

**MARIN COUNTY**

**EMS PLAN UPDATE**

March, 1999

**EMS PLAN UPDATE**  
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## EXECUTIVE SUMMARY

### Plan Overview

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

- Section I contains this document, a narrative summary of changes in the plan.
- Section II includes updates of Tables 2 through 11.
- Section III is related to progress from the previous submission. It includes the following items:
  - ✓ a revision of Table 1, “Summary of System Status” (standards with goals from the previous submission are highlighted and changes reflected);
  - ✓ new Assessment Forms for those standards reflecting change;
  - ✓ a narrative description of major system changes which have occurred;
  - ✓ an assessment of the progress made toward achievement of identified goals; and
  - ✓ a timeline/action description of the plan for implementation of remaining objectives.

### Changes in the Plan

The bulk of the changes in this update to the Marin County EMS Plan relate to progress toward achievement of short and long-term objectives in the previously submitted plan.

In the area of short-term objectives, two of the Evaluation and Planning objectives have been met with two others (related to related to special populations and pediatric systems) being moved to long-term objectives. In the area of Additions and Changes, all have been met and one, related to trauma planning is added. All objectives related to Quality Improvement have been met, although systemwide compliance remains problematic and efforts to achieve it will remain in both long and short-term goals. Two short-term objectives were listed in the area of Disaster Planning, with the training objective continuing as both short and long-term goals.

Although work continues on the long-term objectives, only four related to Quality Improvement and two related to Medical Disaster Planning have been completed.

It should be noted that, although objectives as stated by the System Guidelines have been met, efforts will continue in many of these areas to exceed the standard or to better achieve systemwide conformity or compliance.

Overall, there are three achievements that deserve special mention. Although it was not listed in the previously submitted plan as a goal, trauma system planning became an identified priority and a trauma system planning process is underway that should result in implementation of a trauma system in Marin. If progress continues as expected, in-county designations may occur by the end of this calendar year.

The second item of note is the progress made in quality improvement within this system. Although it had long been an identified goal, the system has achieved long-term objectives related to quality that exceeded previous expectations.

Thirdly, although the number of objectives accomplished is small in numbers, the progress made in the area of disaster planning deserves mention. With the help of block grant funding from EMSA, a Medical/Health Disaster plan has been produced and the ability of Marin County to effectively address medical and health issues following a disaster has been greatly increased.

At this time, short-term objectives remain as follows: Evaluation/planning (none), System additions/changes (5.08, 6.10), Quality Improvement (none), and Medical Disaster Planning (none).

The long-term objectives were also divided into four general categories and remain outstanding as follows: System additions/changes (1.10, 1.16, 1.27, 1.28, 4.19), Public Education (7.01, 7.02), Quality Improvement (6.06), and Medical Disaster Planning (5.06, 8.13). Only those objectives related to standards that have not been met are listed here.

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) continues to require substantial commitment of staff time from the EMS Office and from the provider agencies within the system.

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

None

### System Additions/Changes

Objective 5.08: To complete the design process and achieve approval of the trauma system design.

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.

### Quality Improvement

None

### Medical Disaster Planning

None

## Long Term Objectives

### System Additions/Changes

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

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

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 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 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.

### **Medical Disaster Planning**

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

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.

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

EMS System: **Marin County** Reporting Year: **1998-1999**

**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	<b>X</b>
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	X
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 **96-97**

A. EXPENSES

Salaries and benefits (all but contract personnel)	\$ 192,522
Contract Services (e.g. medical director)	18,000
Operations (e.g. copying, postage, facilities)	51,878
Travel	_____
Fixed assets	_____
Indirect expenses (overhead)	_____
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	_____
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: _____	

**“Operations” item includes all program expenses not otherwise itemized**

**TOTAL EXPENSES** **\$262,400**

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$44,709
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	106,291
Other local tax funds (e.g., EMS district)	_____

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

Certification fees, including ambulance licensing fees	9,500
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 (see above)	
Contributions	_____
EMS Fund (SB 12/612)	96,000
Other fees: Misc reimbursement from other programs, other services	5,900
Other (specify): _____	_____
<b>TOTAL REVENUE</b>	<b>\$262,400</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 1996-97 **FEE STRUCTURE IS UNCHANGED**

\_\_\_\_\_ 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 1998-99.

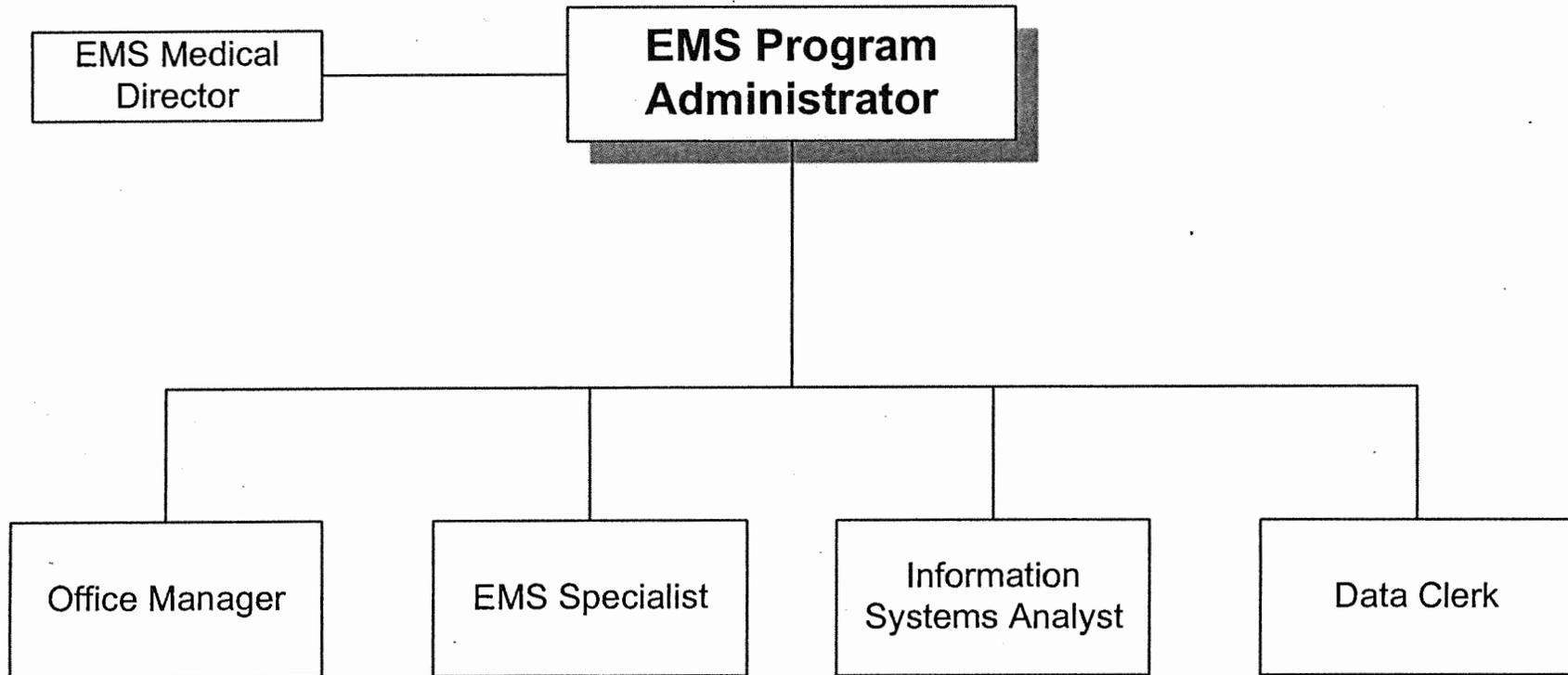
**Table 2 - System Organization & Management (cont.)**  
**EMS System: Marin County**

Reporting Year: 1998-1999

Category	Actual Title	FTE (EMS only)	Actual Salary by hourly equivalent	Benefits (% of salary)	Comments
EMS Admin./Coord./Dir.	EMS Program Administrator	1.0	\$32.07	25%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./Trng Coord.	EMS Specialist	1.0	\$22.23		
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	Project Coordinator	0.5	\$35.00	None	Contractor for grant project, ends 12/98
Dispatch Supervisor					
Medical Planner					
Dispatch Supervisor					
Data Evaluator/Analyst	Technological Support Analyst II	0.5	\$31.74	25% at half time rate	
QA/QI Coordinator					
Public Info. & Ed. Coord.					
Ex. Secretary	Office Manager	0.94	\$19.03	25%	
Other clerical					
Data Entry Clerk	Data Clerk	0.4	\$13.85	none	
Other					

**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.**

# LEMSA Organization



**96TABLE 3: SYSTEM RESOURCES AND OPERATIONS -- Personnel/Training** Revision #3 [2/16/95]

EMS System: **Marin County**

Reporting Year: **Calendar 1998**

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

	<b>EMT - Is</b>	<b>EMT - IIs</b>	<b>EMT - Ps</b>	<b>MICNs</b>	<b>EMS Dispatchers</b>
Total certified	96	0	57	38	0
Number newly certified this year	41	0	25	12	0
Number recertified this year	55	0	N/A	26	0
Total number of accredited personnel on July 1, 1998	not known	0			0
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: 36
2. Early defibrillation:
  - a) Number of EMT-I (defib) certified 190
  - 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: **July, 1998**

**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     no 
  - a. Radio primary frequency **Meds, White**
  - b. Other methods **Cellular low band**
  - c. Can all medical response units communicate on the same disaster communications system?  
yes     no 
    - d. Do you participate in OASIS?    yes     no
    - e. Do you have a plan to utilize RACES as a back-up communication system?  
yes     no 
      - 1) Within the operational area?    yes     no
      - 2) Between the operational area and the region and/or state?    yes     no

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

EMS System: **Marin County**

Reporting Year: **Calendar 1997**

**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>11698</b>
	a) Number of emergency responses	
	(Code 2: expedient, Code 3: lights and siren)	<b>11698</b>
	b) Number non-emergency responses (Code 1: normal)	<b>not tracked</b>
4.	Total number of transports	
	a) Number of emergency transports	<b>8187</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>0</b>
	a) Automated	
	b) Manual	
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	
	a) Number of emergency responses	<b>115</b>
	b) Number of non-emergency responses	<b>0</b>
8.	Total number of transports	

a) Number of emergency (scene) responses	41
b) Number of non-emergency responses	0

**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 1997**

**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)	11
c) Number of major trauma patients transferred to a trauma center	0
d) Number of patients meeting triage criteria who weren't treated at a trauma center	_____

**Emergency Departments**

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

**Receiving Hospitals**

1. Number of receiving hospitals with written agreements	2
2. Number of base hospitals with written agreements	2

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

EMS System: **Marin County**

County: **Marin County**

Reporting Year: **Calendar 1997**

**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, other strategically selected sites, contractual arrangements in process**
  - b. How are they staffed? **Contractual arrangements in progress, will use disaster registry**
  - c. Do you have a supply system for supporting them for 72 hours? Yes  no
  
2. CISD
 

Do you have a CISD provider with 24 hour capability? yes  no
  
3. Medical Response Team
  - a. Do you have any team medical response capability? yes  no
  - b. For each team, are they incorporated into your local response plan? yes  no
  - 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  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  no
  - d. Do you have the ability to do decontamination in the field? yes  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  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
  - b. exercise? Yes \_\_\_ 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  no \_\_\_
  
- 6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes \_\_\_ no   
**Contractual arrangements are in progress**
  
- 7. Are you part of a multi-county EMS system for disaster response? yes \_\_\_ no
  
- 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 \_\_\_

Name, Address & Telephone <b>Marin County Fire Department</b> <b>P.O. Box 518</b> <b>Woodacre, CA 94973</b> <b>415 499-3742</b>			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 <b>48 BLS 25 EMT-D</b> <b>LALS 23 ALS</b>
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>4</b>

Name, Address & Telephone <b>Ross Valley Paramedic Authority</b> <b>777 San Anselmo Avenue</b> <b>San Anselmo, CA 94960</b> <b>415 258-4686</b>			Primary Contact: <b>Chief Bob Sennett</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 EMT-D</b> <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>

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

EMS System: **Marin County**

County: **Marin**

Reporting Year: **1997**

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 Al Arendell</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>45</b> EMT-D <input type="checkbox"/> LALS <b>29</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>4</b>

Name, Address & Telephone <b>San Rafael Fire Department</b> <b>1039 C Street</b> <b>San Rafael, CA 94901</b> <b>415 485-3307</b>			Primary Contact: <b>Captain Martin Sanford</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>75</b> EMT-D <input type="checkbox"/> LALS <b>22</b> ALS
Ownership <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input 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>4</b>

Name, Address & Telephone <b>Southern Marin Emergency Medical Paramedic System</b> <b>P.O. Box 1238</b> <b>Mill Valley, CA 94942</b> <b>415 389-4144</b>			Primary Contact: <b>Chief Rosemary Bliss</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 104 EMT-D <input type="checkbox"/> LALS 17 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>Corte Madera Fire Department</b> <b>342 Tamalpias Drive</b> <b>Corte Madera, CA 94925-1418</b> <b>415 927-5077</b>			Primary Contact: <b>Chief Bob Fox</b>		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Subcontractor to RVPA</b>	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 <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS 9 ALS
Ownership <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input 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>1</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 <b>16</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:	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 <b>14</b> BLS <input type="checkbox"/> 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 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>St. Joseph's Ambulance Service</b> 1418 Lincoln Avenue San Rafael, CA 94901			Primary Contact: <b>Richard Angotti</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>8</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 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>3</b>

Name, Address & Telephone <b>American Medical Response</b> 1415 No. Dutton Ave., Ste. C Santa Rosa, CA 95401 707 579-9542			Primary Contact: <b>Lori Price, 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>35</b> BLS <input type="checkbox"/> EMT-D LALS <b>14</b> 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>10</b>

Name, Address & Telephone <b>Redwood Empire Life Support</b> <b>940 Petaluma Hill Road</b> <b>Santa Rosa CA 95404</b> <b>707 544-7771</b>			Primary Contact: <b>Elena Whorton, Operations Supervisor</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>12 BLS</b> <input type="checkbox"/> EMT-D <b>LALS 17 ALS</b>
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>4</b>

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

EMS System: **Marin County**

County: **Marin**

Reporting Year: **1997**

**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> <b>21-0100</b> <b>P.O. Box 518</b> <b>Woodacre, CA 94973</b>		Contact Person/Telephone # <b>Brian Meuser, Training Officer</b> <b>415 499-3742</b>
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 14 Refresher ___ Cont. Education Expiration date: <b>04/30/00</b>  Number of courses taught ___ Initial training 1 Refresher ___ Cont. Education

Training Institution Name/Address <b>Marin County Fire Department</b> <b>21-0100</b> <b>P.O. Box 518</b> <b>Woodacre, CA 94973</b>		Contact Person/Telephone # <b>Brian Meuser, Training Officer</b> <b>415 499-3742</b>
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 48 Cont. Education Expiration date: <b>01/31/02</b> Number of courses taught ___ Initial training ___ Refresher 36 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> <b>415 499-7437</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>48 Initial training</b> <b>80 Refresher</b> ___ Cont. Education  Expiration date: <b>02/28/04</b> Number of courses taught <b>2 Initial training</b> <b>4 Refresher</b> ___ 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 Al Arendell</b> <b>415 892-1513</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>40 Refresher</b> ___ Cont. Education  Expiration date: <b>12/31/98</b> Number of courses taught ___ Initial training <b>23 Refresher (23 modules)</b> ___ 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 Al Arendell</b> <b>415 892-1513</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>61</b> Refresher ___ Cont. Education  Expiration date: <b>12/31/99</b> Number of courses taught ___ Initial training <b>2</b> Refresher ___ 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</b> Refresher ___ Cont. Education Expiration date: <b>04/30/99</b>  Number of courses taught ___ Initial training ___ Refresher <b>12</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>Brian Meuser, CMO          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. ___ Initial training <b>31</b> Refresher ___ Cont. Education Expiration date: <b>01/31/00</b>  Number of courses taught ___ Initial training <b>2</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>93 Refresher</b> ___ Cont. Education Expiration date: <b>12/31/99</b>  Number of courses taught ___ Initial training <b>1 Refresher</b> ___ 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>none</b>  Refresher: Challenge:  <b>Cost of insurance only.</b>	Program Level: <b>EMT-I</b> Number of students completing training /yr. <b>39 Initial training</b> <b>10 Refresher</b> ___ Cont. Education Expiration date: <b>08/31/02</b>  Number of courses taught <b>1 Initial training</b> <b>1 Refresher</b> ___ Cont. Education

Training Institution Name/Address <b>Ross Valley Paramedic Authority</b> <b>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: <b>12/31/99</b>  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: **1998**

**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>Anne Hosfeld, Chief Administrative Officer</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, Chief Executive Officer</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: **1998**

**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: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services <b>30</b> EMD Training <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> Other	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" 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	Number of Ambulances: <b>32 and 3 air ambulances companies</b>

Name, address & telephone <b>San Rafael Fire Department</b> <b>1039 C Street</b> <b>San Rafael, CA 94901</b> <b>415 485-3300</b>		Primary Contract: <b>Chief Keith Schoenthal</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"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services 4 EMD Training <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> Other	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input 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	Number of Ambulances: 4

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

EMS System: Marin County

County: Marin

Date: January 11, 1999

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>415 838-1032</b> FAX No. <b>415 499-7450</b> 24 Hr. No. <b>415 499-7237</b>	Alternate's Name <b>Valerie Quigley</b> Work Telephone No. <b>415 499-5040</b> Home Telephone No. <b>415 897-2893</b> Office Pager No. <b>415 838-2277</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>415 838-0492</b> FAX No. <b>415 499-3747</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>415 479-1439</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 <b>Fred Schwartz, MD.</b>	Alternate's Name <b>Nancy Rubin</b>
Work Telephone No. <b>415 499-6841</b>	Work Telephone No. <b>415 499-6924</b>
Home Telephone No. <b>415 924-8906</b>	Home Telephone No. <b>415 464-1154</b>
Office Pager No. <b>415 257-9086</b>	Office Pager No. <b>415 485-8024</b>
FAX No. <b>415 499-6855</b>	FAX No. <b>415 499-3791</b>
24-Hr. No. <b>415 499-7237</b>	24-Hr. No. <b>415 499-7237</b>

Medical/Health EOC Telephone No. <b>415 499-7440</b>	Medical/Health EOC FAX No. <b>415 499-7450</b>
Amateur Radio Contact Name <b>Medical</b>	Medical/Health radio frequency
RDMHC for this region <b>William Walker, MD.</b>	

**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

**Planning**

1.05 System Plan		X	-			5
1.06 Annual Plan Update		X	-			6
1.07 Trauma Planning*		X				7
1.08 ALS Planning*		X	-			8
1.09 Inventory of Resources		X	-			9
1.10 Special Populations	X				X	10
1.11 System Participants			X		X	11

**Regulatory Activities**

1.12 Review & Monitoring		X	-			12
1.13 Coordination		X	-			13
1.14 Policy & Procedure Manual		X	-			14

1.15 Compliance w/ Policies		X	-			15
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**System**

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

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

1.24 ALS Systems			X			24
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1.25 On-Line Medical Direction		X				25
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**Enhanced Level: Trauma Care System**

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

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	-			29
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2.02 Approval Training		X	-			30
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2.03 Personnel		X	-			31
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Table 1-2

**Dispatchers**

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

2.05 First Training		X			X	33
2.06 Response		X	-			34
2.07 Medical Control		X	-			35

**Transporting**

2.08 EMT-I Training		X				36
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**Hospital**

2.09 CPR Training		X	-			37
2.10 Advanced Support		X				38

**Enhanced Level: Advanced Life Support**

2.11 Process		X	-			39
2.12 Defibrillation		X	-			40
2.13 Base Hospital Personnel		X	-			41

**C. COMMUNICATIONS**

**Communications Equipment**

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

**Public**

3.07 9-1-1 Coordination			X			48
3.08 9-1-1 Education		X				49

**Resource**

3.09 Dispatch Triage			X			50
3.10 Integrated Dispatch		X				51

Table 1-3

#### D. RESPONSE / TRANSPORTATION

4.01 Service Boundaries*			X			52
4.02 Monitoring			X			53
4.03 Classifying Medical Requests		X	-			54
4.04 Responses		X	-			55
4.05 Response Standards*		X			X	56
4.06 Staffing		X	-			58
4.07 First Agencies		X	-			59
4.08 Medical & Rescue Aircraft*		X	-			60
4.09 Air Dispatch Center		X	-			61
4.10 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

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

#### Enhanced Level: Exclusive Operating

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

**Enhanced Level: Advanced Life**

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

5.08 Trauma Design	Optional	X	-	X	--	82
5.09 Public Input	Optional	X				84

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

5.10 Pediatric Design	Optional		-	--	--	85
5.11 Departments	Optional					86
5.12 Public Input	Optional					87

**Enhanced Level: Other Speciality Care**

5.13 Speciality System Design	Optional		-	--	--	88
5.14 Public Input	Optional					89

**F. DATA COLLECTION / SYSTEM EVALUATION**

6.01 QA/QI Program			X			90
6.02 Prehospital Records		X	-			91
6.03 Prehospital Audits			X			92
6.04 Medical Dispatch		X	-			93
6.05 Data Management System*		X				94
6.06 System Design Evaluation	<i>SG</i>	X	-		X	95
6.07 Participation	<i>for audit</i>	X	-			96

Table 1-5

6.08 Reporting		X	-			97
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**Enhanced Level: Advanced Life**

6.09 ALS Audit			X			98
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**Enhanced Level: Trauma Care**

6.10 Trauma System Evaluation	Optional X		-	X		99
6.11 Trauma Center Data	Optional					100

**G. PUBLIC INFORMATION AND EDUCATION**

7.01 Public Information Materials	X				X	101
7.02 Injury Control	X				X	102
7.03 Disaster Preparedness		X				103
7.04 First Aid & Training		X				104

**H. DISASTER MEDICAL RESPONSE**

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

Table 1-6

8.13 Disaster Medical Training	X				X	117
8.14 Hospital Plans		X				118
8.15 Communications		X	-			119
8.16 Prehospital Agency Plans		X				120
<b>Enhanced Level: Advanced Life</b>						
8.17 ALS Policies		X	-			121
8.18 Specialty Roles	N/A					122
<b>Enhanced Level: Exclusive Operating Areas/Ambulance</b>						
8.19 Waiving Exclusivity		X	-			123

Table 1-7

**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.

**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:

1.07 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:

X 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:

Although special population groups have been identified during the Medical/Health Disaster Planning process that has been occurring, no specific changes in the system have been identified as necessary to meet their needs and no specialized services have been established.

### 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)

X 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):

As identified in the previous submission, efforts continue to formalize all established relationships throughout the system through the formation and enforcement of contracts. More problematic are the efforts to achieve universal compliance when contractual arrangements do not involve the exchange of services for money.

### 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:**

1.15 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):**

Refer to narrative in Standard Update section.

**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:**

The achievement of this goal at the minimum level is a system accomplishment Marin County is extremely pleased to have achieved. Provider based programs are in place and the system will continue to work, as a long-range plan, toward achieving the recommended level of this standard.

**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:**

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

**CURRENT STATUS:**

This standard has been 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:

Trauma system plan has been drafted and is completing the public-comment period for the first draft. The draft meets the requirements of the standard.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

### NEED(S):

Continuation of the process through completion and approval of the trauma system plan and implementation of the system.

### OBJECTIVE:

To complete the trauma system planning process and implement an approved system.

### 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:

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

### CURRENT STATUS:

The Marin County Pre-Hospital Information System routinely provides information regarding paramedic performance in the field. This information, in conjunction with the results of routine care audits, monitoring of developments in pre-hospital care and individual provider CQI plans, allow the EMS agency and providers to constantly evaluate care. This facilitates identification of training needs on an individual provider level and on a system-wide basis.

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:**

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:**

Educational programs comply with the CE guidelines. This standard has been 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:

2.05 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:

Marin's status meets the minimum standard. A few non-transporting first response units do not have early defibrillation capabilities.

### 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:

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.

Marin County has response times that are in excess of those recommended in the standards. Continued evaluation of response times should be changed from a short-term to a long-term goal.

### 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:**

- 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:

Many providers in Marin have converted from two paramedic to PM/EMT-I crews. These providers have developed and implemented training programs for their non-ALS crewmembers enabling them to maximize the performance of the non-ALS members in ways which may include defibrillation.

This 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:

5.08 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:

Although not an identified goal in the original plan, Marin County is in the process of developing a trauma care system with a design and implementation time-line of five years. The design process is added to the short-range plan.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

### NEED(S):

Complete the design and approval process for the trauma system plan.

### OBJECTIVE:

Objective 5.08: To complete the design process and achieve approval of the trauma system design.

**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:**

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:**

The trauma system plan, now in public-comment draft, includes input from all groups.

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:**

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:**

Those elements of the CQI program not fully addressed when the plan was drafted are now in place and the system is compliant with the standard at the minimum and recommended levels.

**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:**

Audits of prehospital care are done routinely and include ED outcomes. The system has elected not to include in-patient and hospital discharge records as they most often do not provide direct information about the appropriateness or usefulness of prehospital care rendered. It is felt that correlation of prehospital care with ED outcomes is a more useful evaluation.

This 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:

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:

This goal has not been met in its entirety at this time. The process that has resulted in the development of a trauma system plan will meet these criteria for that portion of the system. Development of an evaluation program for remaining elements remains a long term goal.

### 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)

X \_\_\_\_\_ 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:

An annual report is sent to system participants, the Board of Supervisors, and to other interested persons. Reports regarding contractor compliance are reported twice each year.

This standard has been 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:**

6.09 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:**

Hospital ED data is available from all in-county hospitals. This standard is met at the minimum and the recommended levels.

**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:**

6.10 The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: (a) a trauma registry, (b) a mechanism to identify patients whose care fell outside of established criteria, and (c) a process of identifying potential improvements to the system design and operation.

**CURRENT STATUS:**

The current plan for implementation of a trauma system will complete this enhanced level standard within the next year, moving this objective from a long-range plan to a short-range plan.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

A trauma system evaluation and data collection program as described above.

**OBJECTIVE:**

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.

**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:**

8.09 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:**

Although not identified as a goal in the original plan, Marin County has actively supported the development of CA-6 over the last (almost) two years and can proudly say that this standard has been 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:

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:

Now called Field Treatment Sites, these locations have been designated. The end of 1998 will complete all contracting for their use.

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):

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:**

8.12 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:**

With the completion of the Medical/Health Disaster Preparedness plan, this standard has been 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:

8.13 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:

A review of these items by the EMS office has not been done and is felt to be a priority for provider agencies rather than for the EMS office. This standard, as written, has not been met and will be moved into the long-range plan.

### 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:

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

## Major System Changes

Overall, prehospital care continues to be provided by five fire departments or districts serving five primary provider zones. Three privately owned ambulance services provide backup to the 9-1-1 services and do all interfacility transfer work. Air ambulances and rescue helicopters from outside Marin County are utilized when appropriate through established medical mutual aid procedures. There have been no major changes in the way in which care is provided throughout the county.

The three acute care hospitals remain as before, although the system has moved from a "Base" hospital system to a "Receiving" hospital system. Instead of contacting the assigned base on most paramedic level calls, units contact the receiving hospital, requesting "consultation" only when needed or prescribed in a minimal number of ALS Treatment Guidelines.

All ALS provider agencies have a Continuous Quality Improvement Plan approved by the EMS Program and the services of a Medical Director. Additionally, most providers utilize the services of a CQI Coordinator, who works in conjunction with the medical director. Responsibility for quality related activities has been shifted from hospital staff to provider personnel.

The Electronic Prehospital Care Information System has evolved to a level that allows widespread movement of information, including patient care records, hospital ED outcomes, and audit records, and facilitates provider-based quality improvement and participation. A variety of routine reports are generated, the provider-based review of which is summarized at quarterly Data/CQI meetings, allowing system issues to be identified and modified as appropriate.

The decision to proceed with the design and implementation of a Trauma System Plan has resulted in a project that has consumed much time and energy over the last year and a half, with substantial involvement of the public. The result, however, is expected to be the implementation of a Marin-specific trauma system and enhancement of the care available to persons injured in Marin County.

## Progress Toward Goals

**Update for Standard 1.05** *Each local EMS agency shall develop an EMS system plan (that)...shall assess how the current system meets these guidelines, identify system needs for patients within each of the targeted clinical categories...provide a methodology and timeline for meeting these needs.*

System changes worthy of update include the following activities related to targeted clinical conditions:

- Multisystem Trauma—Marin County is nine months into the first year of a five-year plan to implement a trauma system. Details of this system enhancement will be found in areas of this plan pertaining to trauma system development.
- Craniospinal Injuries—Efforts have been on going to adjust the system to appropriately deal with the identified gaps in the consistent availability of neurosurgical coverage within the county.
- Neonatal and Pediatric Injuries—The system has adapted to the closure of one hospital provider to the provision of routine obstetrical services. The need for the development of a formal EMS for Children program was evaluated and not identified as a priority at this time, although verification that pre-hospital providers and emergency departments met basic equipment minimums has been done. Separate treatment guidelines for pediatric patients are in place.

Marin County is in compliance with this standard and no further time table is necessary.

**Update for 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...(and) should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.*

Marin County is completing the first year of a five-year plan to implement a trauma system plan. Details will be found in further sections dealing with this issue. The Abaris Group, utilizing ACS standards, state trauma regulations, and input from the community the plan will serve designed the plan.

Marin County is in compliance with this planning standard and no further time table is necessary.

**Update for Standard 1.10** *Each local EMS agency shall identify population groups served...which require specialized services...(and should) develop services...for special population groups served...*

Although special population groups have been identified during the Medical/Health Disaster Planning process that has been occurring, no specific changes in the system have been identified as necessary to meet their needs and no specialized services have been established.

This standard will remain with an objective, but will be moved to the long-range plan.

**Update for Standard 1.11** *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 designations, and exclusive operating areas.*

The objective related to this standard seeks to achieve the recommended level of performance, with all participants conforming to their assigned system roles and responsibilities. As identified in the previous submission, efforts continue to formalize all established relationships throughout the system through the formation and enforcement of contracts. More problematic are the efforts to achieve universal compliance when contractual arrangements do not involve the exchange of services for money.

This achievement of the recommended standard will remain in the long-range plan that the system will continue to strive to achieve.

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

There has been much change in this area since the previous submission. Each ALS provider agency has a quality improvement plan that is either approved by the EMS office or is in the process of final approval.

Each ALS provider agency has, or is in the process of obtaining, the services of a medical director who will assist them, according to their individual CQI plan, with the assurance of medical quality.

The evaluation of ED outcomes, in conjunction with the evaluation of treatment provided in the field, allows individual providers and provider agencies to quickly and efficiently review care provided in the pre-hospital setting.

Quarterly reports to the CQI/Data Committee from providers assist the EMS office and system participants to identify system-wide quality issues and to resolve issues, improving the provision of care to the patient.

Although the system will continue to strive to improve, the stated standard has been achieved and no further timeline is needed for this standard.

**Update for 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.*

Consideration was recently given to the inclusion of Marin County with the Sonoma/Mendocino EMS Agency. Although regionalization is one way to maximize outside funding, the decision was made not to pursue that option at this time.

Use of the EMS Fund has been maximized. Stable funding remains an issue and part of the long-range plan.

**Update for 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.*

The achievement of this standard at the minimum level is a system accomplishment Marin County is extremely pleased to have achieved. Provider based programs are in place and the system will continue to work, as part of the long-range plan, toward achieving the recommended level of this standard.

**Update for Standard 1.22** *Each local EMS agency shall ensure that providers have a mechanism for reporting...suspected SIDS deaths.*

Standard has been met.

**Update for Standard 1.26** *The local EMS agency shall develop a trauma care system plan...*

Although not listed as a goal in the original EMS plan of 1995, Marin County has since begun work toward the establishment of a trauma system. The plan has been drafted according to the standard and this standard has been added to the long-range plan.

**Update for 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...*

This standard is a system enhancement, has not been addressed, and should be part of the long-range (rather than short-range) plan. This update moves the standard objective into the long-range plan.

**Update for Standard 1.28** *The local EMS agency shall develop...a plan...for granting of exclusive operating areas...*

To date, Marin County utilizes exclusive operating areas to which the providers have been grandfathered. There are no plans to grant exclusive operating areas at this time, and this objective remains within the long-range plan.

**Update for Standard 2.01** *The local EMS agency shall routinely assess personnel and training needs.*

The Marin County Pre-Hospital Information System routinely provides information regarding paramedic performance in the field. This information, in conjunction with the results of routine care audits, monitoring of developments in pre-hospital care and individual provider CQI plans, allow the EMS agency and providers to constantly evaluate care. This facilitates identification of training needs on an individual provider level and on a system-wide basis.

This standard is met.

**Update for Standard 2.02** *The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs, which require approval...and shall monitor them to ensure that they comply with state regulations.*

Educational programs comply with the CE guidelines. This standard has been met.

**Update for Standard 2.05** *At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment...when such a program is justified by the response times for other ALS providers.*

This standard represents the recommended level of performance that was the objective of Marin's plan. A few non-transporting first response units do not have early defibrillation capabilities. This item will remain in the long-range plan.

**Update for Standard 4.05** *Each local EMS agency shall develop response time standards for medical responses.*

Marin County has response time requirements in place that are in excess of those recommended in the standards. Continued evaluation of response times should be changed from the short-range to the long-range plan.

**Update for Standard 4.16** *On any emergency ALS unit that is not staffed with two ALS crewmembers, the second crewmember should be trained to provide defibrillation, using available defibrillators. (recommended level)*

Many providers in Marin have converted from two paramedic to PM/EMT-I crews. These providers have developed and implemented training programs for their non-ALS crewmembers, enabling them to maximize the performance of the non-ALS members in ways, which may include defibrillation. This standard is met at the recommended level.

**Update for Standard 4.18** *The local EMS agency shall have a mechanism...to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.*

Efforts to ensure universal compliance with requirements continue although mechanisms are in place. This remains part of the long-range plan.

**Update for Standard 4.19** *Any local EMS agency which desires to implement exclusive operating areas...shall develop an EMS transportation plan which addresses...(b) optimal transportation system efficiency and effectiveness, and (c) use of a competitive process to ensure system optimization.*

The Marin County system configuration remains as before. The development of the plans specified in the minimum requirements have not occurred and no changes are currently contemplated. This remains in the long-range plan.

**Update for 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...comply with applicable policies and procedures regarding system operations and patient care.*

Mechanisms are in place, but universal compliance remains problematic. This item remains in the long-range plan.

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

This standard has not been met, although disaster planning has progressed. Please refer to Section H. This item remains in the long-range plan.

**Update for Standard 5.08** *Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including...(standard details five things that must be addressed during the trauma system planning effort).*

Although not an identified goal in the original plan, Marin County is in the process of developing a trauma care system with a design and implementation time-line of five years. The design process is added to the short-range plan.

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

The trauma system plan, now in public-comment draft, includes input from all groups.

**Update for Standard 6.01** *The local EMS agency shall establish an EMS quality assurance/quality improvement 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...The program shall use provider based QA/QI programs and shall coordinate them with other providers and ...shall have the resources to evaluate the response to, and the care provided to, specific patients.*

Those elements of the CQI program not fully addressed when the plan was drafted are now in place and the system is compliant with the standard at the minimum and recommended levels.

**Update for 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.*

Audits of prehospital care are done routinely and include ED outcomes. The system has elected not to include in-patient and hospital discharge records as they most often do not provide direct information about the appropriateness or usefulness of prehospital care rendered. It is felt that correlation of prehospital care with ED outcomes is a more useful evaluation. This standard is met at the recommended level.

**Update for 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.*

This goal has not been met in its entirety at this time. The process that has resulted in the development of a trauma system plan will meet these criteria for that portion of the system. Development of an evaluation program for remaining elements remains in the long-range plan.

**Update for 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 of Supervisors, provider agencies, and Emergency Medical Care Committee.*

An annual report is sent to system participants, the Board of Supervisors, and to other interested persons. Reports regarding contractor compliance are reported twice each year. This standard has been met.

**Update for Standard 6.09** *The process used to audit treatment provided by ...providers shall evaluate ...hospital and prehospital activities. The...integrated data management system should include prehospital,...and ...hospital data.*

Hospital ED data is available from all in-county hospitals. This standard is met at the minimum and the recommended levels.

**Update for Standard 6.10** *The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including 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.*

The current plan for implementation of a trauma system will complete this enhanced level standard within the next year, moving this objective from the long-range plan to the short-range plan.

**Update for Standard 7.01** *The local EMS agency shall promote the development and dissemination of information materials for the public which addresses understanding of EMS system design and operation; proper access to the system; self help; patient and consumer rights as they relate to the EMS system; health and safety habits as they relate to the prevention and reduction of health risks in target areas and appropriate utilization of emergency departments.*

Efforts in this area have increased the quantity and quality of programs available to the community. Project S.A.F.E. is beginning its third year. This standard will continue to have a long-term objective that relates to all the items listed in the standard.

**Update for 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 achievement of this standard will occur with implementation of the trauma system plan under development. It remains in the long-range plan.

**Update for Standard 8.09** *The local EMS agency shall establish and maintain relationships with DMAT teams in its area...should support the development and maintenance of DMAT teams...*

Although not identified as a goal in the original plan, Marin County has actively supported the development of CA-6 over the last (almost) two years and can proudly say that this standard has been met at the recommended level.

**Update for Standard 8.11** *The local EMS agency...shall designate casualty collection points.*

Now called Field Treatment Sites, these locations have been designated. The end of 1998 will complete all contracting for their use. This standard has been met.

**Update for Standard 8.12** *The local EMS agency...shall develop plans for establishing CCPs and a means for communicating with them.*

With the completion of the Medical/Health Disaster Preparedness plan, this standard has been met.

**Update for 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 review of these items by the EMS office has not been done and is felt to be a priority for provider agencies rather than for the EMS office. The standard, as written, has not been met and will be moved to the long-range plan.

## Timeline for Remaining Objectives

### Short-term Objectives

**Objective 5.08:** To complete the design process and achieve approval of the trauma system design.

Timeline/Action: The Marin County Trauma System Plan is anticipated to be submitted to EMSA for approval by the end of April, 1999. If approved, this will complete the design and approval process.

Anticipated completion: July 1, 1999.

**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.

Timeline/Action: According to the Trauma System Plan, as currently written, this process would include the development of a comprehensive Trauma Quality Improvement Plan and execution of contracts with all designated and non-designated facilities in Marin County and those outside of Marin that will be utilized by the Marin system. Hospitals are currently utilizing registry software to collect data beginning January, 1999 and the Electronic Prehospital Information System has been modified to collect additional trauma as of that date as well.

Anticipated completion: Second quarter of 2000

### Long Term Objectives

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

Timeline/Action: It is felt that this objective is partially met. Special population groups have been identified during the planning process for the Medical/Health Disaster Plan. Evaluation of the need to institute specialized services, however, has not been specifically addressed although there is no awareness that, in regards to the provision of 9-1-1 services, that there are groups whose needs are not met.

Anticipated completion: June 30, 2002

**Objective 1.15:** To shift the emphasis (of regulatory activities) toward a quality improvement focus, with participants working together to serve the patient appropriately.

Timeline/Action: This shift has been successfully occurring within the Marin County system, but will not be complete for some time. It requires on-going effort, although many system participants are beginning to see the value of this change.

Anticipated completion: June 30, 2004

**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.

Timeline/Action: Efforts continue in an on-going manner to maximize Board and citizen awareness of and involvement with EMS activities. These efforts will continue and will be enhanced in the future. Whether these activities will result in stable funding is another matter.

Anticipated completion: June 30, 2004

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

Timeline/Action: The development of a system plan for emergency pediatric care is not a priority in the Marin County system, although many components related to assuring the provision of appropriate care to pediatric patients is in place, as are contracts with pediatric centers in other jurisdictions. It is not anticipated that that system, when developed, would include in-county pediatric centers.

Anticipated completion: June 30, 2004

**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.

Timeline/Action: Should the Marin system anticipate a change in the way in which services are provided, this objective would become a priority item.

Anticipated completion: June 30, 2004

**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.

Timeline/Action: Although it will remain a long-term objective, this item is not a priority. Refer to Objective 1.28.

Anticipated Completion: June 30, 2004

**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.

Timeline/Action: Although components of this objective are being addressed, there is not a comprehensive approach to providing public information on these subjects. Following completion of the assessment portion of Objective 7.02, this topic will be addressed in a systematic manner.

Anticipated Completion: June 30, 2001

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

Timeline/Action: An assessment of injury prevention activities is expected to occur in the next year, to be followed by implementation of a coordinated system-wide injury prevention plan. In collaboration with the Department of Health and Human Services and provider agencies in the community, a comprehensive approach to this issue is planned.

June 30, 2002

**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.

Timeline/Action: It is the hope of the EMS Program that the development of the Trauma System Plan and its subsequent successful implementation will demonstrate to system participants the value of a system design process.

Anticipated completion: June 30, 2004

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

Timeline/Action: Following implementation (training) of the Medical/Health Disaster Plan, this related component will be addressed.

Anticipated completion: June 30, 2002

**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.

Timeline/Action: In conjunction with the OES issuance of a new Operational Area Hazardous Materials Plan, this review will be conducted.

Anticipated completion: June 30, 2001

# EMS PLAN AMBULANCE ZONE SUMMARY FORM

Updated 09/01

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> Marin County
<b>Area or subarea (Zone) Name or Title:</b> Paramedic Response Area C
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Ross Valley Paramedic Authority a joint powers agreement between six cities, towns, and/or districts. ALS service since January, 1984
<b>Area or subarea (Zone) Geographic Description:</b> Unchanged from previously provided description.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Non-exclusive; not qualified for 201 or 224 grandfathering status.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HR 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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

**Updated 06/00**

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**

Area or Subarea (zone) Geographic Description: **Geographic description and map attached.**

Statement of Exclusivity, Exclusive or Non-Exclusive: **Exclusively responsible for emergency ALS transport services; also has the exclusive right to provide or contract for for emergency BLS transport services.**

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

**District provides ALS transport services, transports own BLS patients in response to 9-1-1 calls.**

**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). 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, then began the provision of ALS transport services in 1978. Prior to this date, ALS transport service was not available in this zone.**

**Any other ALS transport services provided in this zone have been provided as mutual aid by other fire or private transport services when requested to augment resources.**

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

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

**Updated 06/00**

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 (city)**

Area or Subarea (zone) Geographic Description: **Geographic description and map attached.**

Statement of Exclusivity, Exclusive or Non-Exclusive: **Exclusive responsibility for emergency ALS transport services; also has the exclusive right to provide or contract for BLS emergency transport service in zone.**

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

**City Fire Department provides emergency ALS transport service, contracts with private company for emergency BLS transports.**

**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. SRFD provided First Responder services and began providing emergency ALS transport service in January, 1980. Prior to this date, emergency ALS transport service was not available in this zone.**

**SRFD contracts with private companies to provide emergency BLS transport within the zone. Emergency ALS transport mutual aid provided by BLS contractor when needed or by neighboring fire departments.**

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

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

Updated 06/00

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 districts.**

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 transport service by contract; ability to provide or contract for BLS emergency service in zone. **NONEXCLUSIVE**

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 emergency ALS "backup" and for emergency BLS transports.**

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

**Prior to 1984, area had individual fire department first responders with privately owned emergency BLS ambulance companies covering area. Initial contract with joint powers agency signed in 1984, with joint powers authority members providing emergency ALS transport service. Prior to this date, emergency ALS transport service was not available in this zone.**

**Emergency ALS transport service was sub-contracted to MCFD in 1985 without a competitive bid process. Additional subcontract for ALS transport services was signed with the Town of Corte Madera Fire Department (a member of the JPA) in 1995 for provision of these services within CM town limits and for backup ALS transport services in the remainder of the zone.**

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

**JPA CAME INTO EXISTENCE IN 1984 WHICH IS AFTER 1/1/81 DATE.**

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

**Updated 06/00**

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 districts.**

Area or Subarea (zone) Geographic Description: **Geographic description and map attached.**

Statement of Exclusivity, Exclusive or Non-Exclusive: **Exclusive responsibility for the provision of emergency ALS transport service; ability to provide or contract for BLS emergency transport service in zone.**

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

**Contractor provides emergency ALS and BLS transport services. Operational definition same as in zone A.**

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

**Prior to October 1, 1980, JPA provided emergency BLS transport, emergency ALS transport service was not available.. On October 1, 1980, JPA began emergency ALS transport service. Service instituted without competitive bid and has continued uninterrupted since that time. No other ALS transport providers have been contracted to provide service in this zone.**

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

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

**Updated 06/00**

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 (handles unincorporated areas)**

Area or Subarea (zone) Geographic Description: **Geographic description and map attached.**

Statement of Exclusivity, Exclusive or Non-Exclusive: ~~Exclusive~~ **responsibility for the provision of emergency ALS transport service; ability to provide or contract for BLS emergency transport service in zone.**

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

**NON EXCLUSIVE**

**Contractor provides emergency ALS transport service since April, 1979. Prior to that date emergency ALS transport services were not available in this zone.**

**Until late 1994, privately owned companies were contracted to provide emergency BLS transports, now done by MCFD. Emergency ALS transport units from Sonoma County regularly provide response into a portion of this zone under the auspices of "unofficial" (non written) agreements with MCFD. Volunteer emergency BLS transport unit operates within the 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 emergency ALS transport service in 1979.**

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

**OTHER PROVIDERS IN AREA UNTIL 1984 = CHANGE IN SCOPE + MANNER**

**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):

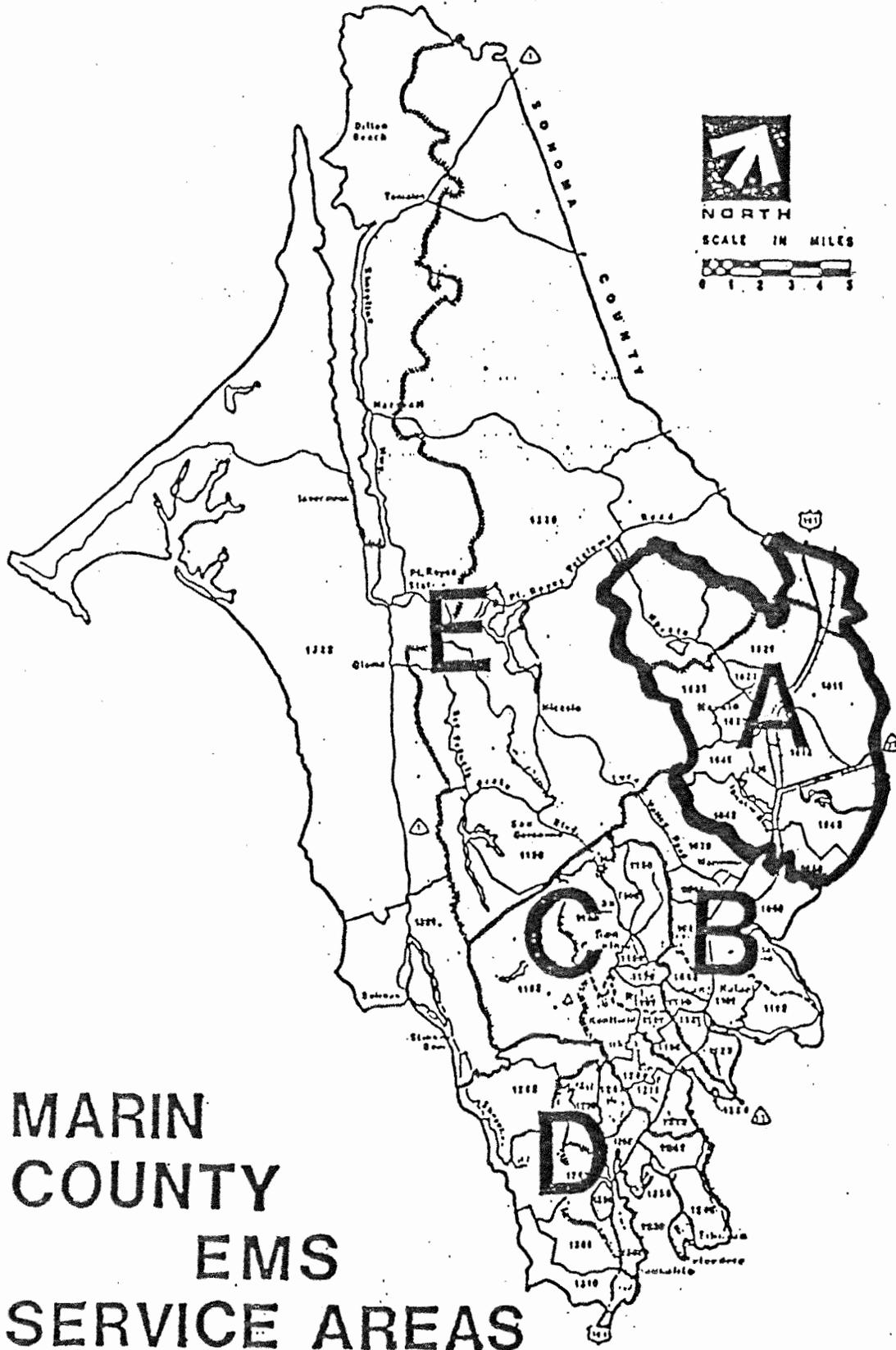
**Grandfathered with no change in scope and manner of service. NFPD provided First Responder services prior to beginning paramedic service in 1978. Initial contract specifying terms of service provision signed with County of Marin in 1982, amended in 1994.**

**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.



**MARIN  
COUNTY  
EMS  
SERVICE AREAS**

**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):

*non-exclusive  
SPA came into  
existence in 1984  
which is  
after Jan, 1981  
date.*

### *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 southwesterly 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.



**EMERGENCY MEDICAL SERVICES AUTHORITY**

1930 9TH STREET  
 SACRAMENTO, CALIFORNIA 95814-7043  
 (916) 322-4336 FAX: (916) 324-2875



July 18, 2001

Ardith J. Hamilton  
 EMS Administrator  
 Marin County EMS Agency  
 161 Mitchell Blvd., Suite 100  
 San Rafael, CA 94903

Dear Ms. Hamilton:

We have completed our review of *Marin County's Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines and the EMS System Planning Guidelines*, with the exception of Section 4.20 - Paramedic Response Area C and E. These sections do not meet the "grandfathering" criteria.

Our reviewers also raised some concerns regarding certain sections of the plan. I have listed those sections along with the specific comment below.

SECTION	COMMENT
1.10 Special Populations	Need to identify population groups served by the EMS system which require specialized services and to develop these services.
1.27 Pediatric System Plan	Need a written plan addressing the management of pediatric patients according to community needs and appropriate resources.
8.13 Disaster Medical Training	Need to review the disaster medical training of EMS responders in the proper management of casualties exposed and/or contaminated by toxic or radioactive substances.

These comments are for your information and may be addressed in your annual update. In your annual update, we will need a more detailed assessment of each standard, do not just state that you have met the standard.

Ardith J. Hamilton

July 18, 2001

Page 2

Paramedic Response Area D - Please provide documentation that shows the date of the JPA establishment.

Section 6. Annex - AB 3153 Compliance ("Grandfathering") - the Paramedic Response Area C does not meet the criteria for "grandfathering". According to the Exclusive Operating Areas EMS Plan-Zone Summary form, the joint powers agreement did not come into effect until 1984, which is after the January 1, 1981 date required for "grandfathering". It also appears that the individual fire department did not provide ALS transport service.

Paramedic Response Area E does not meet the criteria for "grandfathering". In order to qualify for "grandfathering", an entity must have provided service in the area in the same scope and manner since January 1, 1981. As described in the Exclusive Operating Areas EMS Plan-Zone Summary form, it appears that there were multiple providers in the area until 1994 that changes the scope and manner and prohibits "grandfathering".

At this point, the EMS Authority considers the above two zones "non-exclusive" and will show them as such on the department's official EOA listing. New forms (enclosed) reflecting the above changes must be submitted before this section can be approved. If you have additional information to the contrary, please provide it to us for consideration.

If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,



Richard E. Watson  
Interim Director

Enclosure