

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.01	LEMSA Structure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Add Assistant Medical Director to EMS Program Staff. Remains 0.375 FTE contracted position for both positions. Delete EMS Secretary positions	
1.04	Medical Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	We have a new EMS Director and Assistant Medical Director. Delete current information and ADD the following: The EMS Medical Director and Assistant Medical Director are both board certified in Emergency medicine and both practice at Stanford University Medical Center. The Medical Director has served as the medical director of an air ambulance service and paramedic training program	
1.05	System Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan has been updated in March 2009.	
1.06	Annual Update	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This serves as annual update for 2008/09	
1.07	Trauma Planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Add: EMS Medical Director and Clinical Coordinator participate on the Regional Trauma Committee	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.08	ALS Planning				<p>System redesign process was initiated in January 2007. EMCC members and local EMS community were invited to participate in the process. The following eight Key EMS Component committees were convened: 1) Personnel and Clinical Performance, 2) Technology, 3) Deployment and Response, 4) Vehicles and Equipment, 5) Performance Measurement and Management, 6) Community Education and Injury Prevention, 7) Disaster Preparedness, and 8) Hospitals. Over 100 individuals participated in the committee process. The RFP for ALS services issued in January 2008. Five year contract awarded to AMR in July 2008. Five year contract commences July 1, 2009.</p>	
1.20	DNR Policy				<p>We have implemented POLST recognition as part of current DNR policy</p>	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.22	Reporting of Abuse		<input type="checkbox"/>		Delete- EMS has developed a single uniform reporting form for violence reporting. Add - EMS Providers utilize appropriate and approved forms to report violence and abuse. Policies have been updated and additional trainings have occurred. Add The EMS Agency participates on the Child Death Review, Elder Abuse and Domestic Violence Death Review Teams.	Objective 1.22a has been completed
1.24	ALS System		<input type="checkbox"/>		Add: A new 5-year county-wide contract goes into effect on July 1, 2009.	No progress has been made on obtaining a written contract with South San Francisco Fire Department.
1.26	Trauma System Plan		<input checked="" type="checkbox"/>		Add: An MOU for care of trauma patients has been presented to Santa Clara County on 3/03 and again on 2/04. To date there has been no formal recognition of our request.	Objective 1.26b. A revised Trauma Plan will be submitted by December 2009.
1.27	Pediatric System Plan		<input type="checkbox"/>		Add - In progress of designating Stanford/Lucile Packard Children's Hospital ED a pediatric specific base hospital	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.28	EOA Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delete the last sentence and add the following: San Mateo initiated and extensive EMS redesign process in January 2007 and issued an RFP for ALS Services in January 2008. AMR was awarded a five year contract which is to commence on July 1, 2009.	
2.10	Advanced Life Support (Hospital)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Change: Mins/Penninsula Hospital to 22 ED Physicians - 20 Board Certified in EM. Change Sequoia Hospital to 12 ED physicians, all certified in EM. Delete 2 Certified in Other Specialties. Add 2 Physican Assistants.	
2.10	Advanced Life Support (Hospital)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Change: Mins/Penninsula Hospital to 22 ED Physicians - 20 Board Certified in EM. Change Sequoia Hospital to 12 ED physicians, all certified in EM. Delete 2 Certified in Other Specialties. Add 2 Physican Assistants.	
3.05	Hospitals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		EMSA should consider ammending the minimum standard to reflect current available communication technolgies besides two-way radio systems.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.22	Evaluation	✓	☐	☐	<p>Delete all but the first sentence of the current statement and ADD the following: This evaluation last occurred in 2007 in preparation for an RFP issued in January 2008. The EMCC members and local EMS community were invited to participate in the process. Eight Key EMS Component committees were convened. Over 100 individuals participated in the process, including the EMCC, Medical Advisory Committee, city and county government, private ambulance services, fire agencies, prehospital personnel, field paramedics and emergency medical dispatchers. The input process was made as transparent as possible. Minutes of all meetings, committee recommendations, resources materials and other pertinent documents were posted on the County EMS website. Recommendations approved by the Steering Committee were incorporated into the RFP.</p>	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.01	Assessment of Capabilities	☑	☐	☑	There are written agreements between the County and its base hospitals but they need to be renewed.	Obtain written agreements with 8 receiving/base hospitals. A
5.04	Specialty Care Facilities	☑	☐	☐	San Mateo County designated six JACHO accredited Stroke Centers, of which 2 have interventional capabilities. Triage and destination policies have been implemented and prehospital training completed. San Mateo County has policies addressing prehospital transport of critical burn patients to two regional burn centers that serve the greater San Francisco Bay Area.	
5.08	Trauma System Design	☑	☐	☑		Continue to pursue obtainment of a written agreement with Santa Clara County EMS.
5.1	Pediatric Emergency Medical and Critical Care System	☑	☐	☑		Objective 5.10a. To continue to monitor ED and PCCC progress and compliance with current standards. Objective 5.10 b To revise ED Guidelines and PCCC Standards once State has completed its revision process.
5.13	Specialty System Design	☑	☐	☐	Add Stoke Centers - There are 6 designated stroke centers, two with interventional capabilities. Five are located within the county.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.02	Prehospital Records	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electronic PCR implementation process is 9.4% completed. There is only one fire department that has not completed the process.	
6.03	Prehospital Care Audits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Audits are now performed on a monthly basis.	
6.04	Medical Disptach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Add: EMS Medical Director and Clincial Coordinator participate on the Medical Dispatch Review Committee	
6.1	Trauma System Evaluation	<input checked="" type="checkbox"/>			Add: both the EMS Agency Medical and Clincial Coordinator participate on the Regional Trauma Committee	
6.05	Data Management System	<input checked="" type="checkbox"/>			Change NEMSIS Silver to NEMSIS Gold	
8.09	DMAT Team	<input checked="" type="checkbox"/>			DMAT supplies are now stored at Menlo Park Fire Department	

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: **SAN MATEO COUNTY**

Reporting Year: **2008-09**

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: **SAN MATEO COUNTY**

A.Basic Life Support (BLS)	_____	%
B.Limited Advanced Life Support (LALS)	_____	%
C.Advanced Life Support (ALS)		100%

2. Type of agency
b - County Health Services Agency

3. The person responsible for day-to-day activities of the EMS agency reports to _____

b- Health System Director/Administrator

4. Indicate the non-required functions which are performed by the agency:

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

Table 2 - System Organization & Management (cont.)

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

5. EMS agency budget for FY 2008-09
EXPENSES

Salaries and benefits (All but contract personnel)	\$845,497
Contract Services (e.g. medical director)	753,812
Operations (e.g. copying, postage, facilities)	302,618
Travel	_____
Fixed assets	_____
Indirect expenses (overhead)	109,112
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	_____
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: Intrafund Transfers	(538,897)
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES	\$1,491,937

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$ _____
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	_____
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	_____
Certification fees	5,500
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____
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	299,808
Contributions	_____
EMS Fund (SB 12/612)	670,869
Other grants: Farewell to Falls	37,500
Other fees: Miscellaneous Reimbursement	278,260
Other (specify): Realignment	200,000
TOTAL REVENUE	\$1,491,937

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

Table 2 - System Organization & Management (cont.)

Fee structure for FY 2008/09

We do not charge any fees

Our fee structure is:

First responder certification	\$ _____
EMS dispatcher certification	_____
EMT-I certification	30.00
EMT-I recertification	30.00

EMT-defibrillation certification

EMT-defibrillation recertification	_____
EMT-II certification	_____
EMT-II recertification	_____
EMT-P accreditation	50.00
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	_____
MICN/ARN recertification	_____
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	\$ _____
Ambulance vehicle permits	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 2008/09.

Table 2 - System Organization & Management (cont.)

EMS System: **SAN MATEO COUNTY**

Reporting year **2008-09**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1.0	\$58.66	38-40%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./ Training Coordinator	EMS Clinical Coordinator	1.0	\$55.86	38-40%	
Program Coordinator/ Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director	EMS Medical Director (contract)	0.375	\$8,295/month	0%	
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner	EMS Program Specialist III	1.0	\$39.32	38-40%	

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

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst	EMS Management Analyst III	1.0	\$43.76	38-40%	
QA/QI Coordinator					
Public Info. & Education Coordinator	Public Health Nurse	1.0	\$50.78	38-40%	
Executive Secretary 7/08-1/09	Administrative Secretary	0.5	\$	38-40%	
Other Clerical					
Data Entry Clerk					
Other					

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

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Revision #4 (4/20/07)

EMS System: **SAN MATEO COUNTY**

Reporting Year: **2008-09**

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	178	N/A		N/A
Number newly certified this year	90	N/A		N/A
Number recertified this year	88	N/A		N/A
Total number of accredited personnel on July 1 of the reporting year	344	N/A	351	N/A
Number of certification reviews resulting in:				
a) formal investigations	0			
b) probation	0		0	
c) suspensions	0		0	
d) revocations	0			
e) denials	0			
f) denials of renewal	0			
g) no action taken	0		0	

1. Number of EMS dispatch agencies utilizing EMD Guidelines: 1
2. Early defibrillation:
 - a) Number of EMT=I (defib) certified N/A
 - b) Number of public safety (defib) certified (non-EMT-I) N/A
3. Do you have a first responder training program yes X no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: SAN MATEO COUNTY

County: San Mateo

Reporting Year: 2008-09

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

1. Number of primary Public Service Answering Points (PSAP) 15
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of designated dispatch centers for EMS Aircraft 2
5. Do you have an operational area disaster communication system? Yes No _____
 - a. Radio primary frequency: 482.3125 (red channel)
 - b. Other methods: Microwave 21.8 -22.4 Ghz and 23.0-23.6 Ghz, Fire Service primary & secondary control
 - 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 _____
6. Who is your primary dispatch agency for day-to-day emergencies?
San Mateo County Public Safety Communications
7. Who is your primary dispatch agency for a disaster?
San Mateo County Public Safety Communications

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: SAN MATEO COUNTY

Reporting Year: FY 2008-09

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers N/A

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	N/A	N/A	N/A	N/A
Early defibrillation responder (Fire First Responders)	6:59 minutes	6:59 minutes – Suburban 11:59 minutes – Rural	21:59 minutes	UNK
Advanced life support responder (Fire First Responders)	6:59 minutes	6:59 minutes – Suburban 11:59 minutes – Rural	21:59 minutes	UNK
Transport Ambulance	12:59 minutes	12:59 minutes- Suburban 19:59 minutes - Rural	29:59 minutes	UNK

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

EMS System: SAN MATEO COUNTY

Reporting Year: FY 2008-09

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a) Number of patients meeting trauma triage criteria	1328
b) Number of major trauma victims transported directly to a trauma center by ambulance	1328
c) Number of major trauma patients transferred to a trauma center	50**
d) Number of patients meeting triage criteria who weren't treated at a trauma center	unknown

**Includes ED walk-ins

Emergency Departments

Total number of emergency departments	9 (includes 1 out of county facility)
a) Number of referral emergency services	0
b) Number of standby emergency services	2
c) Number of basic emergency services	7 (includes 1 out of county facility)
d) Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of receiving hospitals with written agreements	0
2. Number of base hospitals with written agreements	0

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: **SAN MATEO COUNTY**

County: San Mateo

Reporting Year: 2008-09

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located?
Adjacent to each receiving hospital. Alternate sites are designated if needed.
 - b. How are they staffed?
Will be staffed by hospital personnel and off-duty medical personnel.
 - c. Do you have a supply system for supporting them for 72 hours? yes ____ no **X**

2. CISD
Do you have a CISD provider with 24 hour capability? yes **X** no ____

3. Medical Response Team
 - a. Do you have any team medical response capability? yes **X** no ____
 - b. For each team, are they incorporated into your local response plan? yes **X** no ____
 - c. Are they available for statewide response? yes **X** no ____
 - d. Are they part of a formal out-of-state response system? yes **X** no ____

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? yes ____ no **X**
 - b. At what HazMat level are they trained?
Emergency ambulances are dispatched to all HazMat incidents requiring an ambulance response. Fire service first responders have at least 24 hrs of HazMat training at the first responder level. All ambulance personnel receive 6 hrs of training that is divided into 2 hrs of HazMat incident training and 4 hrs of combined WMD/HazMat training utilizing a computer-based interactive training (CBIT) program. This training is required of all new hire employees and is offered annually for existing employees.
 - c. Do you have the ability to do decontamination in an emergency room? yes **X** no ____
 - d. Do you have the ability to do decontamination in the field? yes **X** no ____

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes **X** no ____

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 20

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Mateo County County: San Mateo County Reporting Year: 2008/09

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	College of San Mateo	Contact Person telephone no.	Kim Roderick
Address	1700 West Hillsdale Blvd. San Mateo, CA 94402-3784		(650) 574-6347

Student Eligibility: * OPEN	Cost of Program	**Program Level: EMT-I
	Basic \$20/Unit \$200 Additional Fees Refresher \$20/Unit	Number of students completing training per year: Initial training: 40 Refresher: 20 Cont. Education N/A Expiration Date: 2112 Number of courses: 3 Initial training: 2 Refresher: 1 Cont. Education: N/A

Training Institution Name	Skyline College	Contact Person telephone no.	Judith Crawford
Address	3300 College Drive San Bruno, CA 94066		(650) 738-4284

Student Eligibility: * OPEN	Cost of Program	**Program Level: EMT-I
	Basic \$20/Unit \$300 Additional Fees Refresher \$20/Unit \$150 Additional Fees	Number of students completing training per year: Initial training: 100 Refresher: 15 Cont. Education N/A Expiration Date: 2010 Number of courses: 3 Initial training: 2 Refresher: 1 Cont. Education: N/A

- Open to general public or restricted to certain personnel only.

- ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Mateo County **County:** San Mateo County **Reporting Year:** 2008/09

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	EMS Academy	Contact Person telephone no.	Nancy Black
Address	1170 Foster City Ste. 107 Foster City, CA 94404		(650) 577-9197

Student Eligibility: * OPEN	Cost of Program Basic \$1,300 Initial \$1,450 Accelerated Refresher \$500 includes skills verification	**Program Level: EMT-I Number of students completing training per year: Initial training: 75 Refresher: 25 Cont. Education N/A Expiration Date: 2112 Number of courses: 8 Initial training: 4 Refresher: 4 Cont. Education: N/A
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Training Institution Name	EMS Academy	Contact Person telephone no.	Nancy Black
Address	1170 Foster City Ste. 107 Foster City, CA 94404		(650) 577-9197

Student Eligibility: * First Class Restricted	Cost of Program Tuition \$13,000	**Program Level: EMT-P Number of students completing training per year: Initial training: 40 Refresher: Varies Cont. Education Varies Expiration Date: 2112 Number of courses: 7 Initial training: 2 Refresher: 3 Cont. Education: 4
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- Open to general public or restricted to certain personnel only.

- ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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.

<p>Local EMS Agency or County Name: San Mateo County</p>
<p>Area or subarea (Zone) Name or Title: City of South San Francisco</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of South San Francisco Fire Department</p>
<p>Area or subarea (Zone) Geographic Description: City of South San Francisco</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Grandfathering. City of South San Francisco meets the specifications of Health and Safety Code 1797.201 and Section 1797.224. We believe it meets the criteria for "grandfathering" in Section Section 1797.224, and as such qualifies for exclusivity within its jurisdiction although it has yet to sign a contract with the County as an approved ALS provider.</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): 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.). Emergency ambulance – all emergencies.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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.

<p>Local EMS Agency or County Name:</p> <p>San Mateo County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>San Mateo County (with the exception of the City of South San Francisco)</p>
<p>Name of Current Provider(s):</p> <p>Include company name(s) and length of operation (uninterrupted) in specified area or subarea. American Medical Response – West (AMR). Has provided service under this name since January 1999. Company was the selected proposer per a Request for Proposal Process conducted in 1997/98. However, this provider had been the contract holder since 1990 under the name of Baystar (or Medtrans/Laidlaw). During the term of this contract 1990-1998 Laidlaw purchased American Medical Response. Therefore, AMR has provided uninterrupted emergency ambulance since January 1990.</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>San Mateo County (with the exception of the City of South San Francisco)</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</p> <p>Include intent of local EMS agency and Board action. Competitive Process – Section 1797.224. Emergency ambulance service – all emergencies. Until 1989 exclusivity language contained in the plan was “advanced life support.” Language in plan was amended to “emergency ambulance service” in 1989 with the approval of the EMS Authority. Current contract includes both emergency ambulance service and paramedic first response (fire service is a subcontractor to the contractor). The Board of Supervisors approved both the RFP and the contract in 1998.</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</p> <p>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.).</p> <p>Emergency Ambulance. All emergencies</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>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.</p> <p>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.</p> <p>Emergency ambulance. Competitive Process. Information previously submitted.</p>

EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9th STREET
SACRAMENTO, CA 95811
(916) 322-4336 FAX (916) 324-2875



July 20, 2009

Brian Zamora, Interim Director
San Mateo County EMS Agency
225 37th Avenue
San Mateo, CA 94403

Dear Mr. Zamora:

We have completed our review of *San Mateo County's 2008 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*. Following are comments on the EMS plan update:

Standard 4.13 - Inter-County Response - In your 2003 and 2006 update your objective was to begin the process of developing written medical mutual aid agreements. Your current plan states that there is a written policy regarding inter-county response of emergency medical transport vehicles, but you do not have signed agreements between counties. Please provide your progress for meeting this standard in your next annual update.

Standard 5.06 - Hospital Evacuation - In your 2003 and 2006 update your objective was to develop a hospital evacuation plan within your county. Please provide your progress towards developing a hospital evacuation plan within your county in your next update.

Standard 8.08 - Inventory of Resources - In your 2003 and 2006 update your objective was to develop an inventory of appropriate disaster medical resources for all facilities. Please provide your progress towards meeting this standard in your next annual update.

Standard 8.10 - Mutual Aid Agreements - In your 2003 and 2006 update your objective was to work with the OES region in establishing written medical mutual aid agreements. Please provide your progress towards meeting this standard in your next annual update.

In order for your next EMS plan update to be approved a progress report needs to be provided on each of San Mateo County's activities related to meeting the objectives for each of the above standards.

Transportation Plan:

During our review of your transportation plan, EMSA noted that the San Mateo County Ambulance Zone last underwent a competitive process in 1998 with a contract being awarded to the current provider in 1998. We do have on record that on July 8, 2008, EMSA approved a revised Request for Proposal for the San Mateo County Ambulance Zone with an anticipated new contractor start date of July 1, 2009. Since it has been over

ten years since your last competitive process we would request that you provide an updated Ambulance Zone Summary form (which can be found on our website: <http://www.emsa.ca.gov/systems/Transportation/default.asp>) showing the new competitive process information.

Your annual update will be due on July 20, 2010. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Steven Tharratt', with a long horizontal line extending to the right.

R. Steven Tharratt, MD, MPVM
Director