMS System**

County: **Marin**

Reporting Year: **Calendar 1994**

**Note:** Table 4 is to be answered for each county.

- |                                                                                           |                          |
|-------------------------------------------------------------------------------------------|--------------------------|
| 1. Number of primary Public Service Answering Points (PSAP)                               | 7                        |
| 2. Number of secondary PSAPs                                                              | 2                        |
| 3. Number of dispatch centers directly dispatching ambulances                             | 2                        |
| 4. Number of designated dispatch centers for EMS Aircraft                                 | 1                        |
| 5. Do you have an operational area disaster communication system?    yes <b>X</b> no ____ |                          |
| a. Radio primary frequency                                                                | <b>Meds, White</b>       |
| b. Other methods                                                                          | <b>Cellular low band</b> |
| c. Can all medical response units communicate on the same disaster communications system? |                          |
| yes <b>X</b> no ____                                                                      |                          |
| d. Do you participate in OASIS?    yes <b>X</b> no ____                                   |                          |
| e. Do you have a plan to utilize RACES as a back-up communication system?                 |                          |
| yes <b>X</b> no ____                                                                      |                          |
| 1) Within the operational area?    yes <b>X</b> no ____                                   |                          |
| 2) Between the operational area and the region and/or state?    yes <b>X</b> no ____      |                          |

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

EMS System: **Marin County**

Reporting Year: **Calendar 1994**

**Note:** Table 5 is to be reported by agency.

**TRANSPORTING AGENCIES**

1.	Number of exclusive operating areas	<b>5</b>
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	<b>100%</b>
3.	Total number responses	<b>11112</b>
	a) Number of emergency responses	
	(Code 2: expedient, Code 3: lights and siren)	<b>11112</b>
	b) Number non-emergency responses (Code 1: normal)	<b>not tracked</b>
4.	Total number of transports	<b>8349</b>
	a) Number of emergency transports	
	(Code 2: expedient, Code 3: lights and siren)	<b>8349</b>
	b) Number of non-emergency transports (Code 1: normal)	<b>not tracked</b>

**Early Defibrillation Providers**

5.	Number of public safety defibrillation providers	<b>6</b>
	a) Automated	<b>6</b>
	b) Manual	<b>0</b>
6.	Number of EMT-Defibrillation providers	<b>6</b>
	a) Automated	<b>6</b>
	b) Manual	<b>0</b>

**Air Ambulance Services**

7.	Total number of responses	<b>66</b>
	a) Number of emergency responses	<b>64</b>
	b) Number of non-emergency responses	<b>2</b>

8.	Total number of transports	31
	a) Number of emergency (scene) responses	29
	b) Number of non-emergency responses	2

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

EMS System: **Marin County**

Reporting Year: **Calendar 1994**

**Note:** Table 5 is to be reported by agency.

**TRANSPORTING AGENCIES**

1.	Number of exclusive operating areas	<b>5</b>
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	<b>100%</b>
3.	Total number responses	<b>11112</b>
	a) Number of emergency responses	
	(Code 2: expedient, Code 3: lights and siren)	<b>11112</b>
	b) Number non-emergency responses (Code 1: normal)	<b>not tracked</b>
4.	Total number of transports	<b>8349</b>
	a) Number of emergency transports	
	(Code 2: expedient, Code 3: lights and siren)	<b>8349</b>
	b) Number of non-emergency transports (Code 1: normal)	<b>not tracked</b>

**Early Defibrillation Providers**

5.	Number of public safety defibrillation providers	<b>6</b>
	a) Automated	<b>6</b>
	b) Manual	<b>0</b>
6.	Number of EMT-Defibrillation providers	<b>6</b>
	a) Automated	<b>6</b>
	b) Manual	<b>0</b>

**Air Ambulance Services**

7.	Total number of responses	<b>66</b>
	a) Number of emergency responses	<b>64</b>
	b) Number of non-emergency responses	<b>2</b>

8.	Total number of transports	31
	a) Number of emergency (scene) responses	29
	b) Number of non-emergency responses	2

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

**SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)**

Enter the response times in the appropriate boxes.	METRO/ URBAN	SUBURBAN/ RURAL	WILDER- NESS	SYSTEM- WIDE
1. BLS and CPR capable first responder.				
2. Early defibrillation responder.				
3. Advanced life support responder.	10 minutes	30 minutes	30 minutes	10/30 minutes
4. Transport Ambulance.	10 minutes	30 minutes	30 minutes	10/30 minutes

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

4.18 The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

**CURRENT STATUS:**

Mechanisms to ensure compliance are in place, although providers are not in universal compliance with these mechanisms. ?

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

To effect universal provider compliance with mechanisms to assure compliance.

**OBJECTIVE:**

Objective 4.18: To continue efforts intended to assure universal compliance with requirements.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

X Long-range Plan (more than one year)

APPENDIX 1: SYSTEM ASSESSMENT FORM

STANDARD:

4.19 Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&SC, shall develop an EMS transportation plan which addresses: (a) minimum standards for transportation services, (b) optimal transportation system efficiency and effectiveness, and (c) use of a competitive process to ensure system optimization.

CURRENT STATUS:

Written plan does not exist. Exclusive zones were established by contract in the early 1980's and have not changed. A competitive process has not been utilized within this system to award a primary zone contract.

Standard is not met.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

A plan to award exclusive operating areas, should the need arise to do so.

OBJECTIVE:

Objective 4.19: To develop a plan, addressing minimum standards for transportation services, optimal transportation system efficiency and effectiveness, and the use of a competitive process to ensure system optimization prior to the need for its use.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-range Plan (one year or less)
- Long-range Plan (more than one year)

## APPENDIX 1: SYSTEM ASSESSMENT FORM

### STANDARD:

4.20 Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grandfathering") under Section 1797.224, H&SC.

### CURRENT STATUS:

In effect, exclusive operating zones now in existence were "grandfathered" in many years ago. Not all would meet the requirements for grandfathering. Creation of new exclusive zones would occur according to standard.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

## APPENDIX 1: SYSTEM ASSESSMENT FORM

### STANDARD:

4.21 The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

### CURRENT STATUS:

Mechanisms are in place to assure universal compliance with policies and procedures. Actual compliance is not universal.

Standard is met.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

### NEED(S):

Universal compliance with policies and procedures.

### OBJECTIVE:

Objective 4.21: To strive for the attainment of universal compliance with established policies and procedures.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

**APPENDIX 1: SYSTEM ASSESSMENT FORM**

**STANDARD:**

4.22 The local EMS agency shall periodically evaluate the design of the exclusive operating areas.

**CURRENT STATUS:**

Standard is met.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range Plan (one year or less)

\_\_\_\_\_ Long-range Plan (more than one year)

EXCLUSIVE OPERATING AREAS  
EMS PLAN-ZONE SUMMARY

Local EMS Agency or County Name: **Marin County**

Area or Subarea (zone) Name or Title: **Paramedic Response Area A**

Name of Current Provider(s):

**Novato Fire Protection District**

**Uninterrupted ALS service since April, 1978.**

Area or Subarea (zone) Geographic Description:

**Geographic description and map attached.**

Statement of Exclusivity, Exclusive or Non-Exclusive:

**Exclusive responsibility for the provision of ALS service; ability to determine provider of BLS emergency service in zone.**

Type of Exclusivity, "Emergency Ambulance", "ALS" or "LALS"

**District provides ALS transport services, transports own BLS patients.**

**Operational definition of exclusivity--"Upon receipt of verbal authorization issued by County Communications, contractor shall...provide Advanced Life Support services and provide for Basic Life Support services" (contract statement).**

**Operationally, this does not include prescheduled or non-emergency transports such as inter facility transfers.**

Method to achieve Exclusivity, if applicable (grandfathered or competitively-determined):

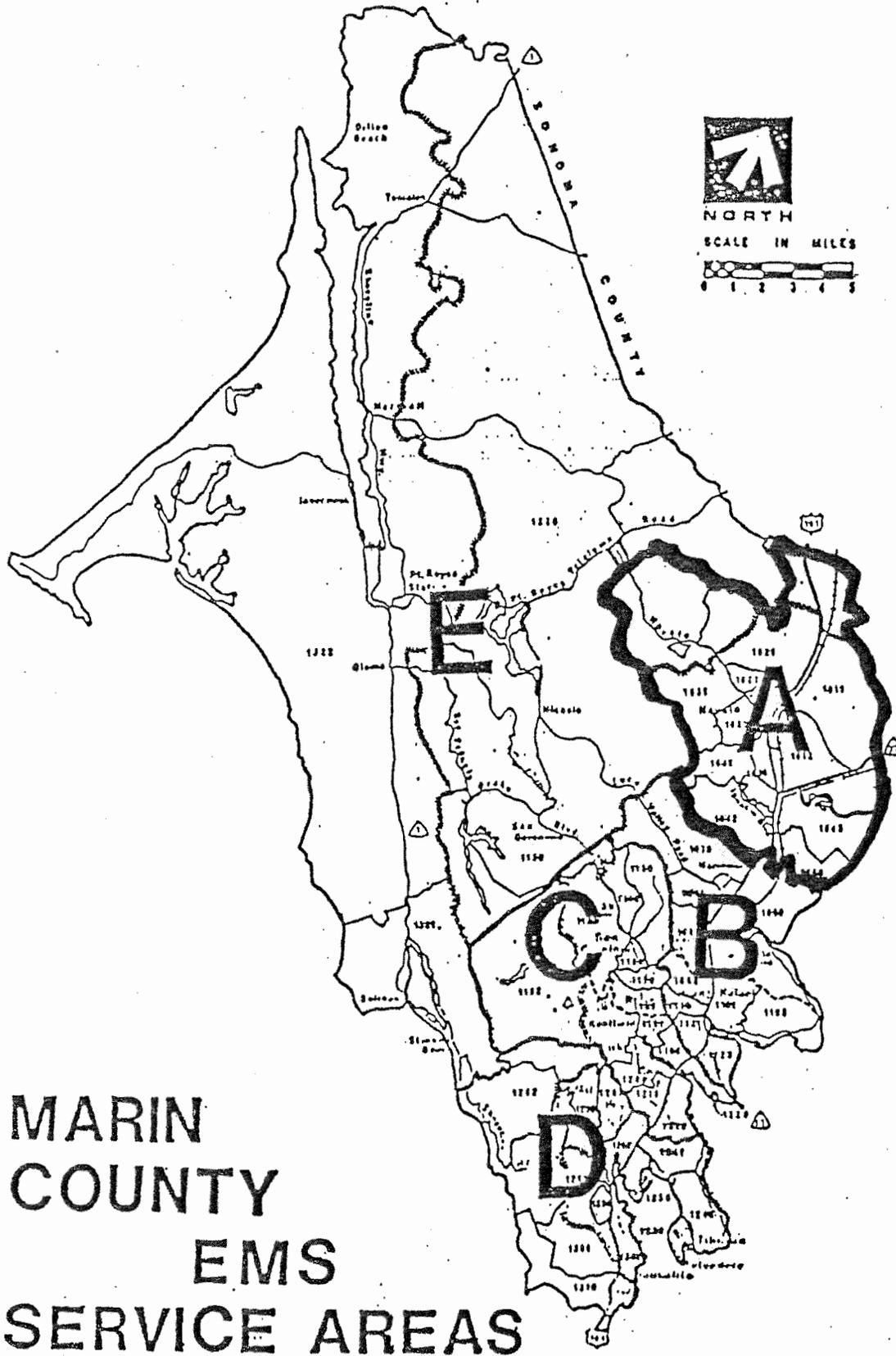
**Grandfathered with no change in scope and manner of service. NFPD provided First Responder services prior to beginning paramedic service in 1978. Initial contract specifying terms of service provision signed with County of Marin in 1982, amended in 1994. → amended how?**

**Boundary of district has always been definition of response zone.**

Addendum (documents, opinions, or policy statements included):

*Service Area A*

Contractor is assigned service area "A" which includes all lands within the Novato Fire Protection District as depicted on the map on this page.



**EXCLUSIVE OPERATING AREAS  
EMS PLAN-ZONE SUMMARY**

Local EMS Agency or County Name: **Marin County**

Area or Subarea (zone) Name or Title: ~~Paramedic Response Area B~~

Name of Current Provider(s):

~~San Rafael Fire Department~~  
~~Uninterrupted ALS service January, 1980.~~

Area or Subarea (zone) Geographic Description:

**Geographic description and map attached.**

Statement of Exclusivity, Exclusive or Non-Exclusive:

**Exclusive responsibility for the provision of ALS service; ability to determine provider of BLS emergency service in zone.**

Type of Exclusivity, "Emergency Ambulance", "ALS" or "LALS"

**Contractor provides ALS transport service, contracts with private company for BLS transports.**

**Operational definition same as in zone A. This provider also contracts with other fire jurisdictions to provide ALS transport service in their areas.**

Method to achieve Exclusivity, if applicable (grandfathered or competitively-determined):

**Grandfathered with no change in scope and manner of service, including areas outside of city's "zone" (Marinwood, CSAs 13 and 19). SRFD provided First Responder services prior to beginning paramedic service in 1980. Initial contract specifying terms of service provision signed with County of Marin in 1980, additional areas added in 1981.** >?

Addendum (documents, opinions, or policy statements included):

*Paramedic Service Area B*

North central Marin beginning at the most northerly corner of the 2161 acre Victor Sartori parcel as described in Book 177 at Page 160 of Official Records, County of Marin, said point being on the northerly boundary of Rancho San Pedro Santa Margarita y Las Gallinas; thence leaving said Rancho line southerly along the westerly line of said Sartori tract to its point of intersection with the southerly boundary of said Rancho; thence along said Rancho line easterly to its intersection with the southwesterly city limits of San Rafael; thence easterly along said San Rafael limits, the westerly line of parcel 6 and the southerly line of parcel 1 of CSA 19 to the easterly right of way of Sir Francis Drake East at San Quentin Point; thence leaving said San Rafael limits and continuing easterly along the southerly right of way of California State Highway 17 to the shoreline of San Francisco Bay; thence northerly along the shoreline to the northerly line of said Rancho San Pedro Santa Margarita y Las Gallinas; thence westerly along said Rancho to the point of beginning.

Including also the lower deck (eastbound) of the Richmond-San Rafael Bridge from its westerly terminus to the toll gate area.

**EXCLUSIVE OPERATING AREAS  
EMS PLAN-ZONE SUMMARY**

Local EMS Agency or County Name: **Marin County**

Area or Subarea (zone) Name or Title: **Paramedic Response Area C**

Name of Current Provider(s):

**Ross Valley Paramedic Authority, a joint powers agreement between six cities, towns, and/or districts. ALS service since January, 1984.**

Area or Subarea (zone) Geographic Description:

**Geographic description and map attached.**

Statement of Exclusivity, Exclusive or Non-Exclusive:

**Exclusive responsibility for the provision of ALS service; ability to determine provider of BLS emergency service in zone.**

Type of Exclusivity, "Emergency Ambulance", "ALS" or "LALS"

**Contractor sub-contracts with Marin County Fire Department to provide ALS transport services, and with private company for ALS "backup" and for BLS transports.**

**Operational definition same as in zone A.**

Method to achieve Exclusivity, if applicable (grandfathered or competitively-determined):

**"Grandfathered" in 1984. Prior to 1984, area had individual fire department first responders with private BLS ambulance companies covering area. Initial contract with joint powers agency signed in 1984, with joint powers authority providing ALS transport service. Service was sub-contracted to MCFD in 1985 without competitive bid process. Contract with County amended in 1995.**

**Contractor is considering another sub-contract with one member town, allowing them to provide ALS non-transport service in that town.**

Addendum (documents, opinions, or policy statements included):

### *PARAMEDIC SERVICE AREA C*

Central Marin starting at the summit of Loma Alta at Post H-5 of Rancho Canada de Herrera; thence northeasterly to the ridge line between Terra Linda and Sleepy Hollow, continuing southeasterly along the ridge line to the existing city limits of San Rafael; thence southeasterly along said city limits to the most northerly point of Parcel 6 of County Service Area 19; thence leaving said city limits southerly along the northwesterly boundary of said CSA 19 to the point of intersection with the city limits of San Rafael; thence leaving said CSA 19 boundary and continuing southerly and easterly along the San Rafael limits and the southerly boundary of Parcel 1 of CSA 19 to a point of intersection of said city limits, the easterly right of way of Sir Francis Drake Blvd. East and State Highway 17; thence leaving said San Rafael limits and continuing easterly along the southerly right of way of Highway 17 to the point of intersection with the shoreline of San Francisco Bay at Point San Quentin; thence southerly along said shoreline to a point on the northerly boundary of the Tiburon Fire District; thence westerly along said Fire District boundary and the southerly boundary of Corte Madera to the point of intersection with the Mill Valley City limits; thence westerly along said limits to the most northern point of the City of Mill Valley; thence northwesterly in a direct line to the East Peak of Mr. Tamalpais; thence southwestly in a direct line to the northern right of way at the easterly terminus of Ridgecrest Blvd.; thence following said right of way to the intersection of Pan Toll Road; thence northwest along Bolinas Ridge Blvd. to the most westerly corner of the 5515.38 acre MMWD parcel as said parcel is described in Book 215 of Official Records at Page 337, Marin County Records; thence northerly and northwesterly along the westerly boundary of said MMWD parcel to the most northerly corner thereof, said corner also being on the westerly boundary of Rancho Canada de Herrera; thence northerly and westerly along said Rancho line to the point of beginning.

**EXCLUSIVE OPERATING AREAS  
EMS PLAN-ZONE SUMMARY**

Local EMS Agency or County Name: **Marin County**

Area or Subarea (zone) Name or Title: **Paramedic Response Area D**

Name of Current Provider(s):

**Southern Marin Emergency Medical Paramedic System, a joint powers agreement between 7 cities, towns and/or jurisdictions. Uninterrupted ALS service since October, 1980.**

Area or Subarea (zone) Geographic Description:

**Geographic description and map attached.**

Statement of Exclusivity, Exclusive or Non-Exclusive:

**Exclusive responsibility for the provision of ALS service; ability to determine provider of BLS emergency service in zone.**

Type of Exclusivity, "Emergency Ambulance", "ALS" or "LALS"

**Contractor provides ALS and BLS transport services.**

**Operational definition same as in zone A.**

Method to achieve Exclusivity, if applicable (grandfathered or competitively-determined):

**Grandfathered with no change in scope and manner of service. Member jurisdictions provided first responder services prior to beginning paramedic service in 1980. Initial contract specifying terms of service provision signed with County of Marin in 1980, with amendments signed in 1994.**

Addendum (documents, opinions, or policy statements included):

## *PARAMEDIC SERVICE AREA D*

Beginning at the easterly end of the northerly right of way of Ridgecrest Boulevard near the east peak of Mr. Tamalpais; thence northeasterly in a direct line to the highest point of said peak; thence southeasterly in a direct line to the most northerly point of the City of Mill Valley; thence southeasterly along the Mill Valley City limits to the westerly line of Highway 101 near Corte Madera Ridge, said point also being on the Corte Madera City limits; thence leaving said Mill Valley limits and continuing eastward along said Corte Madera limits to the shore of San Francisco Bay, said point also being the northeast corner of the Tiburon Fire District; thence leaving said Corte Madera limits southerly and westerly along said Fire District boundary to the easterly City limits of the City of Belvedere; thence southerly, westerly, northerly and westerly along said limits to a point on the southwesterly boundary of the Tiburon Fire District near Tiburon Blvd. and East Canal; thence northwesterly along said Fire District to the boundary of Alto-Richardson Bay Fire District; thence leaving the Tiburon Fire District boundary and continuing westerly and southerly along said Alto-Richardson Bay Fire District limits to the most southerly point of said district at Strawberry Point; thence leaving said district southerly in a direct line to the most northerly corner of the City of Sausalito, said corner being at the junction of the northwesterly line of Railroad Avenue and the southeasterly line of Monterey Street as said roads are shown on the "Official Map of Sausalito Land & Ferry Co." Rack 1-Pull 9, Marin County Records; thence southeasterly along said Sausalito limits and along the Shoreline of San Francisco Bay to the easterly right of way of Highway 101 at the Golden Gate Bridge; thence southerly along said right of way and said bridge to midspan; thence crossing said bridge and right of way directly to the westerly side; thence northerly along said right of way to the southwest corner of the City of Sausalito, said point also being on the easterly boundary of the Golden Gate National Recreation Area; thence along said easterly boundary to the southerly right of way of Tennessee Valley Road thence westerly along said southerly line to the westerly terminus of said right of way; thence to the northerly side of said road and westerly along said northerly line to the southerly boundary of the Tamalpais Fire District; thence northerly along said Fire District boundary to the westerly line of Shoreline Highway; thence along the westerly line of Shoreline Highway; thence along the westerly line of Shoreline Highway and Panoramic Highway to the intersection of Panoramic Highway and the easterly line of the Golden Gate National Recreation District at the junction of Sequoia Valley Road, Muir Woods Road and Panoramic Highway; thence along the boundary of the Recreation District northwesterly to a point of intersection with Panoramic Highway at Ridge Ave.; thence northwesterly along the southerly, right of way of Panoramic Highway to the westerly line of Pan Toll Road at Pan Toll Ranger Station; thence northerly and easterly along westerly and northerly line of Pan Toll Road and the northerly line of Ridgecrest Blvd. to the point of beginning.

Including Muir Woods Road from its intersection with Panoramic Highway to its intersection with Camino del Canon and Camp Monte Vista Subdivisions 1 and 2.

**EXCLUSIVE OPERATING AREAS  
EMS PLAN-ZONE SUMMARY**

Local EMS Agency or County Name: **Marin County**

Area or Subarea (zone) Name or Title: **Paramedic Response Area E**

Name of Current Provider(s):

**Marin County Fire Department**  
**Uninterrupted service since April, 1979.**

Area or Subarea (zone) Geographic Description:

**Geographic description and map attached.**

Statement of Exclusivity, Exclusive or Non-Exclusive:

**Exclusive responsibility for the provision of ALS service; ability to determine provider of BLS emergency service in zone.**

Type of Exclusivity, "Emergency Ambulance", "ALS" or "LALS"

**Contractor provides ALS transport service. Until late 1994, contracted with private company to provide BLS transports, now does BLS transports. Has "unofficial" agreements with volunteer BLS transport service, volunteer seasonal BLS transport unit and out-of-county public ALS transport units to support services within zone.**

**Operational definition same as in zone A. This provider also sub-contracts with zone C to provide ALS transport service.**

Method to achieve Exclusivity, if applicable (grandfathered or competitively-determined):

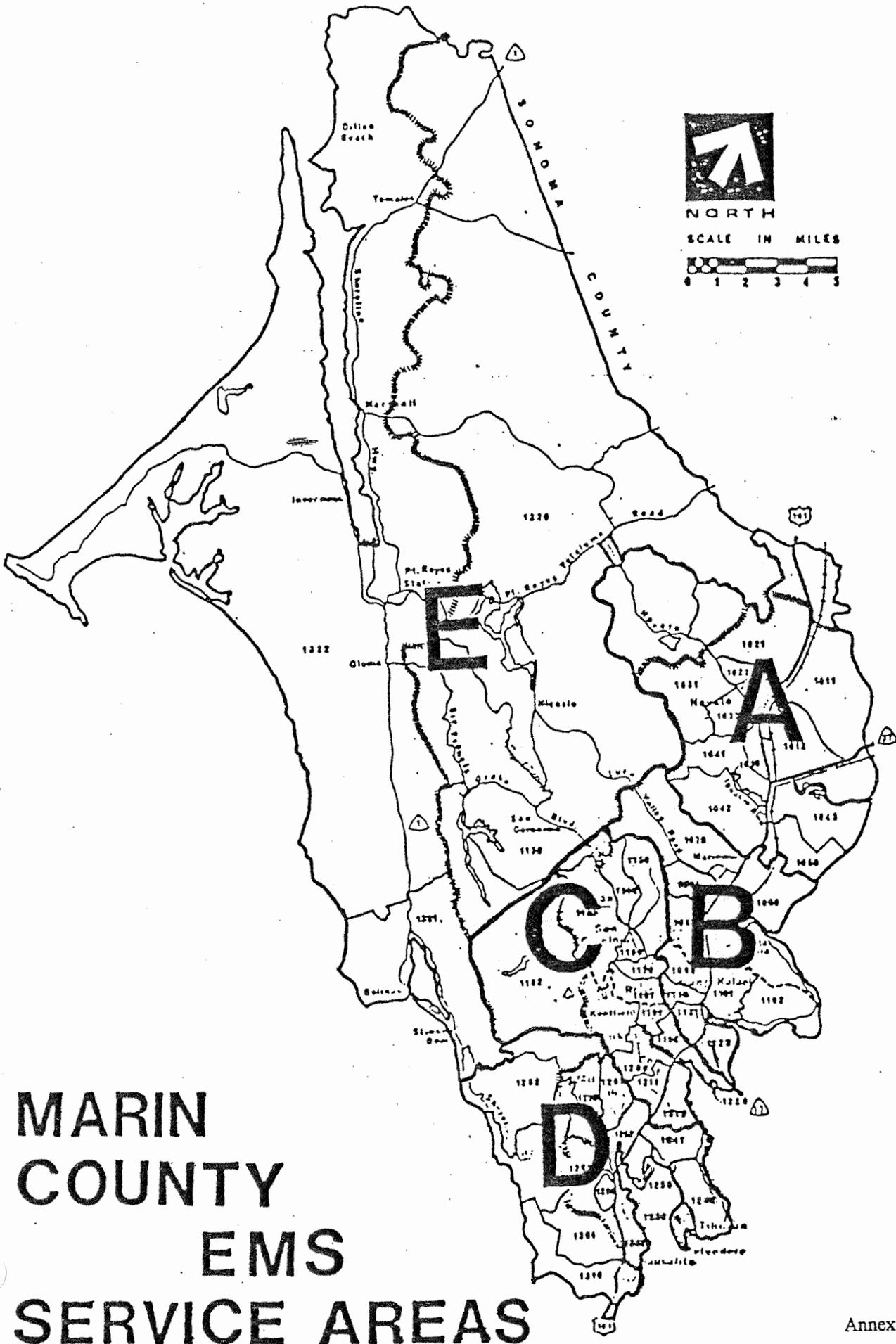
**Grandfathered with no change in scope and manner of service since beginning service in 1979. Initial contract specifying terms of service provision signed with County of Marin in 1981, with amendments in 1994.**

Addendum (documents, opinions, or policy statements included):

**PARAMEDIC SERVICE AREA E**  
Also known as County Service Area 28

The following as defined January 1984

Beginning at the most northerly corner of the 1473 acre Hugh B. Porter Estate, Tract A, as described in Book 27 of Official Records at Page 82, Marin County Records, said point also being on the northerly boundary of the County of Marin; thence southerly along the westerly boundary of said Porter tract to the most north-easterly corner of the 1192 acre Guiseppe Corda parcel as described in Book 192 of Official Records at Page 207 Marin County Records; thence westerly and southerly along the northerly and westerly boundary lines of said Corda parcel and the adjoining D. Grossi 889.5 acre parcel (192/;205) to an angle point on the northeasterly boundary of the 868 acre Daniel Brown Estate Co. parcel as described in Book T at Page 505, Marin County Records; thence westerly, southerly and easterly along the boundary of said Brown parcel and the adjoining 758 acre parcel also owned by the Brown Estate Co. (T/505) to the most northerly corner of the Joseph Taylor 1087 acre parcel; thence southeasterly along the northeasterly line of said Taylor parcel to the southwesterly corner of the Patrick Powers 200 acre parcel; thence southeasterly along the northeasterly line of said Taylor parcel to the southwesterly corner of the Patrick Powers 200 acre parcel; described in Book 108 of Official Records at Page 180, Marin County Records; thence southeasterly along the southerly boundary of said Powers parcel and the southwesterly boundary of the adjoining 2298.2 acre A.B. Hill parcel (158/189) to the most westerly corner of the lands of Victor Sartori as recorded in Book 177 of Official Records at Page 160, Marin County Records; thence southwesterly along the westerly line of said Sartori parcel across Lucas Valley Road to a point on the northerly line of Rancho Canada de Herrera; thence southwesterly and southeasterly along the westerly line of said Rancho to the most northerly corner of the 5515.38 acre MMWD parcel as said parcel is described in Book 215 of Official Records at Page 337, Marin County Records; thence southwesterly and southerly along the northwesterly line of MMWD parcel to the northeasterly right of way of Ridgecrest Blvd.; thence southeasterly along said right of way to the intersection of said Ridgecrest Blvd. northeasterly right of way with the northwesterly extension of the southwesterly line of Pan Toll Road; thence southeasterly along said right of way and extension of Pan Toll Road to the northerly right of way of Panoramic Highway; thence continuing directly across Panoramic Highway southeasterly along the southeasterly extension of the westerly right of way of Pan Toll Road; thence southwesterly along the southeasterly right of way of Panoramic Highway to the southwesterly line of Ranch 8 as said Ranch is shown on Tamalpais Land and Water Company Map #3; thence southeasterly to the most easterly corner of Ranch 2 (TL&W Co. Map #3); thence southwesterly along the southeasterly boundary of said Ranch 2 to the low water line of the Pacific Ocean; thence northerly along said low water line to the inlet of Bolinas Lagoon; thence WEST across said inlet to a point on the low water line of the Pacific Ocean on the westerly side of said inlet; continuing westerly along said low water line to the inlet of Drakes Estero; thence directly across said Estero inlet WEST to a point on the low water line of the Pacific Ocean on the westerly side of said Estero inlet; thence continuing westerly and northerly along said low water line to a point at the northwestern extremity of Tomales Bluff; thence due EAST to a point on said low water line; thence northerly to intersection with the northerly boundary of the County of Marin; thence easterly along said boundary to the point of beginning.



**MARIN  
COUNTY  
EMS  
SERVICE AREAS**

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

**SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)**

Enter the response times in the appropriate boxes.	<b>METRO/ URBAN</b>	<b>SUBURBAN/ RURAL</b>	<b>WILDER- NESS</b>	<b>SYSTEM- WIDE</b>
1. BLS and CPR capable first responder.				
2. Early defibrillation responder.				
3. Advanced life support responder.	10 minutes	30 minutes	30 minutes	10/30 minutes
4. Transport Ambulance.	10 minutes	30 minutes	30 minutes	10/30 minutes

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

EMS System: **Marin County**

Reporting Year: **Calendar 1994**

NOTE: Table 6 is to be reported by agency.

**Trauma**

Trauma patients:

a) Number of patients meeting trauma triage criteria	_____
b) Number of major trauma victims transported directly to a trauma center by ambulance (reflects use of air ambulance for this purpose)	<b>5</b>
c) Number of major trauma patients transferred to a trauma center	<b>1</b>
d) Number of patients meeting triage criteria who weren't treated at a trauma center	_____

**Emergency Departments**

Total number of emergency departments	<b>3</b>
a) Number of referral emergency services	_____
b) Number of standby emergency services	_____
c) Number of basic emergency services	<b>3</b>
d) Number of comprehensive emergency services	_____

**Receiving Hospitals**

1. Number of receiving hospitals with written agreements	<b>3</b>
2. Number of base hospitals with written agreements	<b>3</b>

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS**  
**Disaster Medical**

EMS System: **Marin County**

County: **Marin County**

Reporting Year: **Calendar 1994**

**NOTE:** Table 7 is to be answered for each county.

**SYSTEM RESOURCES**

1. **Casualty Collections Points (CCP)**
  - a. Where are your CCPs located? **near hospitals**
  - b. How are they staffed? **there are no current provisions for staffing the CCPs**
  - c. Do you have a supply system for supporting them for 72 hours? **yes\_\_no X**
  
2. **CISD**  
 Do you have a CISD provider with 24 hour capability? **yes X no\_\_**
  
3. **Medical Response Team**
  - a. Do you have any team medical response capability? **yes\_\_no X**
  - b. For each team, are they incorporated into your local response plan? **yes\_\_no X**
  - c. Are they available for statewide response? **yes\_\_no\_\_**
  - d. Are they part of a formal out-of-state response system? **yes\_\_no\_\_**
  
4. **Hazardous Materials**
  - a. Do you have any HazMat trained medical response teams? **yes X no\_\_**
  - b. At what HazMat level are they trained? **Level A**
  - c. Do you have the ability to do decontamination in an emergency room? (outside ED) **yes X no\_\_**
  - d. Do you have the ability to do decontamination in the field? **yes X no\_\_**

**OPERATIONS**

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? (ICS is in use, conversion to SEMS is in progress) **yes X no\_\_**

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 22
3. Have you tested your MCI Plan this year in a:
- a. real event? yes\_\_no X
- b. exercise? yes X no\_\_
4. List all counties with which you have a written medical mutual aid agreement.  
**Alameda, Contra Costa, Monterey, Napa, San Francisco, San Joaquin, San Mateo, Santa Cruz, Solano, Sonoma, Santa Clara**
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes X no\_\_
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes\_\_no X
7. Are you part of a multi-county EMS system for disaster response? yes\_\_no X
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? N/A yes\_\_no\_\_

**Section IV**

**Resource Directories**

**TABLE 8: RESOURCES DIRECTORY--Providers**

EMS System: **Marin County**

County: **Marin**

Reporting Year: **1995**

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

Name, Address & Telephone <b>Novato Fire Protection District</b> <b>7025 Redwood Blvd.</b> <b>Novato, CA 94945</b> <b>415 898-9719</b>			Primary Contact: <b>Chief Jeff Meston</b>		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing Services: <input type="checkbox"/> PS <input type="checkbox"/> PS-D <input type="checkbox"/> BLS <b>50</b> EMT-D <input type="checkbox"/> LALS <b>18</b> ALS
Ownership <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> fire district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of Ambulances: <b>3</b>

Name, Address & Telephone <b>San Rafael Fire Department</b> 1039 C Street San Rafael, CA 94901 415 485-3307			Primary Contact: <b>Captain Ritt Hewitt</b>		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing Services: <input type="checkbox"/> PS <input type="checkbox"/> PS-D <input type="checkbox"/> BLS    75 EMT-D LALS 12 ALS
Ownership <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of Ambulances: <b>3</b>

Name, Address & Telephone <b>Marin County Fire Department</b> P.O. Box 518 Woodacre, CA 94973 415 499-3742			Primary Contact: <b>Brian Meuser, Training Officer</b>		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing Services: <input type="checkbox"/> PS <input type="checkbox"/> PS-D 48 BLS    25 EMT-D LALS 20 ALS
Ownership <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of Ambulances: <b>3</b>

Name, Address & Telephone <b>Ross Valley Paramedic Authority</b> 777 San Anselmo Avenue San Anselmo, CA 94960 415 258-4686			Primary Contact: <b>Chief Ron Zeise</b>		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing Services: <input type="checkbox"/> PS <input type="checkbox"/> PS-D <input type="checkbox"/> BLS <b>88</b> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: <b>Joint powers agreement</b>	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of Ambulances: <b>1</b>

Name, Address & Telephone <b>Southern Marin Emergency Medical Paramedic System</b> P.O. Box 1238 Mill Valley, CA 94942 415 389-4144			Primary Contact: <b>Jonathan Chin, EMO</b>		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing Services: <input type="checkbox"/> PS <input type="checkbox"/> PS-D <input type="checkbox"/> BLS <b>104</b> EMT-D <input type="checkbox"/> LALS <b>8</b> ALS
Ownership <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: <b>Joint Powers Agreement</b>	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> fire district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of Ambulances: <b>4</b>

Name, Address & Telephone <b>Stinson Beach Ambulance</b> <b>P.O. Box 127</b> <b>Stinson Beach, CA 94970</b> <b>415 868-0622</b>			Primary Contact: <b>Chief Kendrick Rand</b>		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing Services: <input type="checkbox"/> PS <input type="checkbox"/> PS-D <input type="checkbox"/> BLS    16 EMT-D <input type="checkbox"/> LALS    ALS
Ownership <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> fire district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of Ambulances: <b>1</b>

Name, Address & Telephone <b>Coastal Ambulance</b> <b>P.O. Box 915</b> <b>Stinson Beach, CA 94970</b> <b>415 868-0622</b>			Primary Contact: <b>Marcus White</b>		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing Services: <input type="checkbox"/> PS <input type="checkbox"/> PS-D 14 BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS    ALS
Ownership <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: <b>Volunteer with some federal funding support</b>	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input checked="" type="checkbox"/> federal	System available 24 hours? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of Ambulances: <b>1</b>

Name, Address & Telephone <b>United Ambulance Service</b> 4144 Redwood Highway San Rafael, CA 94903 415 499-9191			Primary Contact: <b>Richard Angotti, Jr.</b>		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing Services: <input type="checkbox"/> PS <input type="checkbox"/> PS-D <b>25</b> BLS <input type="checkbox"/> EMT-D LALS <b>12</b> ALS
Ownership <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of Ambulances: <b>11</b>

Name, Address & Telephone <b>Sonoma Life Support</b> 1415 No. Dutton Ave., Ste. C Santa Rosa, CA 95401 707 579-9542			Primary Contact: <b>Bruce Lee, Director of Operations</b>		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing Services: <input type="checkbox"/> PS <input type="checkbox"/> PS-D <b>6</b> BLS <input type="checkbox"/> EMT-D LALS <input type="checkbox"/> ALS
Ownership <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of Ambulances: <b>3</b>

**TABLE 9: RESOURCES DIRECTORY--Approved Training Programs**

EMS System: **Marin County**

County: **Marin**

Reporting Year: **1994**

**NOTE:** Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name/Address <b>Marin County Fire Department</b> 21-0100 P.O. Box 518 Woodacre, CA 94973		Contact Person/Telephone # <b>Brian Meuser, Training Officer</b> 415 499-3742
Student Eligibility  <b>Restricted</b>	Cost of Program Basic _____  Refresher: _____  <b>No cost, offered to FD employees only</b>	Program Level: <b>First Responder</b> Number of students completing training /yr. ___ Initial training <b>14</b> Refresher ___ Cont. Education Expiration date: <b>04/30/96</b>  Number of courses taught ___ Initial training <b>1</b> Refresher ___ Cont. Education

Training Institution Name/Address <b>Marin County Fire Department</b> 21-0100 P.O. Box 518 Woodacre, CA 94973		Contact Person/Telephone # <b>Brian Meuser, Training Officer</b> 415 499-3742
Student Eligibility  <b>Restricted</b>	Cost of Program Basic _____  Refresher: _____  <b>No cost, offered to FD employees only</b>	Program Level: <b>EMT-I</b> Number of students completing training /yr. ___ Initial training ___ Refresher <b>48</b> Cont. Education Expiration date: <b>01/31/96</b> Number of courses taught ___ Initial training ___ Refresher <b>36</b> Cont. Education

Training Institution Name/Address <b>Marin County Search and Rescue</b> <b>Civic Center</b> <b>San Rafael, CA 94903</b>		Contact Person/Telephone # <b>Michael St. John</b>
Student Eligibility  Open or restricted?  <b>Restricted</b>	Cost of Program  Basic: _____  Refresher: _____  <b>No charge, in-house          classes only</b>	Program Level: <b>First Responder</b> Number of students completing training /yr. <b>22</b> Initial training ___ Refresher ___ Cont. Education  Expiration date: <b>02/28/98</b> Number of courses taught <b>1</b> Initial training ___ Refresher ___ Cont. Education

Training Institution Name/Address <b>Novato Fire Protection District</b> <b>21-0200</b> <b>7025 Redwood Blvd.</b> <b>Novato, CA 94945</b>		Contact Person/Telephone # <b>Chief Jeff Meston</b> <b>415 898-9585</b>
Student Eligibility  <b>Restricted</b>	Cost of Program  <b>None, offered to          employees only</b>	Program Level: <b>EMT-I</b> Number of students completing training /yr. ___ Initial training <b>50</b> Refresher ___ Cont. Education  Expiration date: <b>03/31/98</b> Number of courses taught ___ Initial training <b>3</b> Refresher ___ Cont. Education

Table 9-2

Training Institution Name/Address <b>Novato Fire Protection District</b> <b>21-0200</b> <b>7025 Redwood Blvd.</b> <b>Novato, CA 94945</b>		Contact Person/Telephone # <b>Chief Jeff Meston</b> <b>415 898-9585</b>
Student Eligibility  <b>Restricted</b>	Cost of Program  <b>None, offered to employees only</b>	Program Level: <b>EMT-D</b> Number of students completing training /yr. ___ Initial training <b>114 Refresher</b> ___ Cont. Education  Expiration date: <b>12/31/95</b> Number of courses taught ___ Initial training <b>2 Refresher</b> ___ Cont. Education

Training Institution Name/Address <b>Southern Marin Emergency Medical</b> <b>Paramedic System 21-0300</b> <b>P.O. Box 1238</b> <b>Mill Valley, CA 94942</b>		Contact Person/Telephone # <b>Jonathan Chin, EMO</b> <b>415 389-4144</b>
Student Eligibility  <b>Restricted</b>	Cost of Program  Basic: _____ Refresher: _____  <b>No charge to employees</b>	Program Level: <b>EMT-I</b> Number of students completing training /yr. ___ Initial training <b>84 Refresher</b> ___ Cont. Education Expiration date: <b>04/30/99</b>  Number of courses taught ___ Initial training <b>3 Refresher</b> ___ Cont. Education

Training Institution Name/Address <b>Southern Marin Emergency Medical          Paramedic System 21-0300          P.O. Box 1238          Mill Valley, CA 94942</b>		Contact Person/Telephone # <b>Jonathan Chin, EMO          415 389-4144</b>
Student Eligibility  <b>Restricted</b>	Cost of Program Basic: _____ Refresher: _____  <b>No charge to employees</b>	Program Level: <b>EMT-D</b> Number of students completing training /yr. ___ Initial training <b>240</b> Refresher ___ Cont. Education Expiration date: <b>04/30/99</b>  Number of courses taught ___ Initial training <b>4</b> Refresher ___ Cont. Education

Training Institution Name/Address <b>San Rafael Fire Department 21-0400          1039 C Street          San Rafael, CA 94901</b>		Contact Person/Telephone # <b>Terence Barday          415 485-3300</b>
Student Eligibility  Open or restricted?  <b>Open</b>	Cost of Program Basic: <b>\$250.00</b> Refresher: <b>\$80.00</b>	Program Level: <b>EMT-I</b> Number of students completing training /yr. <b>4</b> Initial training <b>33</b> Refresher ___ Cont. Education Expiration date: <b>01/31/96</b>  Number of courses taught <b>1</b> Initial training <b>3</b> Refresher ___ Cont. Education

Training Institution Name/Address <b>San Rafael Fire Department 21-0400</b> <b>1039 C Street</b> <b>San Rafael, CA 94901</b>		Contact Person/Telephone # <b>Steve Takemoto</b> <b>415 485-3300</b>
Student Eligibility  Open or restricted?  <b>Restricted</b>	Cost of Program  Basic: _____  Refresher: _____  <b>No cost, offered only to employees</b>	Program Level: <b>EMT-D</b> Number of students completing training /yr. ___ Initial training <b>150</b> Refresher ___ Cont. Education Expiration date: <b>12/31/95</b>  Number of courses taught ___ Initial training <b>2</b> Refresher ___ Cont. Education

Training Institution Name/Address <b>College of Marin 21-1000</b> <b>Kentfield, CA 94904</b>		Contact Person/Telephone # <b>Rosalind Hartman, Director</b> <b>415 485-9326</b>
Student Eligibility  <b>Open</b>	Cost of Program  Basic: <b>\$290.00</b>  Refresher: <b>\$96.00</b> Challenge: <b>\$96.00</b>	Program Level: <b>EMT-I</b> Number of students completing training /yr. <b>70</b> Initial training ___ Refresher <b>4</b> Cont. Education Expiration date: <b>08/31/98</b>  Number of courses taught <b>3</b> Initial training ___ Refresher <b>48</b> Cont. Education

Training Institution Name/Address <b>Ross Valley Paramedic Authority EMT-          D Program</b> <b>Corte Madera Fire Department</b> <b>342 Tamalpais Drive</b> <b>Corte Madera, CA 94925</b>		Contact Person/Telephone # <b>John Childress</b> <b>415 927-5077</b>
Student Eligibility  <b>Restricted</b>	Cost of Program Basic: . Refresher:  <b>No charge, open to          employees only</b>	Program Level: <b>EMT-D</b> Number of students completing training /yr. ___ Initial training <b>176</b> Refresher ___ Cont. Education Expiration date: 12/31/95  Number of courses taught ___ Initial training <b>2</b> Refresher ___ Cont. Education

**TABLE 10: RESOURCES DIRECTORY--Facilities**

EMS System: **Marin County**

County: **Marin**

Reporting Year: **1995**

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

Name, address & telephone: <b>Novato Community Hospital</b> <b>1625 Hill Road</b> <b>Novato, CA</b> <b>415 897-3111</b>		Primary Contact: <b>Lowell Smith, Administrator</b>		
Written contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> eval not done	PICU: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what level: ____

Name, address & telephone: <b>Kaiser Hospital, San Rafael</b> <b>99 Monticello Road</b> <b>San Rafael, CA 94903</b> <b>415 444-2217</b>		Primary Contact: <b>Patricia Kendall, Medical Group Administrator</b>		
Written contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> eval not done	PICU: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what level: ____

Name, address & telephone: <b>Marin General Hospital</b> <b>P.O. Box 8010</b> <b>San Rafael, CA 94912-8010</b> <b>415 925-7000</b>		Primary Contact: <b>Henry Burhmann, President</b>		
Written contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> eval not done	PICU: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what level: ____

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

EMS System: **Marin County**

County: **Marin**

Reporting Year: **1995**

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

Name, address & telephone <b>Marin County Communications Center</b> <b>Marin County Sheriff's Office</b> <b>Civic Center</b> <b>San Rafael, CA 94903</b> <b>415 499-7244</b>		Primary Contract: <b>Bill McMurray</b>		
Written Contract: ___yes <b>X no</b>	Service: <b>X Ground</b> <b>X Air</b> Water	<b>X Day-to-day</b> <b>X Disaster</b>	Number of Personnel providing services 30 EMD Training    ___EMT-D    ___ALS ___BLS                ___LALS    ___Other	
Ownership: <b>X Public</b> ___Private	Medical Director: ___yes <b>X no</b>	If public: ___Fire <b>X Law</b> ___Other explain:	If public: ___city <b>X county</b> ___state ___fire district Federal	Number of Ambulances: <b>24 and 3 air ambulances</b>

<b>Name, address &amp; telephone</b> <b>San Rafael Fire Department</b> <b>1039 C Street</b> <b>San Rafael, CA 94901</b> <b>415 485-3300</b>		<b>Primary Contract:</b> <b>Chief Keith Schoenthal</b>		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	<b>Number of Personnel providing services</b> 4 EMD Training <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> Other	
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	<b>Number of Ambulances:</b> 3

**TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders**

EMS System: Marin County

County: Marin

Date: August 1, 1995

NOTE: Information on Table 11a is to be completed for each county.

Co. Office of Emergency Services Coordinator <b>Lieutenant Ken Froberg</b> Work Telephone No. <b>415 499-6584</b> Home Telephone No. <b>707 763-9660</b> Office Pager No. <b>415 258-3985</b> FAX No. <b>415 499-7450</b> 24 Hr. No. <b>415 499-7237</b>	Alternate's Name <b>Bill Doyle</b> Work Telephone No. <b>415 499-6584</b> Home Telephone No. <b>415 258-9107</b> Office Pager No. <b>415 258-3929</b> FAX No. <b>415 499-7450</b> 24 Hr. No. <b>415 499-7237</b>
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County EMS Disaster Medical Services Coordinator <b>Ardith Hamilton</b> Work Telephone No. <b>415 499-6871</b> Home Telephone No. <b>707 252-2773</b> Office Pager No. <b>415 258-3964</b> FAX No. <b>415 499-3791</b> 24-Hr. No. <b>415 499-7237</b>	Alternate's Name <b>Valerie Stillson</b> Work Telephone No. <b>415 499-6891</b> Home Telephone No. <b>415 892-3988</b> Office Pager No.  FAX No. <b>415 499-6002</b> 24 Hr. No. <b>415 499-7237</b>
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County Health Officer's Name

**Fred Schwartz, MD.**

Work Telephone No.

**415 499-6856**

Home Telephone No.

**415 924-8906**

Office Pager No.

FAX No.

24-Hr. No.

**415 499-7237**

Alternate's Name

**Thomas Peters, PhD**

Work Telephone No.

**415 499-3696**

Home Telephone No.

Office Pager No.

FAX No.

**415 499-3791**

24-Hr. No.

**415 499-7237**

Medical/Health EOC Telephone No.

**415 499-7440**

Amateur Radio Contact Name

**Medical**

RDMHC for this region

**William Walker, MD.**

Medical/Health EOC FAX No.

**415 499-7450**

Medical/Health radio frequency

## **Section V**

### **Description of Plan Development Process**

## **Description of Plan Development Process**

### **Prior to Preparation of the Plan**

Three documents, "EMS System Standards and Guidelines" (June, 1993), the "EMS System Guidelines, Part II, Implementation Resource" (March, 1994), and the "EMS System Guidelines, Part III, EMS System Planning Guidelines" (June, 1994), direct and guide the development of EMS Plans by local EMS agencies.

Individuals within the Marin County EMS system participated during the development, by the EMS Authority, of these three documents. This participation was in the form of document review and comment both individually and through various professional organizations. Specific standards contained in them have been the subject of lively debate in committee meetings and during contract negotiations.

### **Actual Preparation of the Plan**

The Marin County Plan was prepared by existing EMS Office staff and represents a significant time investment.

A review of the existing plan (1987) was the first step and provided an interesting perspective. While the format was very different, it was interesting to note that, with a few exceptions, the priority tasks identified in that plan have been accomplished. Those few exceptions remain problematic and are included in the long-range workplan of this document.

It is of note that the structure of the new plan, while cumbersome, does not allow a planner to "miss" any significant areas of an EMS system.

Staff prepared initial drafts of all items included in the plan. The "system assessment" documents were reviewed first by the Medical Director and the Program Administrator and then by the Emergency Medical Care Committee (EMCC). (A list of the composition of the EMCC is attached for your convenience, as it includes a wide variety of system participants and consumer representatives.) Interested parties were also invited to review these drafts. The resource documents were distributed to system participants for their input and verification.

The final document was reviewed and approved by the EMS Medical Director, the EMCC, the Director of the Department of Health and Human Services and by the Board of Supervisors of the County of Marin. The document reflecting Board approval is included in this document.

**EMERGENCY MEDICAL CARE COMMITTEE  
MEMBERSHIP LIST**

<b>CONSUMERS</b>	
District # 1	
District # 2	
District # 3	
District # 4	
District # 5	
<b>PROVIDERS</b>	
Private Ambulance Company Representative	United Ambulance
Marin General Hospital	
Kaiser Hospital	
Novato Community Hospital	
Paramedic Liaison	
Emergency Medical Dispatcher	
Marin Medical Society	
<b>OTHER AGENCIES</b>	
Community Organization (Voluntary Health Agcy)	American Red Cross
Community Organization	League of Women Voters
Community Organization	Commission on Aging
Fire Chief's Association	Fire Chief of Ross Valley Fire Department
Police Chief's Association	Police Chief of Fairfax Police Department
Public Education Agency	Marin County Office of Education
<b>EX OFFICIO &amp; EMS Staff</b>	
Communications/Chief of Operations	
EMS - Program Administrator	
EMS - Medical Director	
EMS - Public Information Officer	

**Section VI**

**Annex**

**ANNEX 1**

**TRAUMA CARE SYSTEM PLAN**

**Not applicable**

**ANNEX 2**

**AB 3153 COMPLIANCE  
EXCLUSIVE OPERATING ZONES**

**Included are details for five exclusive operating zones with geographic descriptions  
and maps.**

**EXCLUSIVE OPERATING AREAS  
EMS PLAN-ZONE SUMMARY**

Local EMS Agency or County Name: **Marin County**

Area or Subarea (zone) Name or Title: **Paramedic Response Area A**

Name of Current Provider(s):

**Novato Fire Protection District  
Uninterrupted ALS service since April, 1978.**

Area or Subarea (zone) Geographic Description:

**Geographic description and map attached.**

Statement of Exclusivity, Exclusive or Non-Exclusive:

**Exclusive responsibility for the provision of ALS service; ability to determine provider of BLS emergency service in zone.**

Type of Exclusivity, "Emergency Ambulance", "ALS" or "LALS"

**District provides ALS transport services, transports own BLS patients.**

**Operational definition of exclusivity--"Upon receipt of verbal authorization issued by County Communications, contractor shall...provide Advanced Life Support services and provide for Basic Life Support services" (contract statement).  
Operationally, this does not include prescheduled or non-emergency transports such as inter facility transfers.**

Method to achieve Exclusivity, if applicable (grandfathered or competitively-determined):

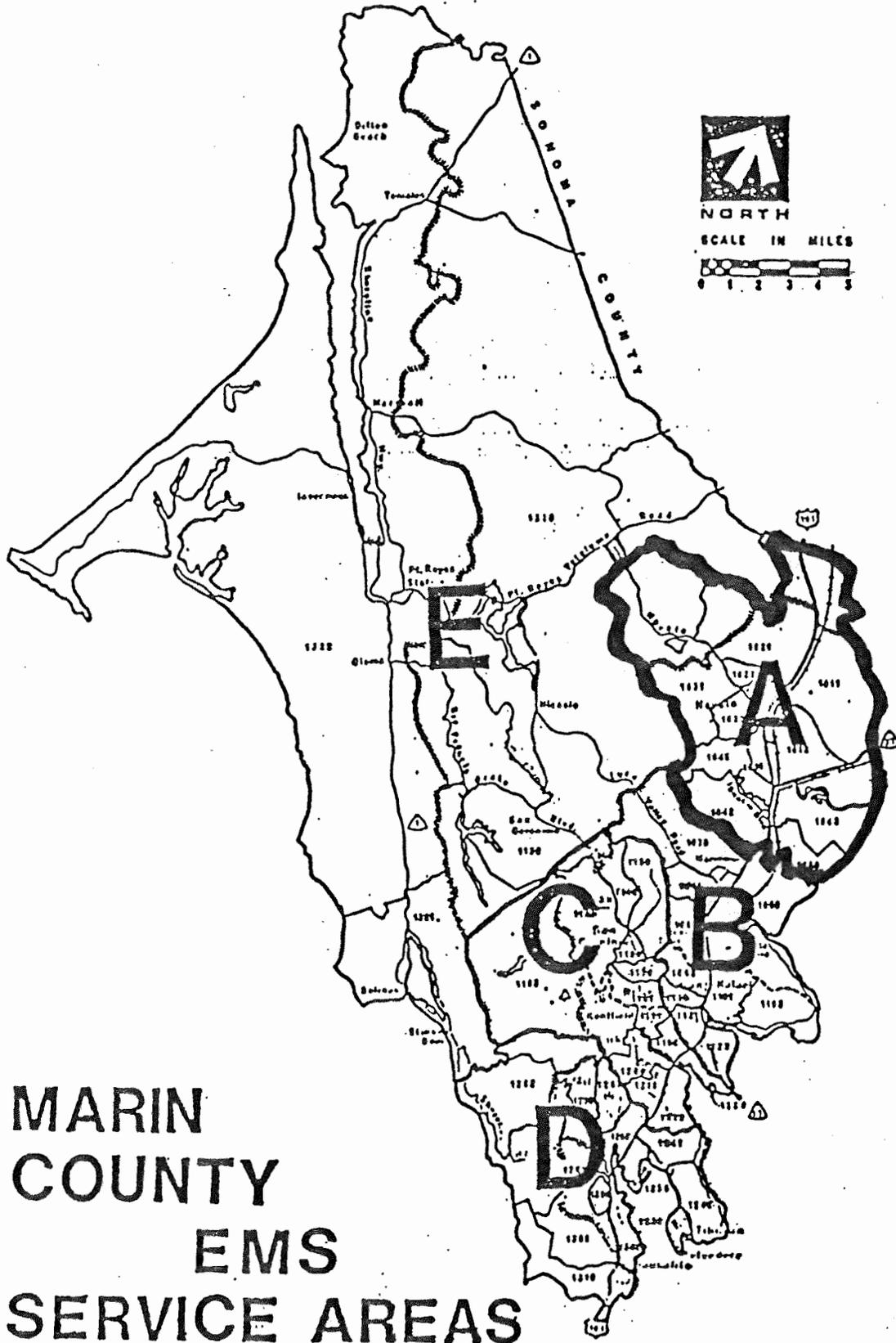
**Grandfathered with no change in scope and manner of service. NFPD provided First Responder services prior to beginning paramedic service in 1978. Initial contract specifying terms of service provision signed with County of Marin in 1982, amended in 1994.**

**Boundary of district has always been definition of response zone.**

Addendum (documents, opinions, or policy statements included):

*Service Area A*

Contractor is assigned service area "A" which includes all lands within the Novato Fire Protection District as depicted on the map on this page.



**EXCLUSIVE OPERATING AREAS  
EMS PLAN-ZONE SUMMARY**

Local EMS Agency or County Name: **Marin County**

Area or Subarea (zone) Name or Title: **Paramedic Response Area B**

Name of Current Provider(s):

**San Rafael Fire Department  
Uninterrupted ALS service January, 1980.**

Area or Subarea (zone) Geographic Description:

**Geographic description and map attached.**

Statement of Exclusivity, Exclusive or Non-Exclusive:

**Exclusive responsibility for the provision of ALS service; ability to determine provider of BLS emergency service in zone.**

Type of Exclusivity, "Emergency Ambulance", "ALS" or "LALS"

**Contractor provides ALS transport service, contracts with private company for BLS transports.**

**Operational definition same as in zone A. This provider also contracts with other fire jurisdictions to provide ALS transport service in their areas.**

Method to achieve Exclusivity, if applicable (grandfathered or competitively-determined):

**Grandfathered with no change in scope and manner of service, including areas outside of city's "zone" (Marinwood, CSAs 13 and 19). SRFD provided First Responder services prior to beginning paramedic service in 1980. Initial contract specifying terms of service provision signed with County of Marin in 1980, additional areas added in 1981.**

Addendum (documents, opinions, or policy statements included):

### *Paramedic Service Area B*

North central Marin beginning at the most northerly corner of the 2161 acre Victor Sartori parcel as described in Book 177 at Page 160 of Official Records, County of Marin, said point being on the northerly boundary of Rancho San Pedro Santa Margarita y Las Gallinas; thence leaving said Rancho line southerly along the westerly line of said Sartori tract to its point of intersection with the southerly boundary of said Rancho; thence along said Rancho line easterly to its intersection with the southwesterly city limits of San Rafael; thence easterly along said San Rafael limits, the westerly line of parcel 6 and the southerly line of parcel 1 of CSA 19 to the easterly right of way of Sir Francis Drake East at San Quentin Point; thence leaving said San Rafael limits and continuing easterly along the southerly right of way of California State Highway 17 to the shoreline of San Francisco Bay; thence northerly along the shoreline to the northerly line of said Rancho San Pedro Santa Margarita y Las Gallinas; thence westerly along said Rancho to the point of beginning.

Including also the lower deck (eastbound) of the Richmond-San Rafael Bridge from its westerly terminus to the toll gate area.

**EXCLUSIVE OPERATING AREAS  
EMS PLAN-ZONE SUMMARY**

Local EMS Agency or County Name: **Marin County**

Area or Subarea (zone) Name or Title: **Paramedic Response Area C**

Name of Current Provider(s):

**Ross Valley Paramedic Authority, a joint powers agreement between six cities, towns, and/or districts. ALS service since January, 1984.**

Area or Subarea (zone) Geographic Description:

**Geographic description and map attached.**

Statement of Exclusivity, Exclusive or Non-Exclusive:

**Exclusive responsibility for the provision of ALS service; ability to determine provider of BLS emergency service in zone.**

Type of Exclusivity, "Emergency Ambulance", "ALS" or "LALS"

**Contractor sub-contracts with Marin County Fire Department to provide ALS transport services, and with private company for ALS "backup" and for BLS transports.**

**Operational definition same as in zone A.**

Method to achieve Exclusivity, if applicable (grandfathered or competitively-determined):

**"Grandfathered" in 1984. Prior to 1984, area had individual fire department first responders with private BLS ambulance companies covering area. Initial contract with joint powers agency signed in 1984, with joint powers authority providing ALS transport service. Service was sub-contracted to MCFD in 1985 without competitive bid process. Contract with County amended in 1995.**

**Contractor is considering another sub-contract with one member town, allowing them to provide ALS non-transport service in that town.**

Addendum (documents, opinions, or policy statements included):

### *PARAMEDIC SERVICE AREA C*

Central Marin starting at the summit of Loma Alta at Post H-5 of Rancho Canada de Herrera; thence northeasterly to the ridge line between Terra Linda and Sleepy Hollow, continuing southeasterly along the ridge line to the existing city limits of San Rafael; thence southeasterly along said city limits to the most northerly point of Parcel 6 of County Service Area 19; thence leaving said city limits southerly along the northwesterly boundary of said CSA 19 to the point of intersection with the city limits of San Rafael; thence leaving said CSA 19 boundary and continuing southerly and easterly along the San Rafael limits and the southerly boundary of Parcel 1 of CSA 19 to a point of intersection of said city limits, the easterly right of way of Sir Francis Drake Blvd. East and State Highway 17; thence leaving said San Rafael limits and continuing easterly along the southerly right of way of Highway 17 to the point of intersection with the shoreline of San Francisco Bay at Point San Quentin; thence southerly along said shoreline to a point on the northerly boundary of the Tiburon Fire District; thence westerly along said Fire District boundary and the southerly boundary of Corte Madera to the point of intersection with the Mill Valley City limits; thence westerly along said limits to the most northern point of the City of Mill Valley; thence northwesterly in a direct line to the East Peak of Mr. Tamalpais; thence southwest in a direct line to the northern right of way at the easterly terminus of Ridgecrest Blvd.; thence following said right of way to the intersection of Pan Toll Road; thence northwest along Bolinas Ridge Blvd. to the most westerly corner of the 5515.38 acre MMWD parcel as said parcel is described in Book 215 of Official Records at Page 337, Marin County Records; thence northerly and northwesterly along the westerly boundary of said MMWD parcel to the most northerly corner thereof, said corner also being on the westerly boundary of Rancho Canada de Herrera; thence northerly and westerly along said Rancho line to the point of beginning.

**EXCLUSIVE OPERATING AREAS  
EMS PLAN-ZONE SUMMARY**

Local EMS Agency or County Name: **Marin County**

Area or Subarea (zone) Name or Title: **Paramedic Response Area D**

Name of Current Provider(s):

**Southern Marin Emergency Medical Paramedic System, a joint powers agreement between 7 cities, towns and/or jurisdictions. Uninterrupted ALS service since October, 1980.**

Area or Subarea (zone) Geographic Description:

**Geographic description and map attached.**

Statement of Exclusivity, Exclusive or Non-Exclusive:

**Exclusive responsibility for the provision of ALS service; ability to determine provider of BLS emergency service in zone.**

Type of Exclusivity, "Emergency Ambulance", "ALS" or "LALS"

**Contractor provides ALS and BLS transport services.**

**Operational definition same as in zone A.**

Method to achieve Exclusivity, if applicable (grandfathered or competitively-determined):

**Grandfathered with no change in scope and manner of service. Member jurisdictions provided first responder services prior to beginning paramedic service in 1980. Initial contract specifying terms of service provision signed with County of Marin in 1980, with amendments signed in 1994.**

Addendum (documents, opinions, or policy statements included):

## *PARAMEDIC SERVICE AREA D*

Beginning at the easterly end of the northerly right of way of Ridgecrest Boulevard near the east peak of Mr. Tamalpais; thence northeasterly in a direct line to the highest point of said peak; thence southeasterly in a direct line to the most northerly point of the City of Mill Valley; thence southeasterly along the Mill Valley City limits to the westerly line of Highway 101 near Corte Madera Ridge, said point also being on the Corte Madera City limits; thence leaving said Mill Valley limits and continuing eastward along said Corte Madera limits to the shore of San Francisco Bay, said point also being the northeast corner of the Tiburon Fire District; thence leaving said Corte Madera limits southerly and westerly along said Fire District boundary to the easterly City limits of the City of Belvedere; thence southerly, westerly, northerly and westerly along said limits to a point on the southwesterly boundary of the Tiburon Fire District near Tiburon Blvd. and East Canal; thence northwesterly along said Fire District to the boundary of Alto-Richardson Bay Fire District; thence leaving the Tiburon Fire District boundary and continuing westerly and southerly along said Alto-Richardson Bay Fire District limits to the most southerly point of said district at Strawberry Point; thence leaving said district southerly in a direct line to the most northerly corner of the City of Sausalito, said corner being at the junction of the northwesterly line of Railroad Avenue and the southeasterly line of Monterey Street as said roads are shown on the "Official Map of Saucelito Land & Ferry Co." Rack 1-Pull 9, Marin County Records; thence southeasterly along said Sausalito limits and along the Shoreline of San Francisco Bay to the easterly right of way of Highway 101 at the Golden Gate Bridge; thence southerly along said right of way and said bridge to midspan; thence crossing said bridge and right of way directly to the westerly side; thence northerly along said right of way to the southwest corner of the City of Sausalito, said point also being on the easterly boundary of the Golden Gate National Recreation Area; thence along said easterly boundary to the southerly right of way of Tennessee Valley Road thence westerly along said southerly line to the westerly terminus of said right of way; thence to the northerly side of said road and westerly along said northerly line to the southerly boundary of the Tamalpais Fire District; thence northerly along said Fire District boundary to the westerly line of Shoreline Highway; thence along the westerly line of Shoreline Highway; thence along the westerly line of Shoreline Highway and Panoramic Highway to the intersection of Panoramic Highway and the easterly line of the Golden Gate National Recreation District at the junction of Sequoia Valley Road, Muir Woods Road and Panoramic Highway; thence along the boundary of the Recreation District northwesterly to a point of intersection with Panoramic Highway at Ridge Ave.; thence northwesterly along the southerly, right of way of Panoramic Highway to the westerly line of Pan Toll Road at Pan Toll Ranger Station; thence northerly and easterly along westerly and northerly line of Pan Toll Road and the northerly line of Ridgecrest Blvd. to the point of beginning.

Including Muir Woods Road from its intersection with Panoramic Highway to its intersection with Camino del Canon and Camp Monte Vista Subdivisions 1 and 2.

**EXCLUSIVE OPERATING AREAS  
EMS PLAN-ZONE SUMMARY**

Local EMS Agency or County Name: **Marin County**

Area or Subarea (zone) Name or Title: **Paramedic Response Area E**

Name of Current Provider(s):

**Marin County Fire Department  
Uninterrupted service since April, 1979.**

Area or Subarea (zone) Geographic Description:

**Geographic description and map attached.**

Statement of Exclusivity, Exclusive or Non-Exclusive:

**Exclusive responsibility for the provision of ALS service; ability to determine provider of BLS emergency service in zone.**

Type of Exclusivity, "Emergency Ambulance", "ALS" or "LALS"

**Contractor provides ALS transport service. Until late 1994, contracted with private company to provide BLS transports, now does BLS transports. Has "unofficial" agreements with volunteer BLS transport service, volunteer seasonal BLS transport unit and out-of-county public ALS transport units to support services within zone.**

**Operational definition same as in zone A. This provider also sub-contracts with zone C to provide ALS transport service.**

Method to achieve Exclusivity, if applicable (grandfathered or competitively-determined):

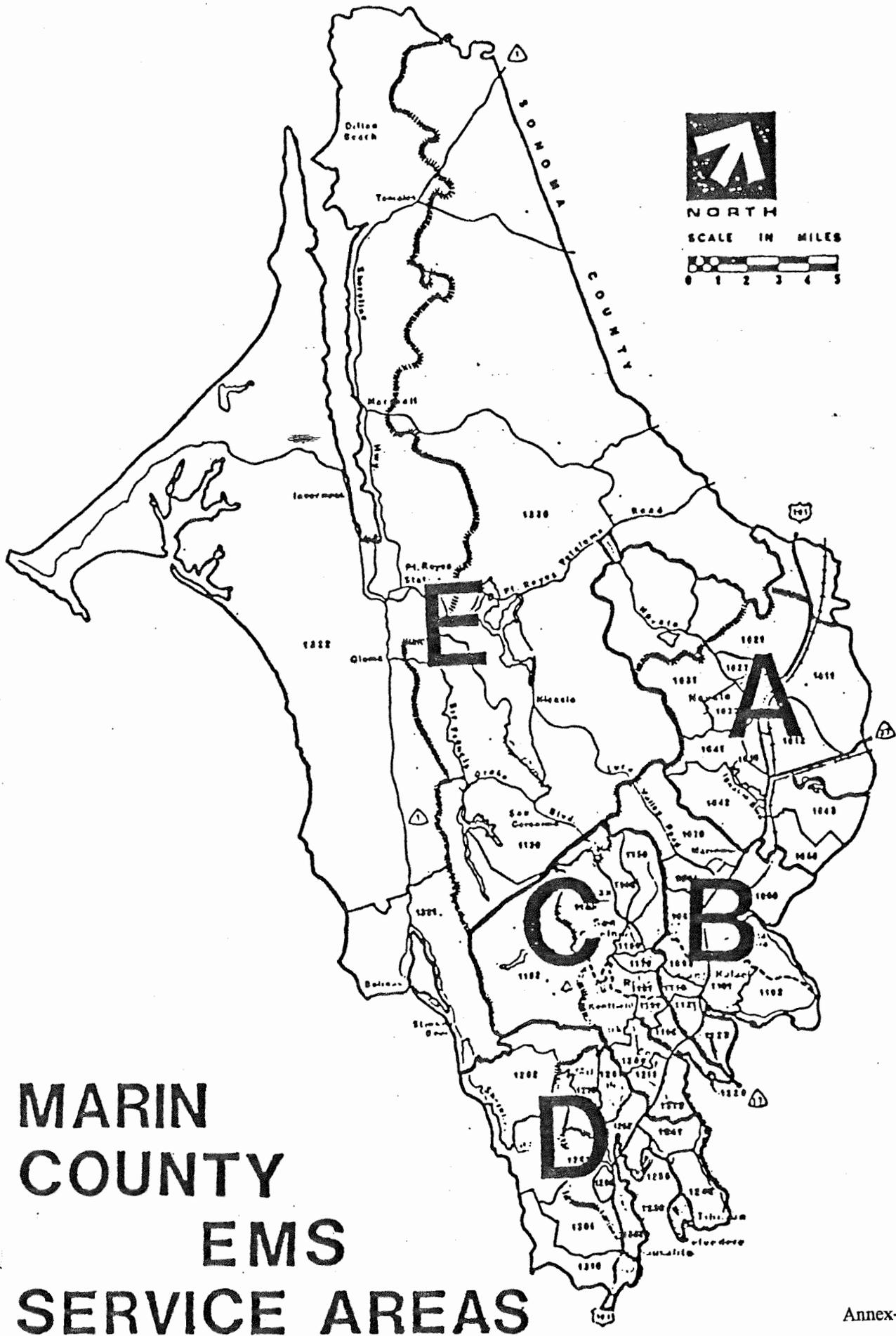
**Grandfathered with no change in scope and manner of service since beginning service in 1979. Initial contract specifying terms of service provision signed with County of Marin in 1981, with amendments in 1994.**

Addendum (documents, opinions, or policy statements included):

**PARAMEDIC SERVICE AREA E**  
Also known as County Service Area 28

The following as defined January 1984

Beginning at the most northerly corner of the 1473 acre Hugh B. Porter Estate, Tract A, as described in Book 27 of Official Records at Page 82, Marin County Records, said point also being on the northerly boundary of the County of Marin; thence southerly along the westerly boundary of said Porter tract to the most north-easterly corner of the 1192 acre Guiseppe Corda parcel as described in Book 192 of Official Records at Page 207 Marin County Records; thence westerly and southerly along the northerly and westerly boundary lines of said Corda parcel and the adjoining D. Grossi 889.5 acre parcel (192/;205) to an angle point on the northeasterly boundary of the 868 acre Daniel Brown Estate Co. parcel as described in Book T at Page 505, Marin County Records; thence westerly, southerly and easterly along the boundary of said Brown parcel and the adjoining 758 acre parcel also owned by the Brown Estate Co. (T/505) to the most northerly corner of the Joseph Taylor 1087 acre parcel; thence southeasterly along the northeasterly line of said Taylor parcel to the southwesterly corner of the Patrick Powers 200 acre parcel; thence southeasterly along the northeasterly line of said Taylor parcel to the southwesterly corner of the Patrick Powers 200 acre parcel; described in Book 108 of Official Records at Page 180, Marin County Records; thence southeasterly along the southerly boundary of said Powers parcel and the southwesterly boundary of the adjoining 2298.2 acre A.B. Hill parcel (158/189) to the most westerly corner of the lands of Victor Sartori as recorded in Book 177 of Official Records at Page 160, Marin County Records; thence southwesterly along the westerly line of said Sartori parcel across Lucas Valley Road to a point on the northerly line of Rancho Canada de Herrera; thence southwesterly and southeasterly along the westerly line of said Rancho to the most northerly corner of the 5515.38 acre MMWD parcel as said parcel is described in Book 215 of Official Records at Page 337, Marin County Records; thence southwesterly and southerly along the northwesterly line of MMWD parcel to the northeasterly right of way of Ridgecrest Blvd.; thence southeasterly along said right of way to the intersection of said Ridgecrest Blvd. northeasterly right of way with the northwesterly extension of the southwesterly line of Pan Toll Road; thence southeasterly along said right of way and extension of Pan Toll Road to the northerly right of way of Panoramic Highway; thence continuing directly across Panoramic Highway southeasterly along the southeasterly extension of the westerly right of way of Pan Toll Road; thence southwesterly along the southeasterly right of way of Panoramic Highway to the southwesterly line of Ranch 8 as said Ranch is shown on Tamalpais Land and Water Company Map #3; thence southeasterly to the most easterly corner of Ranch 2 (TL&W Co. Map #3); thence southwesterly along the southeasterly boundary of said Ranch 2 to the low water line of the Pacific Ocean; thence northerly along said low water line to the inlet of Bolinas Lagoon; thence WEST across said inlet to a point on the low water line of the Pacific Ocean on the westerly side of said inlet; continuing westerly along said low water line to the inlet of Drakes Estero; thence directly across said Estero inlet WEST to a point on the low water line of the Pacific Ocean on the westerly side of said Estero inlet; thence continuing westerly and northerly along said low water line to a point at the northwestern extremity of Tomales Bluff; thence due EAST to a point on said low water line; thence northerly to intersection with the northerly boundary of the County of Marin; thence easterly along said boundary to the point of beginning.



**MARIN  
COUNTY  
EMS  
SERVICE AREAS**

**ANNEX 3**

**PEDIATRIC SUBSYSTEM PLAN**

**Not applicable**

**EMERGENCY MEDICAL SERVICES AUTHORITY**

1930 9TH STREET, SUITE 100  
SACRAMENTO, CA 95814-7043  
(916) 322-4336  
FAX (916) 324-2875



May 1, 1996

Ardith Hamilton  
EMS Administrator  
Marin County EMS Agency  
20 North San Pedro, Suite #2002  
San Rafael, CA 94903

Dear Ms. Hamilton:

We have completed our review of *Marin County's Emergency Medical Services Plan: 1994-95*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*.

If you have any questions regarding the plan review, please call Michele Rains at (916) 322-4336, extension 315.

Sincerely,

A handwritten signature in cursive script, appearing to read "Joseph E. Morales".

Joseph E. Morales, M.D., MPA  
Director

mr:JM:marin.app/05/01/96