

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Medical Direction:					
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			X
1.23	Interfacility Transfer	X			
Enhanced Level: Advanced Life Support					
1.24	ALS Systems	X			
1.25	On-Line Medical Direction	X			
Enhanced Level: Trauma Care System:					
1.26	Trauma System Plan	X		X	
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
1.27	Pediatric System Plan	X			
Enhanced Level: Exclusive Operating Areas:					
1.28	EOA Plan	X			

B. STAFFING/TRAINING

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

C. COMMUNICATIONS

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

D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Universal Level:						
4.01	Service Area Boundaries*		X			
4.02	Monitoring		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			
4.12	Disaster Response		X			
4.13	Intercounty Response*	X				X
4.14	Incident Command System		X			
4.15	MCI Plans		X			
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		X			
4.17	ALS Equipment		X			

RESPONSE/TRANSPORTATION (continued)

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

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
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			
5.06	Hospital Evacuation*	X				X
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation*		X			X
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X		X	
5.09	Public Input		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X		X	
5.11	Emergency Departments		X			X
5.12	Public Input		X			
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		X			
5.14	Public Input		X			

F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
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			
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X		X	
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data		X			

G. PUBLIC INFORMATION AND EDUCATION

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

LEMSA:

FY: 2010

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.01	LEMSA Structure	☑	☐	☐	New EMS Administrator; remove EMS secretary, add Executive Steering Council	
1.09	Inventory of Resources	☑	☐	☐	Table references changed	
1.11	System Participants	X			San Mateo County entered into an agreement with the City and County of San Francisco regarding San Francisco International Airport in 2009. This agreement runs concurrently with the emergency ambulance service agreement between the County and the EMT-P transport service provider. EMT-P first response is provided by the San Francisco Fire Department. Ambulance transportation is provided by AMR.	
1.2	DNR Policy	☑	☐	☐	DNR Policy revised to include recognition of POLST Forms	
1.27	Pediatric System Plan	☑	☐	☐	In discussions with Stanford Hospital and Clinics to serve as system's Pediatric 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	X			The current five-year contract between San Mateo County and AMR West began on July 1, 2009 and expires on June 30, 2014 with an option to renew at the discretion of the County for an additional five years. An additional contract for ALS first response between the County and the Fire JPA was approved by the EMCC and the Board of Supervisors. This contract runs concurrently with the emergency ambulance contract.	
4.13	Intercounty Response			X	Began dialogue on developing written medical mutual aid agreements with the counties of San Francisco, Alameda, Santa Clara, and Santa Cruz EMS Administrators. Participants should also include County Counsels, and County Managers.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.19	Transportation Plan	X			<p><i>+the previous contract for county-</i></p> <p>wide Emergency Medical Services, held by American Medical Response (AMR) ended on June 30, 2009. The Request for Proposals (RFP) process began in 2007. Stakeholders throughout San Mateo County were convened in several groups to recommend standards and criteria to the EMCC for inclusion in the new RFP. The 2008 RFP document was approved by the EMCC, the Board of Supervisors and the EMSA. The current five-year contract began on July 1, 2009 and expires on June 30, 2014 with an option to renew at the discretion of the County for an additional five years. An additional contract for ALS first response between the County and the Fire JPA was approved by the EMCC and the Board of Supervisors. This contract runs concurrently with</p>	<p><i>The emer. med. Amb. Contract</i></p>
4.21	Compliance				<p>A comprehensive contract compliance review of the first two years of the AMR/County emergency ambulance contract has been completed. AMR is in full compliance with 99% of the contract.</p>	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.22	Evaluation				<p>Each time that an RFP process is conducted the design of the exclusive operating area is evaluated. This evaluation phase occurred in 1996-97 in preparation for an RFP that was issued in Summer 1997. The most recent system redesign occurred in 2007-2008 prior to the 2008 RFP. Both evaluation phases relied on input from the EMCC, the Medical Advisory Committee, and city and county government officials. Input was also solicited from private ambulance services, fire service agencies, hospital personnel, field paramedics, and emergency medical dispatchers.</p>	
5.1	Pediatric System Plan	✓	┐	┐	<p>In discussions with Stamford Hospital and Clinics to serve as system's Pediatric Base Hospital. Reviewing EMSA's recommendation on Intensive Care Services for Pediatric Trauma Patients to determine if need to revise current triage and transport of pediatric trauma patients to currently designated trauma centers.</p>	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.07	Base Hospital Designation	X			<p>In 2010, the Medical Advisory Committee approved for the EMS Agency to begin discussions with Stanford University Hospital and Clinics to serve as the Pediatric Base Hospital for the San Mateo County EMS System. Stanford University Hospital and Clinics serves as a receiving hospital, a trauma center and in conjunction with Lucile Packard Children's Hospital a Pediatric Critical Care Center for our EMS system. The Pediatric Emergency Department, which serves Lucile Packard's Children's Hospital is run by Stanford Hospital and Clinics. Negotiations are currently underway for a written agreement.</p>	To obtain written agreement with Stanford Hospital and Clinics to serve as a pediatric base hospital
7.01	Public Information Matrials				<p>Educational efforts and materials are focused on the following: stroke symptom awareness, bystandar CPR trainings, older adult fall prevention</p>	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
7.02	Injury Control				EMS and Prehospital Provider Agencies are jointly focusing efforts to decrease the incidence of falls among the older adult population in San Mateo County.	
7.04	First Aid and CPR Training	X			2-3 Mass CPR trainings are planned each year	
8.01	Disaster Medical Response	X			Previously listed as "Standard Met" yet there is no "Standard", only "Minimum Standard"	
8.07	Disaster Communications	X		X	Previously listed as "Standard Met" yet there is no "Standard", only "Minimum Standard"	
8.08	Inventory of Resources				<p>Our agency, in concert with OES, has developed the MHOAC Resource Directory which includes available vendors throughout the county and region that could aid in disaster preparedness, response and recovery. In addition, OES has developed a resource guide of available county resources during a disaster. Finally, in coordination with Public Health, EMS assists in the management and procurement of disaster surge supplies, equipment and resources in the County's Local</p>	<p>PHARMACEUTICAL Stockpile</p>

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
8.11	CCP Designation	X			Previously listed as "Standard Met" yet there is no "Standard", only "Minimum Standard"	
8.17	ALS Policies	☑	☑	☑	Previously listed as "Standard Met" yet there is no "Standard", only "Minimum Standard"	

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: **SAN MATEO COUNTY**

Reporting Year: **2009-2010**

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)	0%
B. Limited Advanced Life Support (LALS)	0%
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 Services Agency 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	X
Operation of oversight of EMS dispatch center	X
Non-medical disaster planning	X
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 2009-2010

EXPENSES

Salaries and benefits (All but contract personnel)	833,631
Contract Services (e.g. medical director)	4,645,082
Operations (e.g. copying, postage, facilities)	72,318
Travel	_____
Fixed assets	_____
Indirect expenses (overhead)	78,574
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	_____
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: Intrafund Transfers _____	820,482
Other: _____	_____
Other: _____	_____

TOTAL EXPENSES**\$4,809,123**

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	413,927
Contributions	_____
EMS Fund (SB 12/612)	579,254
Other grants: Farewell to Falls	26,298
Other fees: AMR Pass-Through to JPA	3,743,544
Other (specify): MAA	40,500
TOTAL REVENUE	\$4,809,123

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

Table 2 - System Organization & Management (cont.)

Fee structure for FY 2010

We do not charge any fees

Our fee structure is:

First responder certification	\$ _____
EMS dispatcher certification	_____
EMT-I certification	50
EMT-I recertification	50
EMT-defibrillation certification	_____
EMT-defibrillation recertification	_____
EMT-II certification	_____
EMT-II recertification	_____
EMT-P accreditation	50
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 2010.

Table 2 - System Organization & Management (cont.)

EMS System: San Mateo County _____

Reporting year 2010 _____

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 SERVICES MANAGER	1.0	55.86	38-40	
Program Coordinator/ Field Liaison (Non-clinical)					
Trauma Coordinator	EMS CLINICAL SERVICES MANAGER		As Above	As Above	
Medical Director	EMS MEDICAL DIRECTOR (contract)	0.3	169.00	0%	Contract is with Stanford Hospital & Clinics, not an individual emergency physician
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner	Community Program Analyst II	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	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					Position eliminated July 2009
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

EMS System: San Mateo County

Reporting Year: 2009-2010

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	206	N/A		N/A
Number newly certified this year	98	N/A		N/A
Number recertified this year	108	N/A		N/A
Total number of accredited personnel on July 1 of the reporting year	N/A (accreditation is for EMT-P)	N/A	351	N/A
Number of certification reviews resulting in:				
a) formal investigations	2	N/A		N/A
b) probation	2	N/A	2	N/A
c) suspensions		N/A	0	N/A
d) revocations		N/A		N/A
e) denials		N/A		N/A
f) denials of renewal		N/A		N/A
g) no action taken		N/A	0	N/A

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 no

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: San Mateo County EMS

Reporting Year: 2009-2010

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers All ALS Response

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				
Early defibrillation responder				
Advanced life support responder	6:59 minutes	11:59	21:59	
Transport Ambulance	12:59	19:59	29:59	

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

EMS System: SAN MATEO COUNTY

Reporting Year: FY 2009-2010

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a) Number of patients meeting trauma triage criteria	1379
b) Number of major trauma victims transported directly to a trauma center by ambulance	1379
c) Number of major trauma patients transferred to a trauma center	approx 15
d) Number of patients meeting triage criteria who weren't treated at a trauma center	Unknown

Emergency Departments

Total number of emergency departments	10 (includes 2 out of county facility)
a) Number of referral emergency services	0
b) Number of standby emergency services	2
c) Number of basic emergency services	8 (includes 2 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: San Mateo _____

Reporting Year: 2009-2010 _____

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 volunteer healthcare professionals _____

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 X__ no ____

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 hours of HazMat training at the first responder level. All ambulance personnel receive six hours of training that is divided into two hours of HazMat incident training and four hours of combined WMD/HazMat training utilizing a computer-based interactive (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 ____

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Mateo County EMS _____ County: San Mateo _____ Reporting Year: 2009-2010

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Mateo County EMS _____ County: San Mateo Reporting Year: 2009-2010

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

Training Institution Name California EMS Academy Contact Person telephone no. Nancy Black
 Address _____

Student Eligibility: Health care provider CPR Must be 18 No felony convictions	Cost of Program Basic \$1500 (includes all books and an on-line NR test prep) Refresher \$300 (includes skills verification)	**Program Level: EMT-B Number of students completing training per year: Initial training: 70 year 2010 Refresher: 20 year 2010 Cont. Education 15 Expiration Date: 3/31/2012 Number of courses: Initial training: 4 / 5 year Refresher: 3 / 4 year Cont. Education: 3
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Training Institution California EMS Academy
 2700
 Middlefield Rd
 Redwood City CA
 94063

Contact Person telephone Nancy Black
no. 650 701 0739

<p>Student Eligibility: *</p>	<p>Cost of Program Basic \$13,000 (includes all books and certifications for ACLS, PALS, PEPP, ITLS) Refresher 48 hours \$550</p>	<p>**Program Level: Paramedic Number of students completing training per year: Initial training: <u>10 year 2010</u> Refresher: <u>2</u> Cont. Education <u>3</u> Expiration Date: 9/30/2008 Number of courses: <u> </u> Initial training: <u> </u> Refresher: <u> </u> Cont. Education: <u> </u></p>
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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.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Mateo County EMS **County:** San Mateo **Reporting Year:** 2009-2010

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.	Kimberley Roderick
Address	1700 W. Hillsdale Blvd. San Mateo, Ca. 94402	Phone number	650-574-6347
Student Eligibility: * Open to the general public	Cost of Program Basic: <u>10.5 units + \$150 lab fee</u> Refresher: <u>.5 Units</u> (Plus materials)	**Program Level: EMT-B Number of students completing training per year: Initial training: <u>45</u> Refresher: <u>12</u> Cont. Education: <u>unk</u> Expiration Date: _____ Number of courses: <u>3</u> Initial training: <u>2 yr</u> Refresher: <u>1 yr</u> Cont. Education: <u>Cont.</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.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Mateo County EMS _____

County: San Mateo

Reporting Year: 2011-2012

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

Training Institution Name Skyline College	Contact Person telephone no. Judith Crawford
Address 3300 College Dr San Bruno 94066	Phone number 650-738-4284

Student Eligibility: * Open to general public	Cost of Program Basic Approx. \$720.00 This includes tuition, estimated uniform cost, books, testing fee and lab equipment Refresher Approx \$50.00	**Program Level: EMT-B Number of students completing training per year: Initial training: approx. 120 Refresher: approx. 20 Cont. Education _____ Expiration Date: _____ Number of courses: _____ Initial training: 3/yr____ Refresher: 1/yr____ Cont. Education: Varies_
--	---	---

- 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 EMS _____ County: San Mateo Reporting Year: 2009-2010

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

Training Institution Name South San Francisco Fire Department Contact Person telephone no. Capt. Rich Porcelli, EMT-P
 Phone: 650-877-8664

Address:
 480 North Canal St
 South San Francisco, CA
 94080

<p>Student Eligibility: Health care provider CPR Must be 18 No felony convictions</p>	<p>Cost of Program Basic \$1550 (inclusive) Refresher \$325,</p>	<p>**Program Level: EMT-B Number of students completing training per year: Initial training: 10 Refresher: 40 Cont. Education 50 Expiration Date: 8/31/2014 Number of courses: Initial training: 1-2 / year Refresher: 10/year Cont. Education: 8/31/2014</p>
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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.

TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: San Mateo _____

County: San Mateo _____

Reporting Year: 2009__

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

Name, address & telephone:		Primary Contact:	
San Mateo County Public Safety Communications 400 County Center, Redwood City, CA 94063 650-363-4900		Sue Anderson EMS Dispatch Manager	
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: ____ 35 ____ EMD Training ____ EMT-D ____ ALS ____ BLS ____ LALS ____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" 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

Name, address & telephone:		Primary Contact:	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: ____ EMD Training ____ EMT-D ____ ALS ____ BLS ____ LALS ____ Other
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private		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

**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.

Local EMS Agency or County Name:

San Mateo

Area or subarea (Zone) Name or Title:

San Mateo County (with the exception of the City of South San Francisco)

Name of Current Provider(s):

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 and again in 2007/2008. This provider had been the contract holder since 1990 under the name of Baystar (or Medtrans/Laidlaw).

Therefore, AMR has provided uninterrupted emergency ambulance since January 1990.

Area or subarea (Zone) Geographic Description:

San Mateo County (with the exception of the City of South San Francisco)

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

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. The Board of Supervisors (BOS) approved both the RFP and the contract in 1998 and granted a five-year contract extension in 2003. Contract included emergency ambulance service and paramedic first response (fire service was a subcontractor to the contractor). Current five-year contract was awarded through an RFP competitive process in 2008 and went into effect in July 2009. Current contract does not include paramedic first response. There is a separate contract with the fire JPA for paramedic first response. The current contracts with AMR and the JPA can be renewed at the end of five years, in June 2014, for another five year period.

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, all ALS

Method to achieve Exclusivity, if applicable (HS 1797.224):

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.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Emergency ambulance. Request for Proposals competitive process, every five or ten years, with a five-year contract extension possible.

**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.

Local EMS Agency or County Name: San Mateo County
Area or subarea (Zone) Name or Title: City of South San Francisco
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> City of South San Francisco Fire Department
Area or subarea (Zone) Geographic Description: City of South San Francisco
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> City of South San Francisco qualifies for exclusivity within its jurisdiction.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>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.).</small> Emergency ambulance – all emergencies.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> 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 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.

JAN - 5 2012

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DRIVE, SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



January 6, 2012

Sam Barnett, EMS Administrator
San Mateo County EMS Agency
225 37th Avenue
San Mateo, CA 94403

Dear Mr. Barnett:

We have completed our review of *San Mateo County's 2010 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 - San Mateo County EMS Agency has begun dialogue with adjacent counties to develop written medical mutual aid agreements. This is a long range objective, so in your next EMS plan update, please show what progress has been accomplished in the development of written medical mutual aid agreements with the adjacent counties.

Standard 5.06 - Hospital Evacuation - In your 2006 EMS plan update your objective was to develop a hospital evacuation plan within your county. No progress was reported in your 2008 and 2010 update. Since this is a long range plan please show some progress in meeting this standard in your next EMS plan update.

Standard 8.10 - Mutual Aid Agreements - In your 2006 EMS plan update your objective was to work with the Cal EMA region in establishing written medical mutual aid agreements. Since this is a long range plan please show some progress in meeting this standard in your next EMS plan update.

Transportation Plan: Based on documentation you provided the EMS Authority has made the following determination related to the ambulance zones within your EMS system:

San Mateo County 2010 EMS Plan Update

ZONE	EXCLUSIVITY			TYPE			LEVEL						
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	9-1-1 Emergency	All Emergency Ground Ambulance (9-1-1 & 7 digits)	All Ambulance Services (9-1-1, 7 digits, IFT)	ALS Ambulance Services	IFT	CCT	Air Ambulance
City of South San Francisco		X	Non-Competitive	X				X		X			
San Mateo County (excluding City of South San Francisco)		X	Competitive	X				X		X			

Your annual update will be due on January 6, 2013. Please submit San Mateo County EMS Agency's 2011 Trauma System Status Report, as a separate document, with your EMS Plan Update. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 431-3688.

Sincerely,



Howard Backer, MD, MPH
 Director

HB:ss