

LEMSA:

FY:

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.01	Each local EMS agency shall have a formal organizational structure which included both agency staff and non-agency resources and which includes appropriate technical and clinical expertise	☑	☑	☐	Acting Administrator is the deputy director of the Health System. Active recruitment for position is in effect.	To recruit and hire a new administrator.
1.03	Each local EMS agency shall have a mechanism to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies, and procedures as described throughout this document.	☑	☐	☐	STEMI Committee has been established.	
1.06	Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.	☐	☐	☐	This document serves as the updated 2012 EMS Plan.	
1.15	Each EMS agency shall have a mechanism to review, monitor and enforce compliance with system policies.	☐	☐	☐	Written agreements are in place for a pediatric base hospital, stroke and trauma specialty-care centers.	To establish written Base/Receiving Hospital Agreements with all participating hospitals.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.11	Recommended Standard - Each local EMS agency should ensure that system participants conform to their assigned EMS system roles and responsibilities through mechanisms such as written agreements, facility designations, and exclusive operating areas.	☑	☐	☐	Agreements are in place with AMR and City and County of San Francisco.	delete prior objective to establish written agreement with City of South San Francisco.
1.18	Recommended Standard - Prehospital providers shall be encouraged to establish in-house procedures which identify methods of improving the quality of care provided.	☐	☐	☐	Updated County QI Plan submitted to EMSA during 2012. Contracted ALS Fire First Response and ALS transport services have QI/QA programs and were reviewed by EMS during 2012.	Meets Recommended Standard
4.11	Recommended Standard - The local EMS Agency should plan for responded by and use of all-terrain vehicles, snow mobiles, and water rescue vehicles in areas where applicable. This plan should consider existing EMS resources, population, density, environmental factors, dispatch procedures and catchment area.	☐	☐	☐	Add South San Francisco Fire Department to agencies that have a rescue water craft.	Meets Recommended Standard
5.01	Recommended Standard- The local EMS agency should have written agreements with acute care facilities in its service area.	☐	☐	☐	Add San Mateo County currently has written agreements with two trauma centers, six stroke centers and one pediatric base hospital.	To obtain written agreements with 8 receiving hospitals. Objective partially completed .
5.08	Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including a -e	☐	☐	☐	Discussions have begun with Santa Clara County EMS concerning establishing a written agreement.	To obtain written agreement on trauma matters with Santa Clara County

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.1	Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system including a-g.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current pediatric system consists of EDs approved for pediatrics and designated PCCCs. Will review and revise system when new regulations are approved.	To review all EDs and PCCC to assure compliance once new regulations have been promulgated
5.11	Recommended Standard - Local EMS agencies should develop methods of identifying emergency departments which meets standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Add All San Mateo County EDs participated in the 2012 Pediatric Readiness Survey Project. EMS staff and medical director reviewed results of surveys. Awaiting new EMSC regulations to assist in efforts to receive data from Ends	To develop a mechanism for data collection from EDs
5.12	In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both prehospital providers and consumers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Add The Medical Advisory Committee now serves in the capacity of an EMSC Advisory committee for medically-related issues for the system	
6.01	Recommended Standard - The local EMS Agency should have the resources to evaluate the response to and the care provided to specific patients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Updated County QI Plan submitted to EMSA during 2012 that describes QI activities for specialty care services.	Meets Recommended Standard
8.08	Recommended Standard - The local EMS Agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Per Joint Commission, hospitals now have vendor MOUs for supplies such linen, food, gas, and water	Meets Recommended Standard

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
8.09	The local EMS Agency should support the development and maintenance of DMAT teams in the area.	☑	☐	☐	DMAT supplies are no longer stored in one our local fire stations as previously noted.	Meets Recommended Standard
4.13	The local EMS Agency shall develop agreements permitting intercounty response of emergency medical transport vehicles and EMS personnel .	☐	☐	☑	Requested Update - San Mateo County EMS through the Region II RDMHS and MHOAC Group, has participated in the development of a Cooperative Assistance Agreement (CAA) survey that will examine Region II county interest in crafting a CAA for mutual aid assistance during major events and planned	To begin dialogue on developing written mutual aid agreements with the counties of San Francisco, Alameda, Santa Clara, and Santa Cruz counties. Participants should include EMS Administrators, County Counsels, and County Managers.
5.06	The local EMS Agency shall have a plan fro hospital evacuation, including impact on other EMS systems.	☑	☐	☑	Requested Update - All hospitals have individual evacuation plans that include coordination with operational area and EMS	Meets Minimum Standard.
8.1	The local EMS Agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed which insure that sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.	☐	☐	☑	Request Update - San Mateo County EMS through the Region II RDMHS and MHOAC Group, has participated in the development of a Cooperative Assistance Agreement (CAA) survey that will examine Region II county interest in crafting a CAA for mutual aid assistance during major events and planned	Work with the region in re-establishing the goal of written medical mutual aid agreements.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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Instructions for Completing the Annual Update:

The annual update will consist of the following:

Changes made on a Standard - any changes made on a standard that are different from the previous plan submission, need to be completed on the new format.

New Excel format:

Column A is a drop-down menu - choose what standard you are reporting on.

Column B type the Standard

Columns C, D, & E are check boxes

Columns F & G report your Progress and Objectives

Executive Summary - a narrative describing a brief overview of the plan. It should identify the major needs which have been found and proposed program solutions. Also, any changes which have occurred in your system, such as changing providers, designating new centers, changing key personnel, etc.

Tables 1-11.

Ambulance Zone Summary Form

In order to evaluate the nature of each area or subarea, an Ambulance Zone Form needs to be completed for each zone, whether exclusive or non-exclusive. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Executive Summary

The San Mateo County EMS system remained stable during the year 2012 and continued to make progress toward several long term goals. The Health System, EMS Division (Agency) continued to experience outstanding collaboration with key system partners including our ALS Fire First Responder Agencies, contracted ALS transport service, AMR, and our receiving and specialty care centers, several of which are located within other EMS agency jurisdictions.

Accomplishments and notable changes that occurred during 2012 include the following:

- A STEMI System Planning Committee was established to assist the EMS Division with the planning, development and implementation of a STEMI system of care. A contract was established with an interventional cardiologist to provide consultation services to the agency on this project. Review of applicant facilities for STEMI Center designation was initiated during the year. Completion of reviews, designation of STEMI Centers and implementation of the STEMI system is slated for 2013.
- EMS staff conducted an extensive contract review of fire first responder services.
- A contract was signed with Stanford Hospital and Clinics to provide pediatric base hospital services for the EMS system.
- The EMS Division submitted an Emergency Medical Services Quality Improvement Program (EQIP) Plan to the State EMS Authority in August 2012.
- In late 2012, the EMS Administrator resigned to assume a position with another LEMSA. The Deputy Director of the Health Services Agency assumed the role of interim EMS director.
- The EMS Division was notified by Mills Hospital that it would be closing its standby emergency services on December 1, 2012 as it would not meet seismic standards (SB 1953). Upon receipt of the notification, the EMS Division notified all of its other receiving hospitals, ground and air ambulance providers, local media, Public Safety Communications, Emergency Medical Care Committee and the Board of Supervisors. In accordance with Section 1300 of the California Health and Safety Code, a public hearing was scheduled and held on September 27, 2012 to provide citizens with the opportunity to ask questions and make public comment about the proposed closure. An impact study was conducted by EMS staff and the State Department of Health Services and the California Emergency Medical Services Authority were notified of the results. The facility closed on December 1, 2012.
- The EMS Division, under the direction of the EMS Medical Director began two research studies during the year: 1) use of video-guided intubation devices to improve success rates of prehospital intubations and 2) the use of San Mateo County Assessment Tool for Stroke (SMARTS).

TABLE 1

A. SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended standard	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		
Regulatory Activities:						
1.12	Review & Monitoring		X			
1.13	Coordination		X			
1.14	Policy & Procedures Manual		X			X
1.15	Compliance w/Policies		X			X
System Finances:						
1.16	Funding Mechanism		X			
Medical Direction:						
1.17	Medical Direction		X			
1.18	QA/QI			X		
1.19	Policies, Procedures, Protocols			X		

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended standard	Short-range plan	Long-range plan
1.20	DNR Policy		X			
1.21	Determination of Death		X			
1.22	Reporting of Abuse		X			
1.23	Interfacility Transfer		X			
Enhanced Level: Advanced Life Support						
1.24	ALS Systems			X		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			X
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		X			

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended standards	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				Still awaiting response for waiver that was requested several years ago to EMSA.

C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended standard	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 standard	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		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			
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 standard	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			
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation		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 standard	Short-range plan	Long-range plan
Universal Level:						
6.01	QA/QI Program			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		
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 standard	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 standard	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			
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			

Table 2 - System Organization & Management (cont.)

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$ 857,770
Contract Services (e.g. medical director)	4,319,416
Operations (e.g. copying, postage, facilities)	71,562
Travel	_____
Fixed assets	_____
Indirect expenses (overhead)	77,796
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	_____
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: ___Interfund Transfers_____	-266,179
Other: _____	_____
Other: _____	_____

TOTAL EXPENSES \$ 5,060,365

Table 2 - System Organization & Management (cont.)

6. 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		35,834
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		435,060
Contributions		_____
EMS Fund (SB 12/612)		598,772
Other grants: _____		_____
Other fees: AMR pass-thru to JPA		3,923,115
Other (specify): Medi-Cal Admin Activities (MAA)		67,239
TOTAL REVENUE	\$	5,060,020

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

Table 2 - System Organization & Management (cont.)

7. Fee structure

_____ We do not charge any fees

_____ Our fee structure is:

First responder certification	\$ _____
EMS dispatcher certification	_____
EMT-I certification	125
EMT-I recertification	87
EMT-defibrillation certification	_____
EMT-defibrillation recertification	_____
AEMT certification	_____
AEMT recertification	_____
EMT-P accreditation	100
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	_____
MICN/ARN recertification	_____
EMT-I training program approval	_____
AEMT 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 licence	\$ _____
Ambulance vehicle permits	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

Table 2 - System Organization & Management (cont.)

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	40%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./ Training Coordinator	Clinical Services Mgr I	1.0	\$55.86	40%	
Program Coordinator/ Field Liaison (Non-clinical)					
Trauma Coordinator	See Clinical Services Mgr I				
Medical Director	EMS Medical Director	0.25	\$169.00	0	Contract is with Stanford Hospital & Clinics, not an individual emergency physician
Other MD/Medical Consult/ Training Medical Director	STEMI System MD Consultant		\$250		Individual Contract
Disaster Medical Planner	Community Prog. Spec II	1.0	\$33.50	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	40%	
QA/QI Coordinator	See Clinical Services Mgr I				
Public Info. & Education Coordinator	Public Health Nurse	1.0	\$53.90	40%	
Executive Secretary					
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.

SAN MATEO COUNTY EMS AGENCY ORGANIZATION CHART

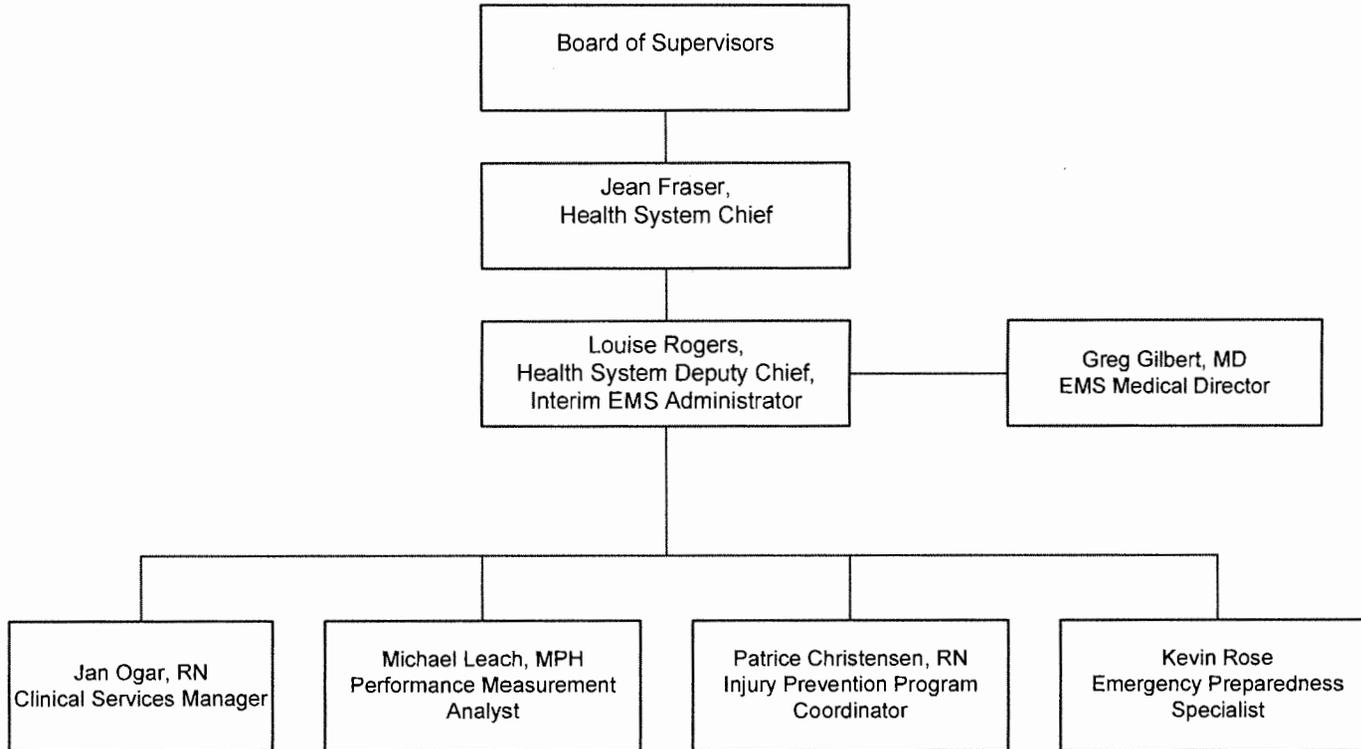


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Revision #4 (4/20/07)

EMS System: San Mateo County

Reporting Year: 2012

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	299	N/A		N/A
Number newly certified this year	127	N/A		N/A
Number recertified this year	172	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	509	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 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: San Mateo

County: San Mateo

Reporting Year: 2012

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

1. Number of primary Public Service Answering Points (PSAP) ___14___
 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)
San Mateo County Fire Service radio channels (VHF High Band)
 - c. Can all medical response units communicate on the same disaster communications system?
Yes No
 - d. Do you participate in OASIS? Yes No
 - e. Do you have a plan to utilize RACES as a back-up communication system?
Yes No
- 1) Within the operational area? Yes No

2) Between the operational area and the region and/or state? Yes ___?___ No ___?___

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**

Reporting Year: 2012

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers-All JPA Fire Agencies have ALS Fire First Response ALS capabilities.

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

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

Reporting Year: 2012

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	1603
2. Number of major trauma victims transported directly to a trauma center by ambulance	1577
3. Number of major trauma patients transferred to a trauma center	26
4. Number of patients meeting triage criteria who were not treated at a trauma center	Unknown

Emergency Departments

Total number of emergency departments	12 (includes 4 out of county facility)
1. Number of referral emergency services	0
2. Number of standby emergency services	2
3. Number of basic emergency services	10 (includes 4 out of county facility)
4. Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of receiving hospitals with written agreements	7
2. Number of base hospitals with written agreements	1

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

3. Have you tested your MCI Plan this year in a:
a. real event? yes X no _____
b. exercise? yes X no _____

4. List all counties with which you have a written medical mutual aid agreement.
NONE

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes X no _____

6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes X no _____

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? Deputy Chief of Health System

8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? N/A

Table 8: Resource Directory

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Mateo

Provider: American Medical Response

Response Zone: All of county except City of South San Francisco

Address: 1510 Rollins Road
Burlingame, CA 940410

Number of Ambulance Vehicles in Fleet: 25

Phone Number: (650) 235-1333

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 16

<p>Written Contract:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Service:</p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p>Ownership:</p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p>If Public:</p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public:</p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air:</p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p>Air Classification:</p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

57,027 Total number of calls in system
 45,033 Total number of responses
 31,928 Number of emergency responses
 13,095 Number of non-emergency responses

37,253 Total number of transports
 26,390 Number of emergency transports
 10,863 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Mateo **Provider:** South San Francisco Fire Department **Response Zone:** City of South San Francisco only

Address: 480 North Canal Street **Number of Ambulance Vehicles in Fleet:** 4
South San Francisco, CA 94080

Phone Number: 650-829-3950 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

4604 Total number of responses
3720 Number of emergency responses
884 Number of non-emergency responses

3704 Total number of transports
2912 Number of emergency transports
792 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Table 9: Resource Directory

Facilities

County: San Mateo County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Seton Hospital Telephone Number: 650-992-4000
Address: 1900 Sullivan Ave.
Daly City, CA 94015

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
x Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes X No

<u>Pediatric Critical Care Center¹</u> <u>EDAP²</u> <u>PICU³</u>	<input type="checkbox"/> Yes X No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes X No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes X No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resource Directory

Facilities

County: *San Mateo County*

Note: Complete information for each facility by county. Make copies as needed.

Facility: Kaiser South San Francisco Telephone Number: 650-742-2200
Address: 1200 El Camino Real
South San Francisco, CA 94080

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency</p> <p><input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p><u>Pediatric Critical Care Center⁴</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>EDAP⁵</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>PICU⁶</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resource Directory

Facilities

County: San Mateo County

Note: Complete information for each facility by county. Make copies as needed.

Facility: Peninsula Medical Center Telephone Number: 650-695-5400
Address: 1501 Trousdale Drive
Burlingame, CA 94010

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency</p> <p><input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p><u>Pediatric Critical Care Center</u>⁷ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>EDAP</u>⁸ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>PICU</u>⁹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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⁷ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resource Directory

Facilities

County: *San Mateo County*

Note: Complete information for each facility by county. Make copies as needed.

Facility: San Mateo General Medical Center Telephone Number: 650-573-2222
Address: 222 W. 39th Street
San Mateo, CA 94403

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
X Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes X No

<u>Pediatric Critical Care Center¹⁰</u> <u>EDAP¹¹</u> <u>PICU¹²</u>	<input type="checkbox"/> Yes X No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes X No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes X No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes X No

¹⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
¹¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
¹² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resource Directory

Facilities

County: *San Mateo County*

Note: Complete information for each facility by county. Make copies as needed.

Facility: Sequoia Hospital Telephone Number: 650-367-5561
Address: Whipple & Alameda de Las Pulgas
Redwood City, CA 94062

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
X Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes X No

<u>Pediatric Critical Care Center¹³</u> <u>EDAP¹⁴</u> <u>PICU¹⁵</u>	<input type="checkbox"/> Yes X No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes X No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes X No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No

¹³ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
¹⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
¹⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resource Directory

Facilities

County: *San Mateo County*

Note: Complete information for each facility by county. Make copies as needed.

Facility: Kaiser – Redwood City Telephone Number: 650-299-2000
Address: 1150 Veterans Blvd
Redwood City, CA 94063

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency</p> <p><input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p><u>Pediatric Critical Care Center¹⁶</u> <u>EDAP¹⁷</u> <u>PICU¹⁸</u></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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¹⁶ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
¹⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
¹⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resource Directory

Facilities

County: *San Mateo County*

Note: Complete information for each facility by county. Make copies as needed.

Facility: Mills Hospital
Address: 100 S. San Mateo Drive
San Mateo, CA 94010

Telephone Number: 650-696-4666

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p><i>Pediatric Critical Care Center¹⁹</i> <i>EDAP²⁰</i> <i>PICU²¹</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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¹⁹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²⁰ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²¹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resource Directory

Facilities

County: San Mateo County

Note: Complete information for each facility by county. Make copies as needed.

Facility: *Stanford Hospital and Clinics Telephone Number: 650-723-4000
Address: 300 Pasteur Drive
Palo Alto, CA 94305

**Santa Clara County facility that serves as receiving facility, base hospital, pediatric base hospital, PCCC and Trauma Center (designated by SCC EMSA)*

<p><u>Written Contract:</u></p> <p>X Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency</p> <p><input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p>X Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes X No</p>
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<p><u>Pediatric Critical Care Center²²</u> <u>EDAP²³</u> <u>PICU²⁴</u></p>	<p>X Yes <input type="checkbox"/> No X Yes <input type="checkbox"/> No X Yes <input type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p>X Yes <input type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p>X Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p>X Yes <input type="checkbox"/> No</p>
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²² Meets EMSA Pediatric Critical Care Center (PCCC) Standards
²³ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
²⁴ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resource Directory

Facilities

County: *San Mateo County*

Note: Complete information for each facility by county. Make copies as needed.

Facility: Seton – Coastside
Address: Marine Blvd & Etheldore
Moss Beach, CA 94038

Telephone Number: 650-723-3921

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<u>Pediatric Critical Care Center</u> ²⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
<u>EDAP</u> ²⁶	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II
<u>PICU</u> ²⁷	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

²⁵ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
²⁶ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
²⁷ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resource Directory

Facilities

County: *San Mateo County*

Note: Complete information for each facility by county. Make copies as needed.

Facility: Palo Alto VA Hospital
Address: 3801 Miranda Ave
Palo Alto, CA 94304

Telephone Number: 650-493-5000

Santa Clara County facility that serves San Mateo County as a receiving hospital.

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency</p> <p><input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p><u>Pediatric Critical Care Center</u>²⁸ <u>EDAP</u>²⁹ <u>PICU</u>³⁰</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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²⁸ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
²⁹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³⁰ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resource Directory

Facilities

County: *San Mateo County*

Note: Complete information for each facility by county. Make copies as needed.

Facility: Dominican Hospital
Address: 1555 Soquel Dr
Santa Cruz, CA 95065

Telephone Number: 831-462-7700

Santa Cruz County facility that serves for San Mateo County as a receiving facility.

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<u>Pediatric Critical Care Center</u> ³¹ <u>EDAP</u> ³² <u>PICU</u> ³³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

³¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
³² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

Table 9: Resource Directory

Facilities

County: San Mateo County

Note: Complete information for each facility by county. Make copies as needed.

Facility: *University of California San Francisco
Medical Center

Telephone Number: 415-353-1611

Address: 513 Parnassus Avenue
San Francisco, CA 94131

*San Francisco County facility that serves San Mateo County as a designated PCCC only

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency</p> <p><input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center³⁴ EDAP³⁵ PICU³⁶</p>	<p>X Yes <input type="checkbox"/> No X Yes <input type="checkbox"/> No X Yes <input type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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³⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
³⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resource Directory

Facilities

County: *San Mateo County*

Note: Complete information for each facility by county. Make copies as needed.

Facility: *California Pacific Medical Center
Address: Duboce Ave
San Francisco, CA 94114

Telephone Number: 415-600-6464

**San Francisco County facility that serves San Mateo County as a designated PCCC only*

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<u>Pediatric Critical Care Center³⁷</u> <u>EDAP³⁸</u> <u>PICU³⁹</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

³⁷ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
³⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resource Directory

Facilities

County: *San Mateo County*

Note: Complete information for each facility by county. Make copies as needed.

Facility: *San Francisco General Hospital
Address: 1001 Portrero Avenue
San Francisco, CA 94110

Telephone Number: 415-206-800

**Serves San Mateo County as Trauma Center designated by SF EMSA*

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
X Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<u>Pediatric Critical Care Center⁴⁰</u> <u>EDAP⁴¹</u> <u>PICU⁴²</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		X Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

⁴⁰ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
⁴¹ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
⁴² Meets California *Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards*

Table 9: Resource Directory

Facilities

County: *San Mateo County*

Note: Complete information for each facility by county. Make copies as needed.

Facility: *St. Francis Hospital
Address: 900 Hyde Street
San Francisco, CA 94109

Telephone Number: 415-353-6300

**San Francisco County facility that serves San Mateo County as a Burn Center only*

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<u>Pediatric Critical Care Center⁴³</u> <u>EDAP⁴⁴</u> <u>PICU⁴⁵</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

⁴³ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
⁴⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
⁴⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resource Directory

Facilities

County: *San Mateo County*

Note: Complete information for each facility by county. Make copies as needed.

Facility: *Santa Clara Valley Medical Center
Address: 751 S. Bascom Avenue
San Jose, CA 95128

Telephone Number: 408-885-3228

**Santa Clara County facility that serves San Mateo County as a Burn Center only*

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<u>Pediatric Critical Care Center⁴⁶</u> <u>EDAP⁴⁷</u> <u>PICU⁴⁸</u> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

⁴⁶ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
⁴⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
⁴⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 10 – Training Programs

San Mateo County Approved Training Programs

EMS System: San Mateo County EMS **County:** San Mateo

Reporting Year: 2012

Training Institution Name Address

California EMS Academy
closed 12/2012**

Contact Person telephone no.

Nancy Black

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
 2700
 Middlefield Rd
 Redwood City CA
 94063

California EMS Academy

Contact Person telephone no.
 650 701 0739

Nancy Black

Student Eligibility: *	Cost of Program Basic \$13,000 (includes all books and certifications for ACLS, PALS, PEPP, ITLS) Refresher 48 hours \$550	**Program Level: Paramedic Number of students completing training per year: Initial training: <u>10 year 2010</u> Refresher: <u>2</u> Cont. Education 3 Expiration Date: 9/30/2012 Number of courses: Initial training: varies Refresher: varies Cont. Education: varies several / year
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Table 10 – Training Programs

EMS System: San Mateo County EMS

County: San Mateo

Reporting Year: 2012

Training Institution Name Address

College of San Mateo

1700 W. Hillsdale Blvd.
San Mateo, Ca. 94402

Contact Person telephone no.

Kimberley Roderick

Phone number
650-574-6347

Student Eligibility: *
Open to the general public

Cost of Program

Basic: 10.5 units + \$150 lab fee

Refresher: .5 Units
(Plus materials)

****Program Level: EMT-B**
Number of students completing training per year:
Initial training: 45
Refresher: 12
Cont. Education unk
Expiration Date: 9/30/2015

Number of courses: 3
Initial training: 2 yr
Refresher: 1 yr
Cont. Education: Cont.

Table 10 – Training Programs

EMS System: San Mateo County EMS

County: San Mateo

Reporting Year: 2011-2012

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: 11/30/2015

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 10 – Training Programs

EMS System: San Mateo County EMS _____

County: San Mateo **Reporting Year:** 2012

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 11: RESOURCES DIRECTORY -- Dispatch Agency

County: San Mateo

Reporting Year: 2012

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

San Mateo County Public Safety Communications 400 County Center, Redwood City, CA 94063 650-363-4900	Don Maynard EMS Dispatch Manager
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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 ___ BLS ___ LALS ___ Other		
Ownership: <input type="checkbox"/> Public <input checked="" 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 Number: _____	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 ___ 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 County
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): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> 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): <small>Include intent of local EMS agency and Board action.</small> 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): <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, all ALS
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> 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.