



## **Marin County EMS Plan Update 2009**

Submitted to the California EMS Authority

September 2010

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Marin County Health & Human Services  
Emergency Medical Services Agency  
899 Northgate Dr., Suite 104  
San Rafael, California 94903



*Health, Well-being & Safety*

**A. SYSTEM ORGANIZATION AND MANAGEMENT**

		<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<b>Agency Administration:</b>						
1.01	LEMSA Structure		X			
1.02	LEMSA Mission		X			
1.03	Public Input		X			
1.04	Medical Director		X	X		
<b>Planning Activities:</b>						
1.05	System Plan		X			
1.06	Annual Plan Update	X			X	
1.07	Trauma Planning*		X	X		
1.08	ALS Planning*		X			
1.09	Inventory of Resources		X			
1.10	Special Populations		X	X		
1.11	System Participants		X	X		
<b>Regulatory Activities:</b>						
1.12	Review & Monitoring		X			
1.13	Coordination		X			
1.14	Policy & Procedures Manual		X			
1.15	Compliance w/Policies		X			
<b>System Finances:</b>						
1.16	Funding Mechanism		X			

**SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<b>Medical Direction:</b>					
1.17	Medical Direction*	X			
1.18	QA/QI	X	X		
1.19	Policies, Procedures, Protocols	X			
1.20	DNR Policy	X			
1.21	Determination of Death	X			
1.22	Reporting of Abuse	X			
1.23	Interfacility Transfer	X			
<b>Enhanced Level: Advanced Life Support</b>					
1.24	ALS Systems	X	X		
1.25	On-Line Medical Direction	X	X		
<b>Enhanced Level: Trauma Care System:</b>					
1.26	Trauma System Plan	X			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>					
1.27	Pediatric System Plan	X			
<b>Enhanced Level: Exclusive Operating Areas:</b>					
1.28	EOA Plan	X			

**B. STAFFING/TRAINING**

	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<b>Local EMS Agency:</b>					
2.01	Assessment of Needs		X		
2.02	Approval of Training		X		
2.03	Personnel		X		
<b>Dispatchers:</b>					
2.04	Dispatch Training		X	X	
<b>First Responders (non-transporting):</b>					
2.05	First Responder Training		X	X	
2.06	Response		X		
2.07	Medical Control		X		
<b>Transporting Personnel:</b>					
2.08	EMT-I Training		X	X	
<b>Hospital:</b>					
2.09	CPR Training		X		
2.10	Advanced Life Support		X	X	
<b>Enhanced Level: Advanced Life Support:</b>					
2.11	Accreditation Process		X		
2.12	Early Defibrillation		X		
2.13	Base Hospital Personnel		X		

**C. COMMUNICATIONS**

		<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<b>Communications Equipment:</b>						
3.01	Communication Plan*		X	X		
3.02	Radios		X	X		
3.03	Interfacility Transfer*		X			
3.04	Dispatch Center		X			
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X			
<b>Public Access:</b>						
3.07	9-1-1 Planning/Coordination		X	X		
3.08	9-1-1 Public Education		X			
<b>Resource Management:</b>						
3.09	Dispatch Triage		X	X		
3.10	Integrated Dispatch		X	X		

**D. RESPONSE/TRANSPORTATION**

	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<b>Universal Level:</b>					
4.01	Service Area Boundaries*	X	X		
4.02	Monitoring	X	X		
4.03	Classifying Medical Requests	X			
4.04	Prescheduled Responses	X			
4.05	Response Time Standards*	X	--		
4.06	Staffing	X			
4.07	First Responder Agencies	X			
4.08	Medical & Rescue Aircraft*	X			
4.09	Air Dispatch Center	X			
4.10	Aircraft Availability*	X			
4.11	Specialty Vehicles*	X	X	--	
4.12	Disaster Response	X			
4.13	Inter-county Response*	X	X		
4.14	Incident Command System	X			
4.15	MCI Plans	X			
<b>Enhanced Level: Advanced Life Support:</b>					
4.16	ALS Staffing	X	X		
4.17	ALS Equipment	X			

**RESPONSE/TRANSPORTATION (continued)**

	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<b>Enhanced Level: Ambulance Regulation:</b>					
4.18 Compliance		X			
<b>Enhanced Level: Exclusive Operating Permits:</b>					
4.19 Transportation Plan		X			
4.20 "Grandfathering"		X			
4.21 Compliance		X			
4.22 Evaluation		X			

**E. FACILITIES/CRITICAL CARE**

		<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<b>Universal Level:</b>						
5.01	Assessment of Capabilities		X	X		
5.02	Triage & Transfer Protocols*		X			
5.03	Transfer Guidelines*		X			
5.04	Specialty Care Facilities*		X			
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*		X			
<b>Enhanced Level: Advanced Life Support:</b>						
5.07	Base Hospital Designation*		X			
<b>Enhanced Level: Trauma Care System:</b>						
5.08	Trauma System Design		X			
5.09	Public Input		X			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
5.10	Pediatric System Design		--			
5.11	Emergency Departments		--			
5.12	Public Input		--			
<b>Enhanced Level: Other Specialty Care Systems:</b>						
5.13	Specialty System Design		X			
5.14	Public Input		X			

**F. DATA COLLECTION/SYSTEM EVALUATION**

		<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<b>Universal Level:</b>						
6.01	QA/QI Program		X	X		
6.02	Prehospital Records		X			
6.03	Prehospital Care Audits		X	--		
6.04	Medical Dispatch		X			
6.05	Data Management System*		X	--		
6.06	System Design Evaluation		X			
6.07	Provider Participation		X			
6.08	Reporting		X			
<b>Enhanced Level: Advanced Life Support:</b>						
6.09	ALS Audit		X	--		
<b>Enhanced Level: Trauma Care System:</b>						
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data		X	X		

**G. PUBLIC INFORMATION AND EDUCATION**

		<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<b>Universal Level:</b>						
7.01	Public Information Materials		X	X		
7.02	Injury Control		X	X		
7.03	Disaster Preparedness		X	X		
7.04	First Aid & CPR Training		X	--		

## H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
8.01	Disaster Medical Planning*		X			
8.02	Response Plans		X	X		
8.03	HazMat Training		X			
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties*		X	X		
8.06	Needs Assessment		X	X		
8.07	Disaster Communications*		X			
8.08	Inventory of Resources		X	X		
8.09	DMAT Teams		X	--		
8.10	Mutual Aid Agreements*		X			
8.11	CCP Designation*		X			
8.12	Establishment of CCPs		X			
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Inter-hospital Communications		X			
8.16	Prehospital Agency Plans		X	--		
<b>Enhanced Level: Advanced Life Support:</b>						
8.17	ALS Policies		X			
<b>Enhanced Level: Specialty Care Systems:</b>						
8.18	Specialty Center Roles		X			
<b>Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:</b>						
8.19	Waiving Exclusivity		X			



**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**

**System Organization and Management**

EMS System: Marin

Reporting Year: 2009

**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)	_____ 100 %

2. Type of agency:

- a - Public Health Department
- b - **County Health Services Agency** X
- 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 the EMS agency reports to:

- a - Public Health Officer
- b - **Health Services Agency Director/Administrator** X
- 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	<u>X</u>
Designation/approval of pediatric facilities	_____
Designation of other critical care centers	<u>X</u>
Development of transfer agreements	<u>X</u>
Enforcement of local ambulance ordinance	<u>X</u>
Enforcement of ambulance service contracts	<u>X</u>
Operation of ambulance service	_____
Continuing education	_____
Personnel training	<u>X</u>
Operation of oversight of EMS dispatch center	_____

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

Non-medical disaster planning	<u>  X  </u>
Administration of critical incident stress debriefing team (CISD)	<u>          </u>
Administration of disaster medical assistance team (DMAT)	<u>          </u>
Administration of EMS Fund [Senate Bill - SB 12/612]	<u>          </u>
Other:	<u>          </u>

5. EMS agency budget for FY   09-10  

**EXPENSES**

Salaries and benefits (All but contract personnel)	\$ <u>  271,511  </u>
Contract Services (e.g. medical director)	<u>  365,000  </u>
Operations (e.g. copying, postage, facilities)	<u>    54,981  </u>
Travel	<u>          </u>
Fixed assets	<u>          </u>
Indirect expenses (overhead)	<u>          </u>
Ambulance subsidy	<u>          </u>
EMS Fund payments to physicians/hospital	<u>          </u>
Dispatch center operations (non-staff)	<u>          </u>
Training program operations	<u>          </u>
Other: <i>Inter-departmental charges</i>	<u>    62,280  </u>
Other: _____	<u>          </u>
Other: _____	<u>          </u>
<b>TOTAL EXPENSES</b>	<b>\$ <u>  753,772  </u></b>

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

SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$ <u>12,833</u>
Office of Traffic Safety (OTS)	<u>                    </u>
State general fund	<u>                    </u>
County general fund	<u>554,989</u>
Other local tax funds (e.g., EMS district)	<u>                    </u>
County contracts (e.g. multi-county agencies)	<u>                    </u>
Certification fees	<u>5,000</u>
Training program approval fees	<u>                    </u>
Training program tuition/Average daily attendance funds (ADA)	<u>                    </u>
Job Training Partnership ACT (JTPA) funds/other payments	<u>                    </u>
Base hospital application fees	<u>                    </u>
Trauma center application fees	<u>                    </u>
Trauma center designation fees	<u>10,000</u>
Pediatric facility approval fees	<u>                    </u>
Pediatric facility designation fees	<u>                    </u>
Other critical care center application fees	<u>                    </u>
Type: <u>                    </u>	
Other critical care center designation fees	<u>5,000</u>
Type: <u>EDAT</u>	
Ambulance service/vehicle fees	<u>6,250</u>
Contributions	<u>                    </u>
EMS Fund (SB 12/612)	<u>154,700</u>
Other grants: <u>NAACHO</u>	<u>5,000</u>
Other fees: <u>                    </u>	<u>                    </u>
Other (specify): <u>                    </u>	<u>                    </u>
<b>TOTAL REVENUE</b>	\$ <u>753,772</u>

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

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

6. Fee structure for FY 09-10

We do not charge any fees  
 Our fee structure is:

First responder certification	\$	_____
EMS dispatcher certification		_____
EMT-I certification		<u>15</u>
EMT-I recertification		<u>15</u>
EMT-defibrillation recertification		_____
EMT-II certification		_____
EMT-II recertification		_____
EMT-P accreditation		<u>75</u>
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		<u>10,000</u>
Pediatric facility approval		_____
Pediatric facility designation		_____
Other critical care center application		
Type: _____		
Other critical care center designation		<u>5,000</u>
Type: <u>EDAT</u>		
Ambulance service license (annual)	\$	<u>650</u>
Ambulance vehicle permits (per vehicle)		<u>275</u>

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 2009.

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

EMS System: Marin

Reporting year 2009

<b>CATEGORY</b>	<b>ACTUAL TITLE</b>	<b>FTE POSITIONS (EMS ONLY)</b>	<b>TOP SALARY BY HOURLY EQUIVALENT</b>	<b>BENEFITS (%of Salary)</b>	<b>COMMENTS</b>
EMS Admin./Coord./Director	EMS Administrator	1.0	\$57.16	40%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./ Training Coordinator	EMS Specialist	1.0	\$38.74	40%	
Program Coordinator/ Field Liaison (Non-clinical)					
Trauma Coordinator	Trauma Coordinator	1.0			Contract RN
Medical Director	EMS Medical Director	0.4			Contract MD
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner	EMS Specialist	1.0	\$38.74	40%	

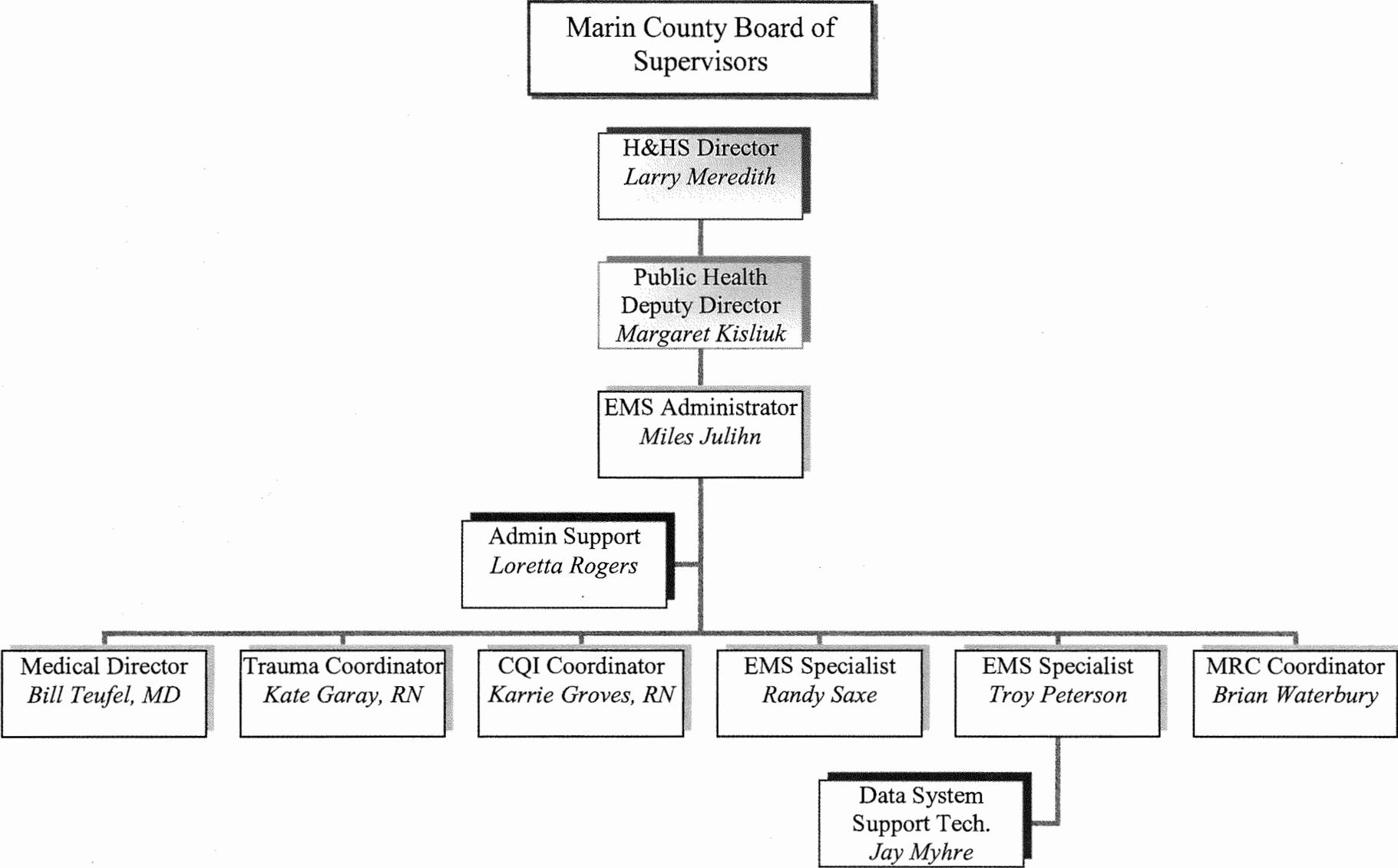
Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

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

<b>CATEGORY</b>	<b>ACTUAL TITLE</b>	<b>FTE POSITIONS (EMS ONLY)</b>	<b>TOP SALARY BY HOURLY EQUIVALENT</b>	<b>BENEFITS (%of Salary)</b>	<b>COMMENTS</b>
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst	Technical Support Contractor	0.2			Contractor
QA/QI Coordinator	CQI Coordinator	0.4			Contract RN
Public Info. & Education Coordinator					
Executive Secretary	Secretary to the Public Health Officer	1.0	\$29.10	40%	Position split with PHP
Other Clerical					
Data Entry Clerk					
Other	Medical Reserve Corps Program Manager	1.0			Contractor

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.

**Marin County Organizational Chart**



**TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training**

Revision #4 (4/20/07)

EMS System: Marin

Reporting Year: 2009

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

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	376			
Number newly certified this year	69			
Number recertified this year	100			
Total number of accredited personnel on July 1 of the reporting year	154			
Number of certification reviews resulting in:				
a) formal investigations	1			
b) probation	1			
c) suspensions				
d) revocations				
e) denials				
f) denials of renewal				
g) no action taken				

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

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

EMS System: \_\_\_\_\_

County: Marin

Reporting Year: 2009

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

1. Number of primary Public Service Answering Points (PSAP) 6
2. Number of secondary PSAPs 3
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system? Yes X No \_\_\_\_\_
  - a. Radio primary frequency: MERA 460 Digital Trunk System 165 talk groups
  - b. Other methods: VHF Hi, RACES, Cell
  - c. Can all medical response units communicate on the same disaster communications system?  
Yes X No \_\_\_\_\_
  - d. Do you participate in OASIS? Yes X No \_\_\_\_\_
  - e. Do you have a plan to utilize RACES as a back-up communication system?  
Yes X No \_\_\_\_\_
    - 1) Within the operational area? Yes X No \_\_\_\_\_
    - 2) Between the operational area and the region and/or state? Yes X No \_\_\_\_\_
6. Who is your primary dispatch agency for day-to-day emergencies?  
Marin County Communications Center
7. Who is your primary dispatch agency for a disaster?  
Same

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

EMS System: Marin

Reporting Year: 2009

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

**Early Defibrillation Providers**

1. Number of EMT-Defibrillation providers 18

**SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)**

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder				
Early defibrillation responder				
Advanced life support responder	10 min.	30 min.	30 min.+	10/30 minutes
Transport Ambulance	10 min.	30 min.	30 min.+	10/30 minutes

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

EMS System: Marin

Reporting Year: 2009

**NOTE:** Table 6 is to be reported by agency.

**Trauma**

Trauma patients:

- a) Number of patients meeting trauma triage criteria 672
- b) Number of major trauma victims transported directly to a trauma center by ambulance 112
- c) Number of major trauma patients transferred to a trauma center 20
- d) Number of patients meeting triage criteria who weren't treated at a trauma center 22

**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 3
- 2. Number of base hospitals with written agreements

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

EMS System: Marin County

County: Marin

Reporting Year: 2009

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

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Field treatment sites are located adjacent to hospitals
  - b. How are they staffed? Marin Medical Reserve Corps and hospital staff
  - c. Do you have a supply system for supporting them for 72 hours?      yes  no X  
*We do have limited supply caches available but may not last 72 hrs., depending on the type of incident.*
  
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  no X
  - d. Are they part of a formal out-of-state response system?      yes  no X
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams?      yes X no
  - b. At what HazMat level are they trained? Level A
  - c. Do you have the ability to do decontamination in an emergency room?      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?      26

3. Have you tested your MCI Plan this year in a:  
a. real event? yes \_\_\_\_\_ no X  
b. exercise? yes \_\_\_\_\_ no X
4. List all counties with which you have a written medical mutual aid agreement.  
Coastal Valleys Region, Contra Costa
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes X no \_\_\_\_\_
6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? yes \_\_\_\_\_ no X
7. Are you part of a multi-county EMS system for disaster response? yes \_\_\_\_\_ no X
8. Are you a separate department or agency? yes \_\_\_\_\_ no X
9. If not, to whom do you report? Health and Human Services
10. 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? yes \_\_\_\_\_ no \_\_\_\_\_

**TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: Marin County

County: Marin

Reporting Year: 2009

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

<b>Training Institution Name</b>	<u>College of Marin</u>	<b>Contact Person telephone no.</b>	<u>Rosalind Hartman</u>
<b>Address</b>	<u>835 College Ave., Kentfield, CA 94904</u>		<u>415-485-9326</u>

<b>Student Eligibility: *</b> Open to Public	<b>Cost of Program</b>  Basic <u>Unk</u>  Refresher <u>Unk</u>	<b>**Program Level:</b> ___ Number of students completing training per year: Initial training:     30-40 per semester Refresher:             10-20 per semester Cont. Education         _____ Expiration Date: <u>1-31-13</u>  Number of courses:       _____ Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education:       _____
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<b>Training Institution Name</b>	<u>Marin County Fire Department</u>	<b>Contact Person telephone no.</b>	<u>Mike Giannini</u>
<b>Address</b>	<u>P.O. Box 518 Woodacre, CA 94973</u>		<u>415-499-2975</u>

<b>Student Eligibility: *</b> Restricted to Fire Personnel	<b>Cost of Program</b>  Basic <u>N/A</u>  Refresher <u>Unk</u>	<b>**Program Level:</b> ___ Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>25</u> Cont. Education <u>Unk</u> Expiration Date: <u>12-31-10</u>
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Number of courses: __ Initial training: _____ Refresher: _____ Cont. Education: <u>On-going</u>
--

- 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.

**Training Institution Name**      Novato Fire Protection District

---

**Address**                      95 Rowland Way, Novato, CA 94945

---

**Contact Person**                      Ted Peterson

---

**telephone no.**                              415-878-2607

<b>Student Eligibility: *</b> Restricted to Fire Personnel	<b>Cost of Program</b>  Basic <u>NA</u>  Refresher <u>Unk</u>	<b>**Program Level: __</b> Number of students completing training per year: Initial training: <u>None</u> Refresher: <u>Unk</u> Cont. Education <u>Unk</u> Expiration Date: <u>12-31-10</u>  Number of courses: __ Initial training: _____ Refresher: _____ Cont. Education: <u>On-going</u>
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**Training Institution Name**      San Rafael Fire Department

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**Address**                              1039 C Street, San Rafael, CA 94901

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**Contact Person**                      Chief Christopher Grey

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**telephone no.**                              415-485-3304

<b>Student Eligibility: *</b>	<b>Cost of Program</b>  Basic <u>NA</u>  Refresher <u>Unk</u>	<b>**Program Level: __</b> Number of students completing training per year: Initial training: <u>None</u> Refresher: <u>Unk</u> Cont. Education <u>Unk</u> Expiration Date: <u>12-31-10</u>
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Number of courses: __ Initial training: _____ Refresher: _____ Cont. Education: On-going
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**Training Institution Name**      Southern Marin Emergency Medical  
 Paramedic System  


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**Address**                      1679 Tiburon Blvd., Tiburon, CA 94920  


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**Contact Person**                      Chief Richard Pearce  


---

**telephone no.**                              415-435-7200

<b>Student Eligibility: *</b>	<b>Cost of Program</b>  Basic <u>NA</u>  Refresher <u>Unk</u>	<b>**Program Level: __</b> Number of students completing training per year: Initial training: <u>None</u> Refresher: <u>Unk</u> Cont. Education <u>Unk</u> Expiration Date: <u>5-30-14</u>  Number of courses: __ Initial training: _____ Refresher: _____ Cont. Education: <u>On-going</u>
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**Training Institution Name**      Marin County Sheriff's Search and Rescue  


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**Address**                              3501 Civic Center Dr.  
 San Rafael, CA 94903  


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**Contact Person**                              Mike St. John  


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**telephone no.**                              415-838-3168

<b>Student Eligibility: *</b>	<b>Cost of Program</b>  Basic <u>NA</u>  Refresher <u>Unk</u>	<b>**Program Level: ___</b> Number of students completing training per year: Initial training: <u>None</u> Refresher: <u>Unk</u> Cont. Education <u>Unk</u> Expiration Date: <u>8-31-14</u>  Number of courses: ___ Initial training: _____ Refresher: _____ Cont. Education: On-going
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**TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Marin County County: Marin Reporting Year: 2009

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

<b>Name, address &amp; telephone:</b> Marin County Communications Center Marin County Sheriff's Dept. 3501 Civic Center Dr. San Rafael, CA 94903 415-507-4123		<b>Primary Contact: Ward Hayter</b>	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: <u>34</u> EMD Training     _____ EMT-D     _____ ALS _____ BLS                     _____ LALS     _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	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



**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><b>Local EMS Agency or County Name:</b></p> <p><i>Marin County</i></p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p><i>Paramedic Response/Zone Area A</i></p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p><i>Novato Fire Protection District, 1978+</i></p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p><i>Unchanged from previously submitted description, zone map included</i></p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.</p> <p><i>Grandfathered with no change in scope and manner of service; unchanged from previous submission. There has been no formal Board action.</i></p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 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.).</p> <p><i>Emergency Ambulance ALS, (911/all) BLS, subcontracts with private ambulance company for the provision of backup BLS ambulance service. Does not include non-emergency inter facility transfers unless contract vendor not available; or patient condition changes to upgrade to ALS 911 service.</i></p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, 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 competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p><i>Grandfathered per 1797.224 with no change in previous plan submission.</i></p>

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<p><b>Local EMS Agency or County Name:</b></p> <p><i>Marin County</i></p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p><i>Paramedic Response/Zone Area B</i></p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p><i>San Rafael Fire Department, 1980+</i></p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p><i>Unchanged from previous submission, zone map included</i></p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.</p> <p><i>Grandfathered with no change in scope and manner of service; unchanged from previous submission. There has been no formal Board Action.</i></p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 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.).</p> <p><i>Emergency Ambulance ALS, (911/all); BLS subcontracts with private ambulance company for the provision of backup BLS ambulance service. Does not include non-emergency inter facility transfers unless contract vendor not available or patient condition changes to upgrade to ALS 911 service.</i></p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, 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 competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p><i>Grandfathered per 1797.224 with no change in previous plan submission.</i></p>

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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><b>Local EMS Agency or County Name:</b></p> <p><i>Marin County</i></p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p><i>Paramedic Response/Zone Area C</i></p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p><i>Ross Valley Paramedic Authority, 1984+</i></p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p><i>Unchanged from previous submission, zone map included.</i></p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.</p> <p><i>Non-exclusive area as described in 2001 correspondence between Marin EMS and California EMSA. History unchanged, no Board action taken.</i></p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 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.).</p> <p><i>Not applicable.</i></p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, 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 competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p><i>Not applicable.</i></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><b>Local EMS Agency or County Name:</b></p> <p><i>Marin County</i></p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p><i>Paramedic Response/Zone Area D</i></p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p><i>Southern Marin Emergency Medical Paramedic System, 1980+</i></p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p><i>Zone map included</i></p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.</p> <p><i>Grandfathered with no change in scope and manner of service; unchanged from previous submission. There has been no formal Board action.</i></p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 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.).</p> <p><i>Emergency Ambulance ALS, (911/all); BLS subcontracts with private ambulance company for the provision of backup BLS ambulance service. Does not include non-emergency inter facility transfers unless contract vendor not available or patient condition changes to upgrade to ALS 911 service.</i></p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, 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 competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p><i>Grandfathered per 1797.224 with no change in previous plan submission.</i></p>

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<p><b>Local EMS Agency or County Name:</b></p> <p><i>Marin County</i></p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p><i>Paramedic Response/Zone Area E</i></p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p><i>Marin County fire Department, 1979+</i></p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p><i>Unchanged from previous submission, map included.</i></p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.</p> <p><i>Grandfathered with no change in scope and manner of service; unchanged from previous submission. There has been no formal Board action.</i></p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 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.).</p> <p><i>Emergency Ambulance ALS, (911/all); BLS; subcontracts with private ambulance company for the provision of backup BLS ambulance service. Does not include non-emergency inter facility transfers unless contract vendor not available; or patient condition changes to upgrade to ALS 911 service</i></p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, 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 competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p><i>Grandfathered per 1797.224 with no change in previous plan submission.</i></p>

OCT 20 2010

**EMERGENCY MEDICAL SERVICES AUTHORITY**

1930 9<sup>th</sup> STREET  
SACRAMENTO, CA 95811-7043  
(916) 322-4336 FAX (916) 324-2875



October 21, 2010

Miles Julihn, EMS Administrator  
Marin County EMS Agency  
899 Northgate Dr., Suite 104  
San Rafael, CA 94903

Dear Mr. Julihn:

We have completed our review of *Marin County's 2009 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 1.27 & 5.10 - Pediatric Emergency Medical and Critical Care System -**  
In your 2004 EMS Plan update your objective was to develop an emergency medical plan for children. While this is an enhanced level standard, I recommend you review the "*Development and Implementation of EMSC, a Step by Step Approach*", found on our web site at <http://www.emsa.ca.gov/systems/files/EMS-C.pdf>. This document provides information to Local EMS Agencies interested in developing an EMS for Children program.

We invite you to attend the 13<sup>th</sup> Annual EMS for Children conference (see attached flier) on November 16, 2010 in Sacramento. The conference provides an opportunity to network with local EMS agency EMSC coordinators.

Your next annual update is due on October 21, 2011. 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".

R. Steven Tharratt, MD, MPVM  
Director

RST:ss