County of Marin

EMS Plan Update
2007

Marin County Emergency Medical Services Agency
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MARIN COUNTY

EMERGENCY MEDICAL SERVICES AGENCY

PROGRAM SUMMARY

2004 - 2007

In gratitude, the Emergency Medical Services (EMS) Agency acknowledges the substantial contributions from all Marin County EMS System providers and administrators who work hard to bring their expertise, knowledge and caring to improve emergency medical services for residents and visitors of Marin County. In particular, our gratitude extends to providers in prehospital EMS provider agencies, emergency departments and specialty care centers who attend to the needs of emergency patients, and to the members of the EMS Forum, Field Advisory, Medical Directors, CQI, TAC, Executive and Policy & Procedure Committees for their many hours of attention to detail in quality improvement and policy development for the EMS System.

Table of Contents

MARIN COUNTY EMS AGENCY PROGRAM SUMMARY

2004 - 2007

This *Program Summary* provides a review of Emergency Medical Services (EMS) Agency activities for 2004 – 2007, and concludes with priorities for 2008. With the statistical reports that follow in the *Program Summary Supplement*, it is an update to the EMS Forum, the Marin County Board of Supervisors and the California State EMS (Emergency Medical Services) Authority. Previous annual reports are on the EMS Agency website for review at http://www.co.marin.ca.us/ems . In 2007 the EMS Agency re-stated its mission and goals, through a series of strategic planning sessions with EMS Agency staff and EMS System stakeholders. The mission and goals are provided here, followed by a summary of related activities.

EMS Agency Mission

The EMS Agency is vested with authority from the California Code of Regulations (Health and Safety Code Title 22) to plan, implement, monitor and regulate the EMS System in Marin County. This mission involves the care of people who request and/or need emergency medical treatment. There are 4 primary goals directed by this mission:

1) Plan and regulate the EMS System
2) Sustain and evolve the EMS System Continuous Quality Improvement (CQI) process
3) Prepare the EMS System to respond to disaster
4) Effectively administer the EMS Agency

Plan and regulate the EMS System

General EMS System activities include maintaining ambulance Certificates of Operation and inspections, prehospital provider certifications and accreditations, ensuring county-wide compliance with state mandates, and developing and maintaining contractual agreements with providers. During 2004 - 2007, the Agency sustained this core regulatory mission, and incorporated a new policy for use of background checks on all EMT applications. This improves oversight of personnel qualifications prior to issuing a certificate to work as an EMT. Randy Saxe, interim EMS Program Manager, and Lynn Baker, EMS Program Office Manager, head up these core regulatory EMS Agency functions. Lynn is a 35-year Marin County employee, and though she officially retired early in 2008, she continues part-time in the office on a temporary basis. We offer Lynn our congratulations, and sincere thanks for her substantial service to Marin County.

During 2007, the former "Emergency Medical Care Committee" was restructured as the "EMS Forum". This is a group of EMS System stakeholders that meets quarterly to confer with Department of Health and Human Services (HHS) executives on policy matters relating to the EMS System. The former "Prehospital Medical Care Committee" was restructured in 2007 as the "Field Advisory Committee", to provide oversight and input to

the EMS Agency on operationally-based EMS System issues. See organizational chart on page 9.

Sustain and evolve the Continuous Quality Improvement process

The Continuous Quality Improvement (CQI) Committee maintains core EMS System clinical quality oversight functions, by providing a forum for EMS System stakeholder input on system data analysis, policy development and prehospital provider training.

The CQI Committee was reorganized through 2004 and early 2005, under the leadership of Alanna Brogan, RN, Kaiser Hospital Trauma Program Manager, with EMS Medical Director Bill Teufel, MD and Karrie Groves, RN. The structure and membership was reconfigured to provide systemwide stakeholder representation with a systematic data review process. The CQI Plan was developed and implemented in April 2005, in accordance with State EMS Authority guidelines. Subcommittees include Executive, Trauma Advisory Committee, Policy and Procedures. The committee chose system indicators using State EMS Authority guidelines. Analysis has been conducted on Pain Management and Advanced Airway Management; 2008 goals include review of Pediatric Seizures and Witnessed VF/VT.

EPCIS

Central to the analysis of EMS System performance is the data derived from the *Electronic Prehospital Care Information System*, or EPCIS. This system was developed in the late 1980's by Jay Myhre, who continues as a contractor for the EMS Agency. Troy Peterson and Darrin Allen work with Jay and EMS System providers to continuously upgrade EPCIS software and hardware, to improve ease of use for paramedics and CQI coordinators who input and analyze the information. The bulk of information in this Program Summary derives from EPCIS. EPCIS is undergoing an extensive review with EMS System providers and Marin County HHS Information Technology chief, Del Medina, to strategically plan for its evolution over the course of the next 3 years.

Ambulance Diversion

A fundamental change in hospital diversion policy was implemented in 2005 when the Emergency Department Saturation policy was developed. Continued interest in trauma center diversions prompted a revision of the diversion policy in its entirety over the following year. In late 2007, a STEMI Receiving Center Cath Lab diversion category was added.

STEMI Receiving Centers

Initial work on a STEMI Receiving Centers system began in 2006 to ensure integration of the prehospital system with hospital cardiac care programs that rapidly diagnose and treat heart attack patients. This activity is reflected in the increase in the use of 12-lead EKGs seen in EPCIS statistics beginning in 2006.

EMS System Notifications

The Risk Management Subcommittee began a revision of the System Notification Policy in 2006 to improve the

data management process related to unusual occurrences and sentinel events. This new policy implementation date is May 1, 2008.

Trauma Advisory Committee

The Trauma Advisory Committee (TAC) was reactivated in 2006 and continues to provide a forum for principal trauma system stakeholders to evaluate trauma system indicators such as over and undertriage, EMS helicopter use, and mortality. In March 2008 the first meeting of the Trauma Medical Audit subcommittee of TAC met in closed session confidential review of in-hospital trauma cases to address interfacility transfer issues. The Marin General Hospital Level III Trauma Center was reviewed for compliance with Marin County and American College of Surgeons (ACS) standards in 2007, by consultants who recommended the hospital could successfully vie for continued (ACS) verification as a Level III center.

Trauma Triage Tool

The Trauma Triage Tool was addressed during 2005 toward revision and final implementation on January 1, 2006. The revision followed an extensive Trauma System evaluation process conducted between 2002 and 2004, using the American College of Surgeons Trauma System Consultation program, an economic evaluation by Bishop & Assoc., and stakeholder input. The revised Triage Tool directs all in-County ground transports to a single trauma receiving facility (Level III with 24/7 neurosurgery). This represents a significant change in the original trauma system design, which required paramedics to distinguish between two proximally located trauma receiving facilities (Level III & EDAT [Emergency Dept. Approved for Trauma]), using prehospital field triage criteria that resulted in high overtriage rates. Paramedic judgment was added to the triage tool, allowing for field personnel to decide to activate the trauma system based solely on clinical assessment, even if patients do not meet other triage criteria. Overtriage rates (ISS<9/total trauma activations) measured from 2001-2005 had been in the range of 80%. Since trauma triage tool revision the rates have dropped to a 55% range and continue in a downward trend. See graph on page 17.

With the revision of the triage tool, the prehospital data system (EPCIS) was reprogrammed in October 2006 to more accurately identify prehospital use of the trauma triage tool. The Trauma System CQI process closely monitors the use of the newly-implemented tool. An EPCIS subcommittee, led by Troy Peterson, is steering a project to facilitate a more accurate use of the triage tool in the trauma system.

Elderly Falls

During the triage tool revision process, an "Elderly Fall Victims" study was conducted to provide a focused analysis of cases in which elderly using anticoagulant medication suffer falls. These patients tend to look fairly well immediately after a minor fall, but their condition is often seen to rapidly deteriorate about six hours after the injury, and because of the anticoagulant medication, internal bleeding is difficult to control. A 2001 - 2004 review of "ground level" falls treated in all Marin hospitals revealed that annually, over 100 patients who use

anticoagulants, aged 65 or more, are treated for injuries after minor falls. This represents roughly 25% of all falls treated in Marin's trauma facilities annually. The results corroborated the anecdotal awareness in Marin County that this is a frequent occurrence, and that this population is at risk of poor outcomes if their injuries are not treated promptly in a trauma center. These results were incorporated into paramedic training programs and the trauma triage tool, so that prehospital personnel would have a higher index of suspicion in these cases, and use careful assessment in their decision about whether or not to triage to the trauma center.

EMS Helicopters

The triage tool revision also included a change in the frequent helicopter use pattern in the east-central Marin area prior to 2006. A CQI audit had revealed significant overtriage of trauma patients to EMS helicopters from incidents less than 30 minutes by ground from the scene to the trauma center. Delays in transport time intervals occur in these incidents when helicopters are used instead of ground ambulances. Patients experience costly, unnecessary and lengthier transport to out-of-county trauma centers when helicopters are used in this central Marin area, instead of ground ambulances that would transport to the nearby Marin trauma center. Subsequent audits show a drop in the use of EMS helicopters in Marin County by 15%--down from 26% in 2001 to 11% in 2007—with a concentration of decreased activity in the area within 30 minutes ground travel time to the trauma center. Also significant is the increase in the average injury severity score on trauma patients transported by aircraft (from an average ISS=12 in 2004 to average ISS=17 in 2007). This is another indicator of the desired decrease in overtriage of air transports. Statistics and graphs on pages 21-25.

Policy and Procedure Manual

Over 100 EMS policies and procedures in the EMS Agency Policy & Procedure manual were reviewed, reformatted, revised and updated during 2007 with extensive stakeholder input and substantial contributions from EMS Agency staff and CQI Committee members. This revision represents a significant milestone in the maturation of the CQI process for the EMS System. The newly revised policies are aligned with policies in neighboring regions, and compliant with current national standards. Final implementation date for the revised policy manual is May 1, 2008.

Emergency Medical Dispatch Protocols

The Marin County Communications Center, under direction of the Sheriff's Office, dispatches EMS resources for all County providers except San Rafael Fire Department. The EMS Agency has oversight responsibility for the EMS protocols dispatchers use to manage medical-related 911 calls, and dispatch emergency response crews. An EMS System priority to upgrade the dispatch protocols was achieved in April 2008, through collaborations with the Dispatch Center and the EMS Agency. The continuous quality improvement process to address these upgrades is in development, and is a priority for 2008.

Prepare EMS System to respond to a disaster

The EMS Agency collaborates with EMS System stakeholders to plan, implement policy for, and train and exercise responses to, large-scale emergencies and disasters.

MERA Radio System

During 2004, the Marin County-wide MERA radio system was implemented. EMS System issues were addressed under the direction of Randy Saxe. Equipment has been placed, and personnel have been trained to use this system. Prehospital providers use the system regularly to communicate with hospital emergency departments when transporting emergency patients. EMS Agency staff regularly monitors radio traffic, and responds to equipment troubleshooting and improvement requests from EMS System providers.

ReddiNet Web-based Communications

Web-based communications software for emergency medical systems was implemented in 2005 under Randy Saxe's direction. The system – "*ReddiNet*" – is used in EMS Systems throughout California. It provides data linkage with dispatch centers, EMS Agency, prehospital providers and hospitals that allows all password-permitted users to input critical status information and have it available for viewing by their counterparts in the emergency/disaster response system. It is used to communicate information about EMS System resources in "real-time" for emergency and disaster response operations. ReddiNet software upgrade is currently being implemented to improve ease of use and expand regional communications capabilities.

Marin Medical Reserve Corps

Under the direction of Brian Waterbury, the Marin Medical Reserve Corps (MMRC) volunteer program has developed since 2005. This program trains and deploys volunteer medical professionals to respond to Marin County emergency/disaster needs. There are over 400 registered members, 250 of whom actively participate in community service and training, and who make substantial contributions to Marin County's emergency preparedness. The financial impact analysis by the Marin County Civic Center Volunteers reports the 2,653 hours of MMRC volunteer effort in 2007 provided an estimated $110,237 of services.

In 2007 Dr. Bill Teufel agreed to assume the role of MMRC Medical Director, with the goal to integrate the MMRC with EMS System disaster response operations.

Multiple Patient Management Plan

The plan to manage a large surge in volume of emergency patients was revised in draft form in 2007, under Randy Saxe's direction, drafted and coordinated by Crystal Wright. The draft will be revised based on input from exercises planned for 2008.

Disaster Response Exercises

In 2003 the EMS Agency, with Troy Peterson and Randy Saxe, began a regular disaster exercise program. These exercises are crucial to a continuity of operations in

large-scale emergencies/disasters. They facilitate communications with multiple public and private provider agencies, including the Department of Health & Human Services (HHS). The exercise activity ranges from tabletop discussions to full-scale emergency response operations. These exercises include MAD (Mutual Aid) drills, State EMSA exercises, ad hoc exercises and EOC (Emergency Operations Center) / DOC (Department Operations Center) activations.

AED Programs

In 2004, the EMS Agency, in collaboration with the Marin County Fire Dept., implemented a public access program at the Civic Center campus. In addition to administering this program, the EMS Agency maintains the HHS clinical site AED programs. These programs provide immediate access to life-saving automatic external defibrillators (AEDs) for people who suffer sudden cardiac arrest.

EMS/Public Health Preparedness Grants

The EMS Agency supports the Public Health Division of HHS with grant projects funded by State and Federal agencies. These activities include training, equipment purchases, outfitting and maintaining supply trailers for multiple casualty incidents, and consulting on EMS System-related grant projects.

Effectively administer the EMS Agency

This function involves oversight and direction of the EMS Agency, including budget, contracts, personnel management, office management and strategic planning. The Agency has experienced a series of staffing changes, including the vacancy of the key role of the EMS Administrator. Staffing adjustments were made to accommodate this, including the appointment of Randy Saxe as interim Program Manager, and appointment of Troy Peterson as EMS Specialist in the Agency. These changes also led to a strategic planning process with staff and external stakeholders during 2007. After an analysis of the EMS Administrator role, with input from all stakeholders, recruitment is underway for qualified candidates. The position is expected to be filled by June, 2008. The Agency will relocate in June 2008 to a new office that will be shared with HHS Public Health Preparedness programs. See organizational chart on page 8.

Summary of 2008 EMS Agency Priorities

CQI Program Priorities

--Review prehospital "Pediatric Seizures" protocol compliance – Fall 2008

--Review prehospital "Witnessed VT/VF" protocol compliance – Fall 2008

--Continue trauma system indicators analysis

--Continue TAC medical reviews

--Collaborate with County Communications Center to expand the dispatch CQI process to accommodate upgrades in the emergency medical dispatch protocols – Fall, 2008

--Review the EPCIS prehospital records data system for upgrades vs. new product purchase – survey EMS System users – Fall, 2008

Disaster Response Priorities

--Multiple Patient Management exercise, revise and approve plan – Dec, 2008

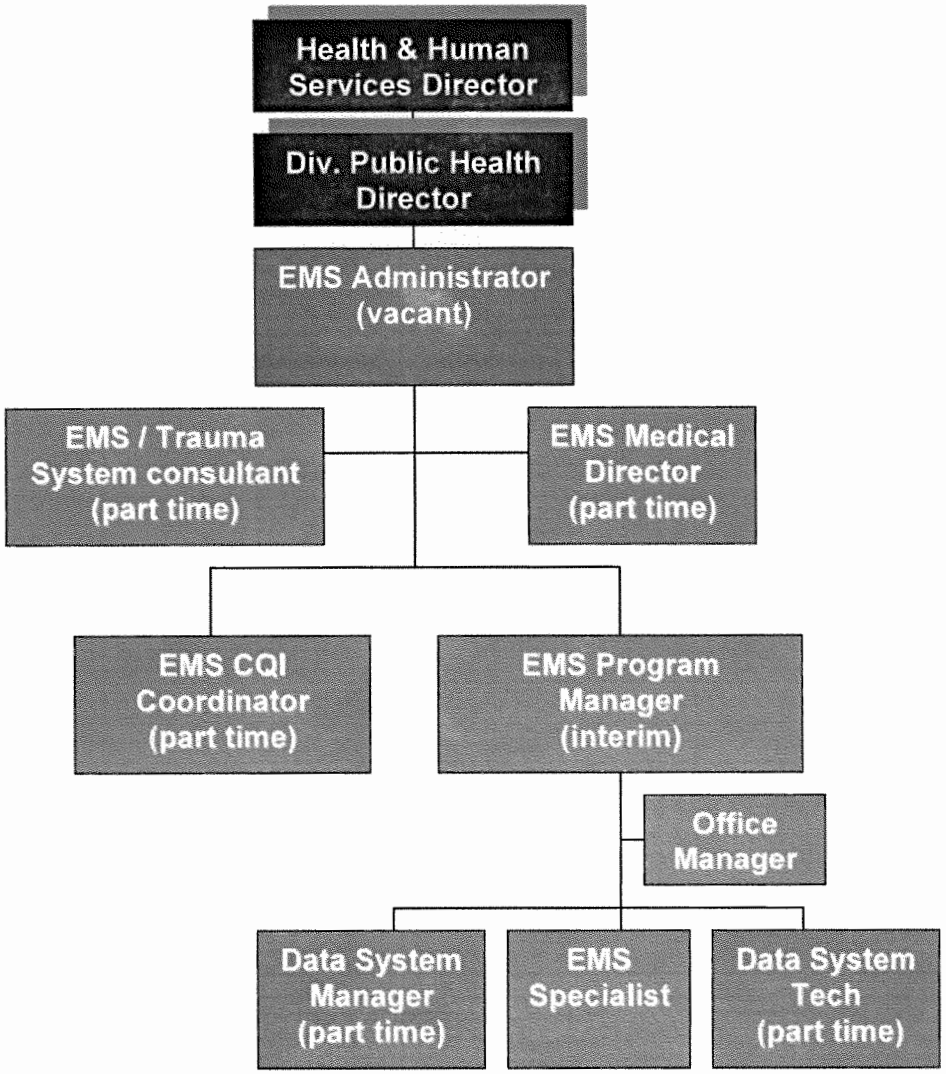
--Implement ReddiNet upgrade – June, 2008

Agency Administration Priorities

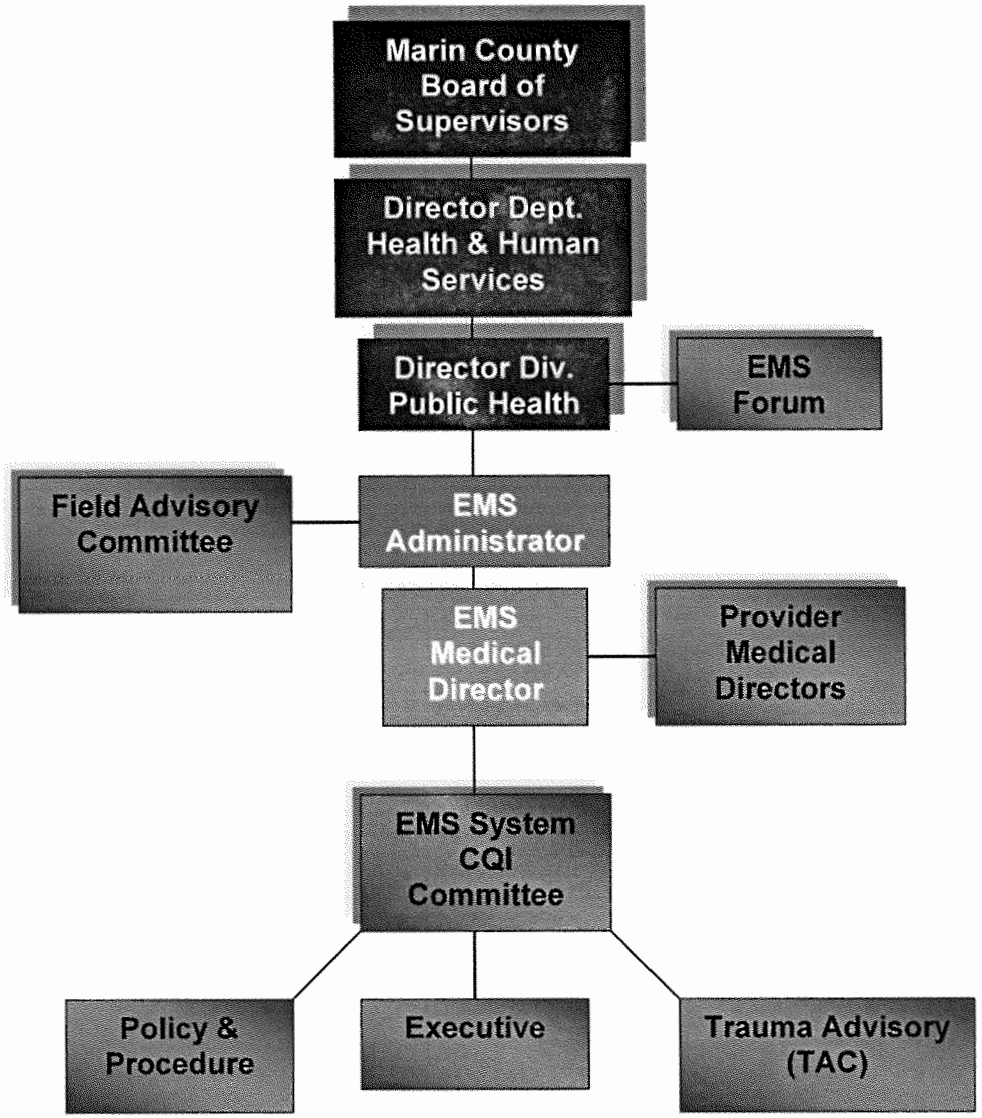
--EMS Administrator recruitment and hire – June, 2008

--EMS Agency office relocation – June, 2008

EMS AGENCY ORGANIZATIONAL CHART



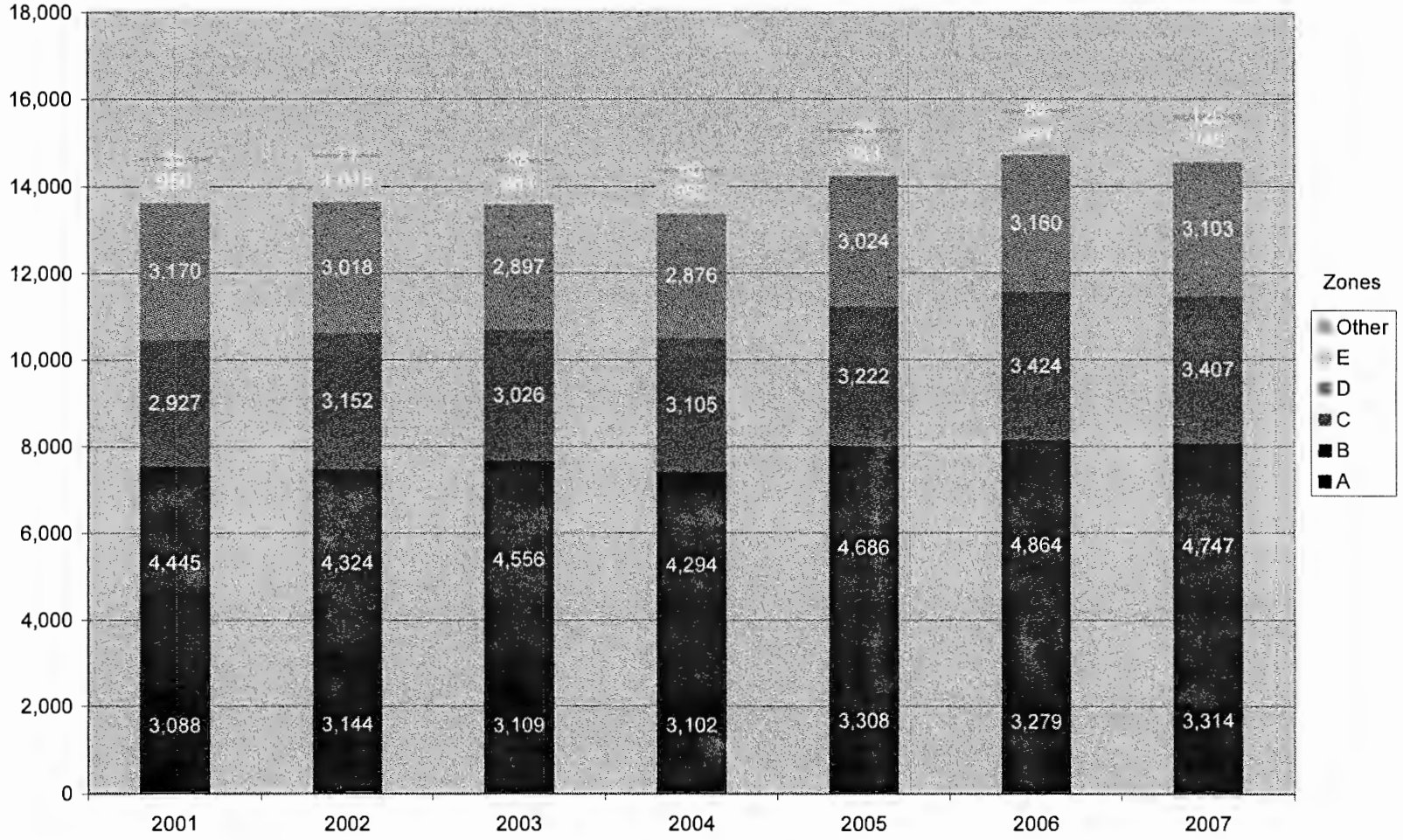
EMS SYSTEM ADVISORY COMMITTEES ORGANIZATIONAL CHART



EMS and TRAUMA SYSTEM TRENDS

The following charts represent a sample of statistics derived from dispatch center, prehospital and hospital databases. The supplemental report that accompanies this program summary contains detailed statistics from CAD and EPCIS.

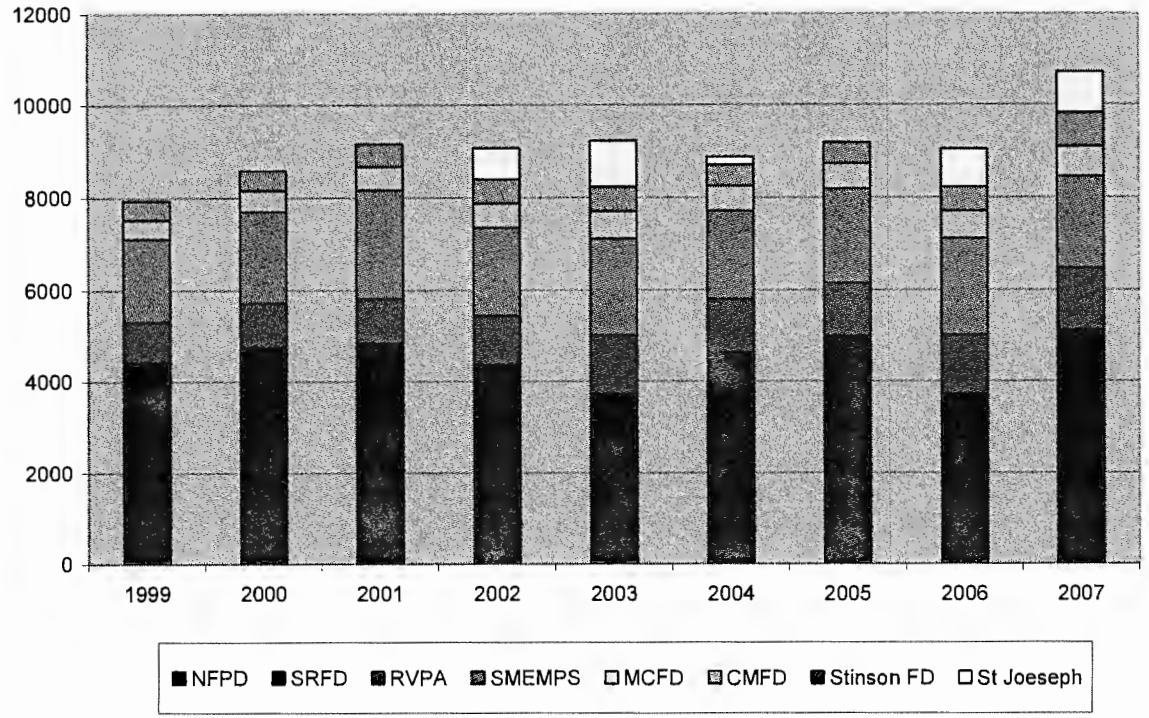
Marin County EMS Call Volume By Paramedic Zone Providers 2001- 2007



Source: Marin County Communications Center Computer Aided Dispatch data

Although the call volume (based on calls to 911 resulting in a dispatch of a vehicle) remains relatively stable, the number of transports in 2007 has risen 14% over the average number of transports. The ratio of ALS to BLS transports continues to remain steady (75% - 25%)

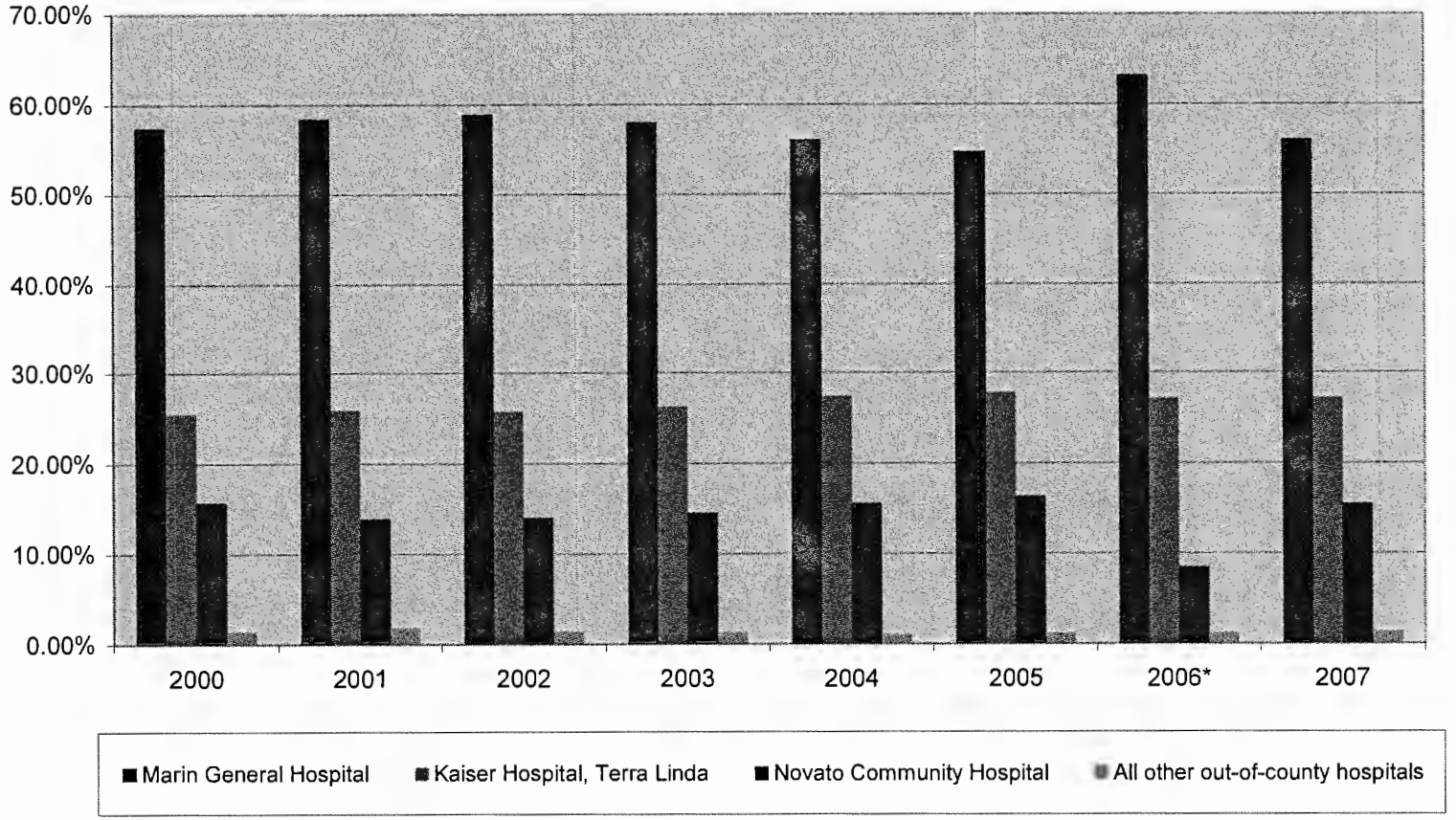
Marin County EMS, Transports By Provider, 2000 - 2007



Data for Novato Fire Protection District not included for the period 05/12/2006 thru 08/30/2006
Source: Marin County EMS Agency EPCIS data system

The vast majority of EMS patients continue to be transported to Marin county emergency departments.

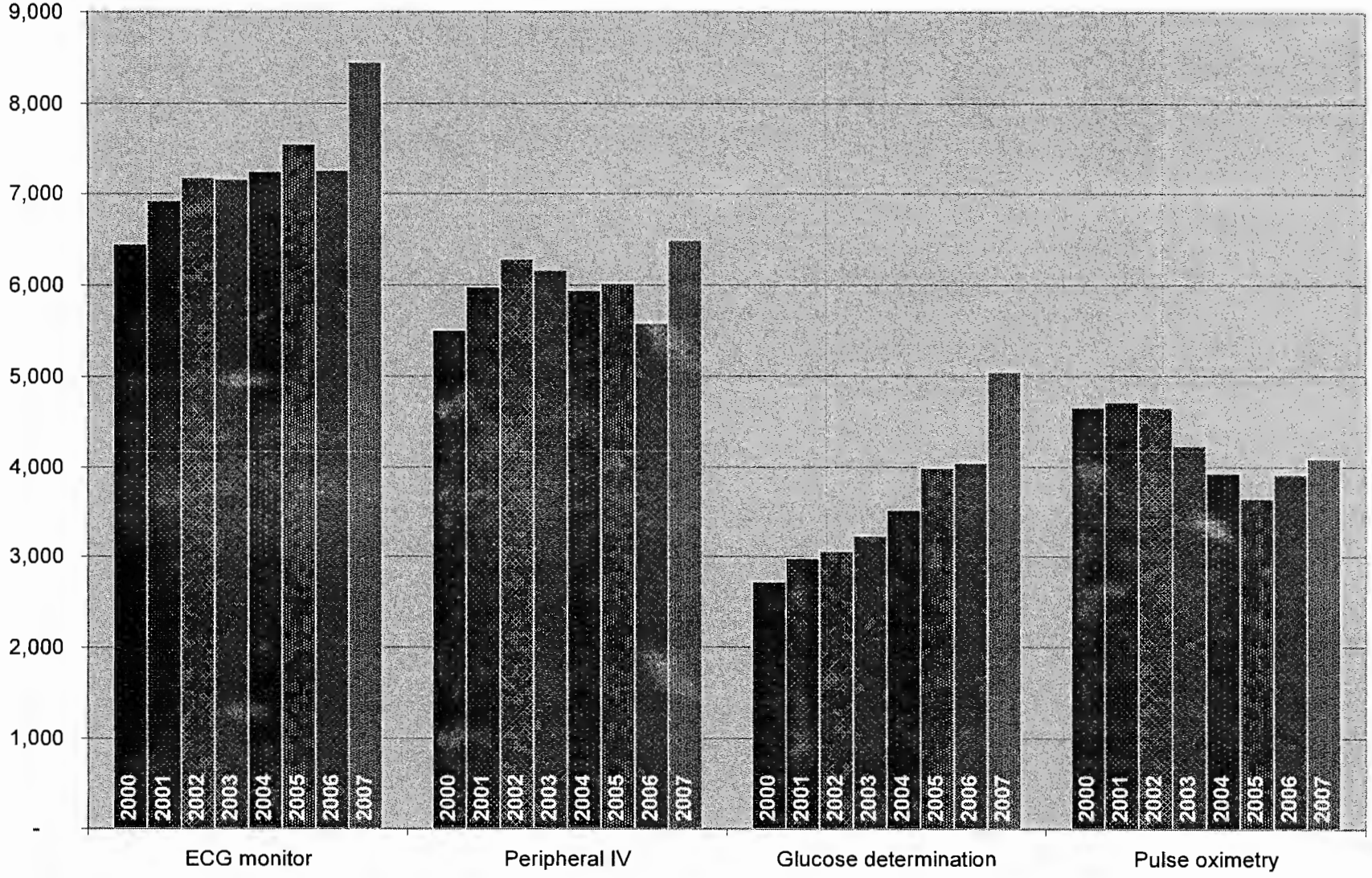
Marin County EMS, Patient Destinations, 2000 - 2007



* Data for Novato Fire Protection District not included for the period 05/12/2006 thru 08/30/2006

Source: Marin County EMS Agency EPCIS data system

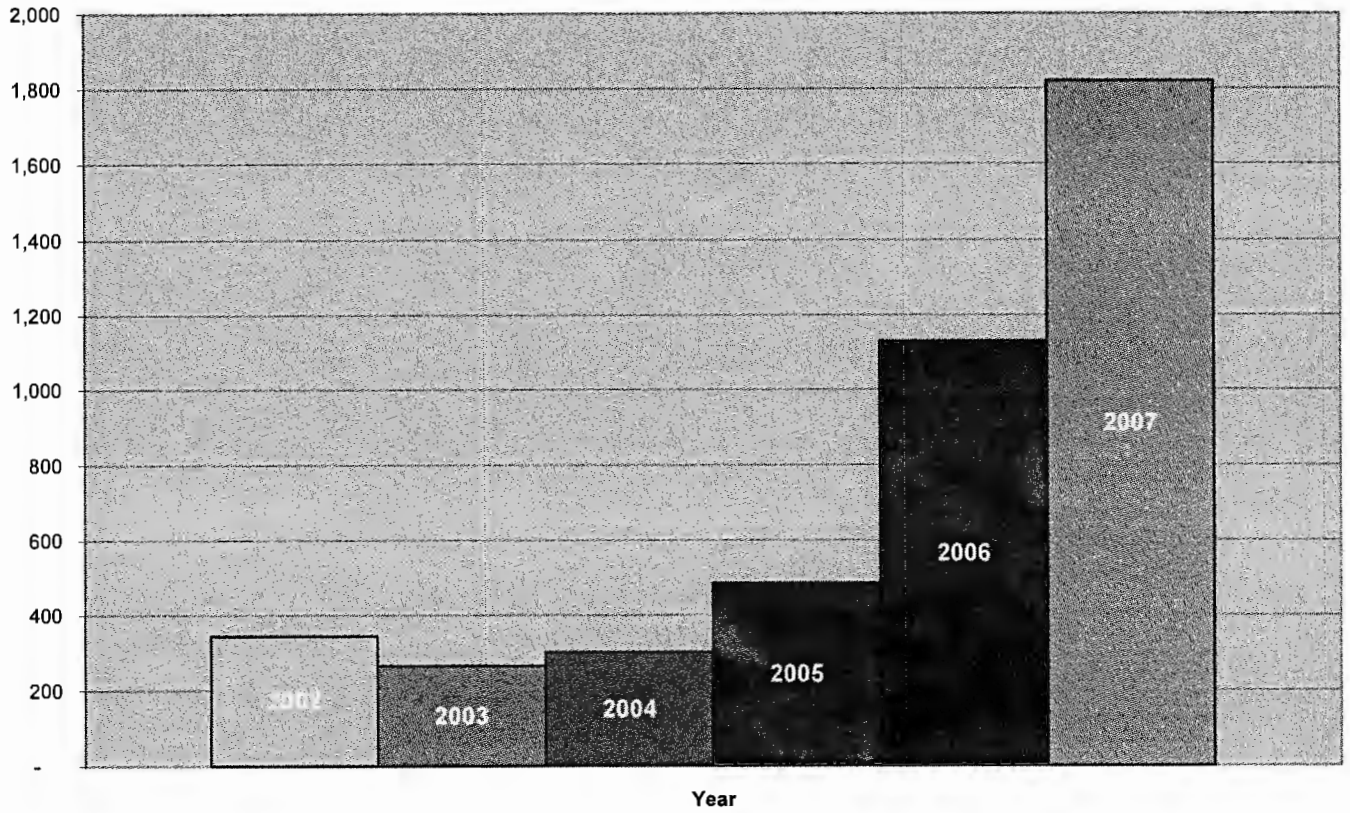
Marin County EMS, ALS Procedures, 2000-2007



Data for Novato Fire Protection District not included for the period 05/12/2006 thru 08/30/2006
Source: Marin County EMS Agency EPCIS data system

The increase in the use of 12-lead EKGs by paramedics in the field is consistent with the continued integration of the prehospital system with hospital cardiac care programs (STEMI Receiving Centers) that rapidly diagnose and treat heart attack patients.

Marin County EMS, Use of 12 Lead EKGs, 2002 - 2007



TRAUMA SYSTEM TRENDS

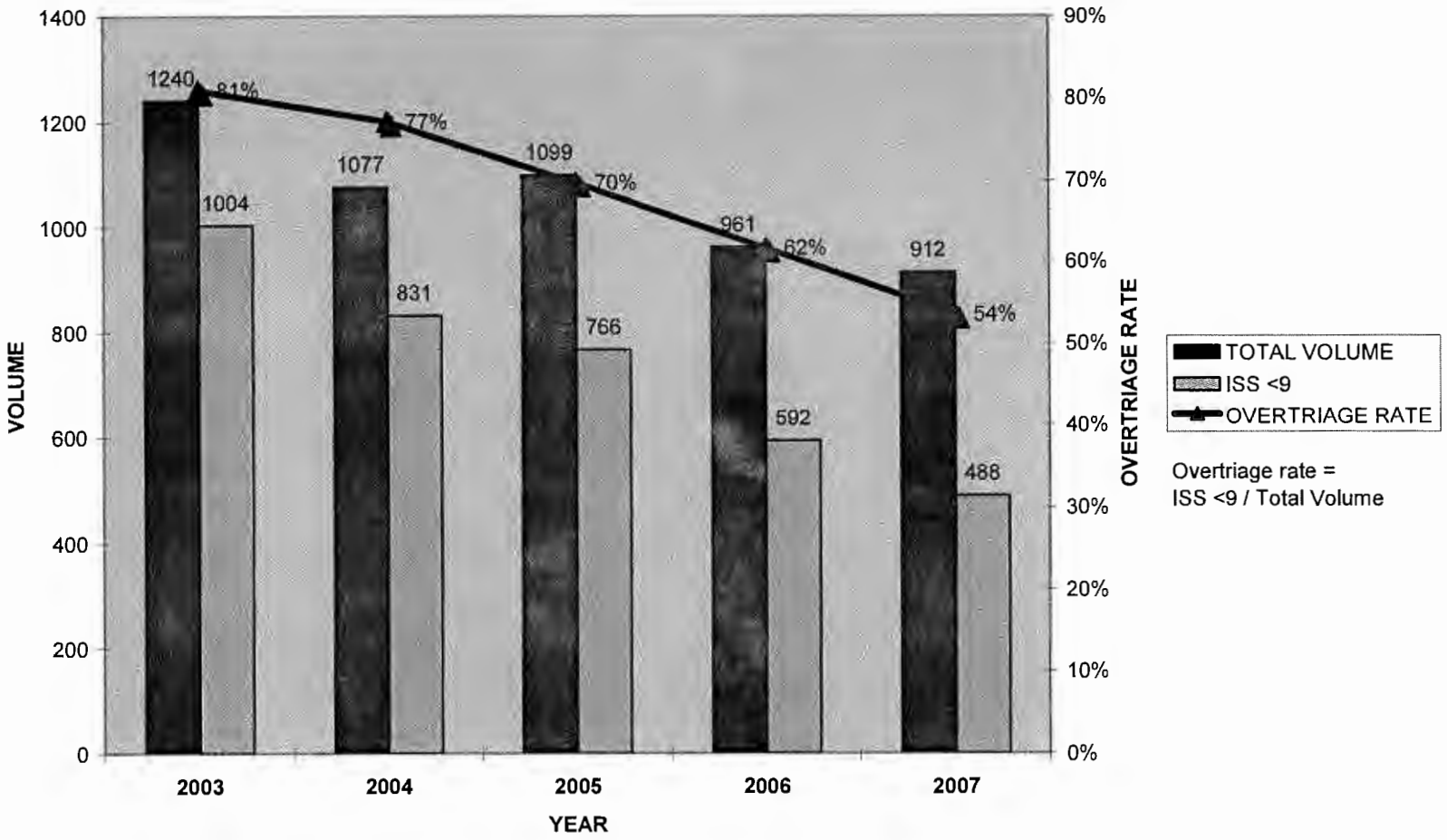
What is the total patient volume and severity of injury in Marin's Trauma Receiving Hospitals?
The total volume of trauma patients cared for in Marin County's trauma receiving hospitals is depicted in the following chart. These are patients that meet prehospital trauma triage criteria. The average annual volume over the past five years is 1058, with a downward trend to 900. Also depicted in the chart is the overtriage rate: the percentage of all patients who have injuries that are relatively less severe (ISS <9). The term "ISS" refers to "Injury Severity Score". The trauma receiving hospitals include the Level III Trauma Center (Marin General Hospital) and the Emergency Dept. Approved for Trauma (EDAT: Kaiser Hospital).

Total trauma centers volume is on a downward trend, and the overtriage rate is on a steeper decline. This downward trend likely reflects the maturation of the trauma system since its inception in 2001, and the triage tool revision in 2006. The current Marin County trauma triage tool was revised after extensive evaluation and stakeholder input, using American College of Surgeons (ACS) guidelines, expert consultation from visiting ACS reviewers and an economic trauma system consultant, using benchmarks from other regional, state and national areas. In 2007 the Trauma Advisory Committee, (TAC) agreed to benchmark the overtriage rate to a range between 50% and 70% (using the ISS<9/total volume measure), and closely monitor this system indicator. Keeping the overtriage rate in this range addresses concerns for fair financing of the trauma system by triaging patients with less-severe injuries away from trauma specialty care if they do not require these resource-intensive services.

Undertriage Rate
This trauma system indicator tracks the rate at which patients who need specialty trauma services do not receive initial care at a trauma center. The undertriage rate in Marin County consistently is very low – less than 3% of the total trauma system volume. It is tracked regularly by the Trauma Advisory Committee (TAC) on a case by case basis and followed for root cause analysis and system improvements.

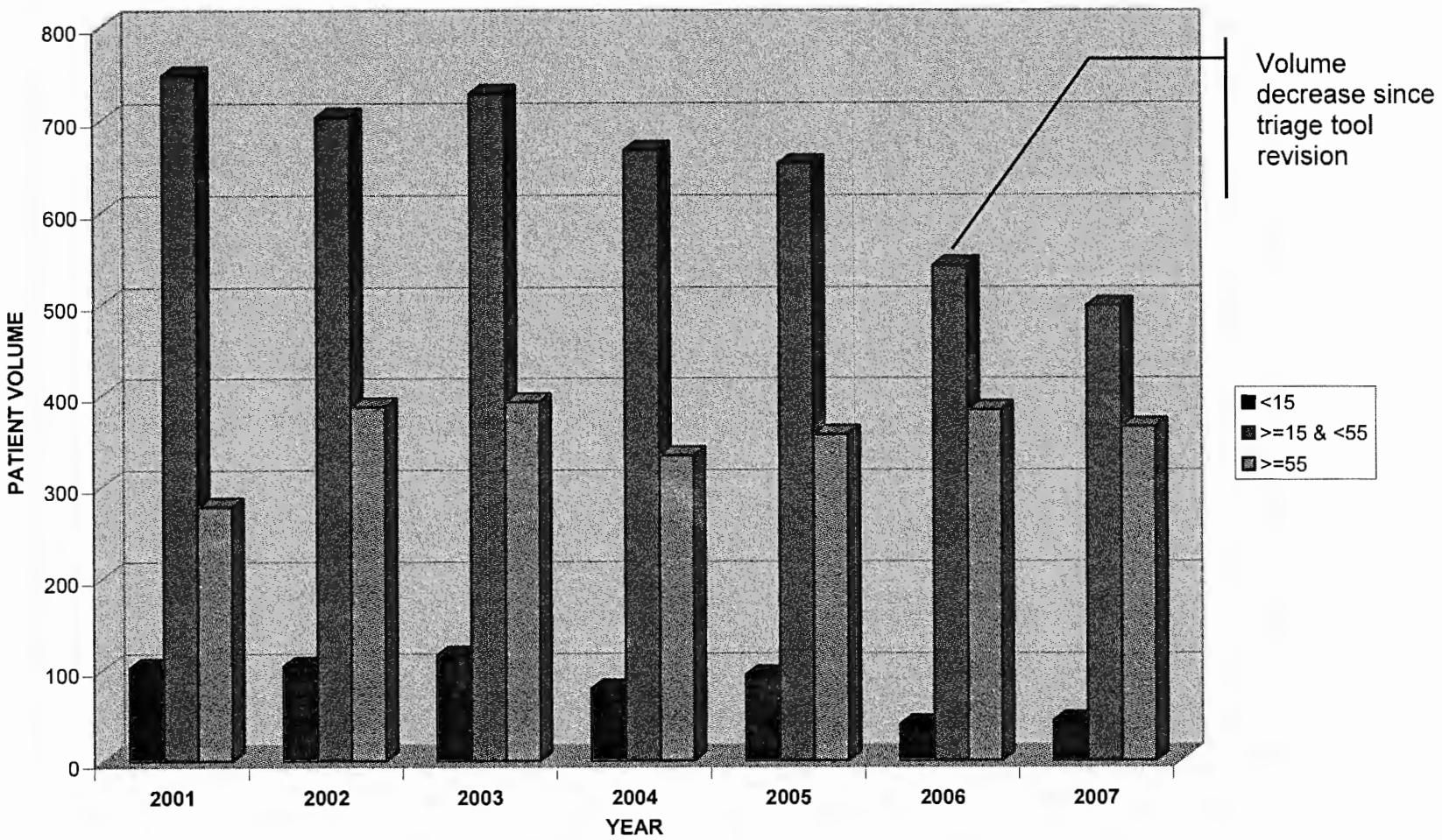
How does the volume of trauma patients break out by age Marin County?
The chart on page 18 shows the trend in trauma system volume by age groups. The volume of young adults and children treated in Marin's trauma facilities has decreased since the triage tool revision, while elderly patient volume has remained stable.

TRAUMA SYSTEM VOLUME & ISS <9
2003 - 2007



Source: EMS Agency Trauma System Registry: includes Trauma Registry statistics from Marin General Hospital and Kaiser Hospital, San Rafael, 2003-2007.

TRAUMA SYSTEM VOLUME BY AGE



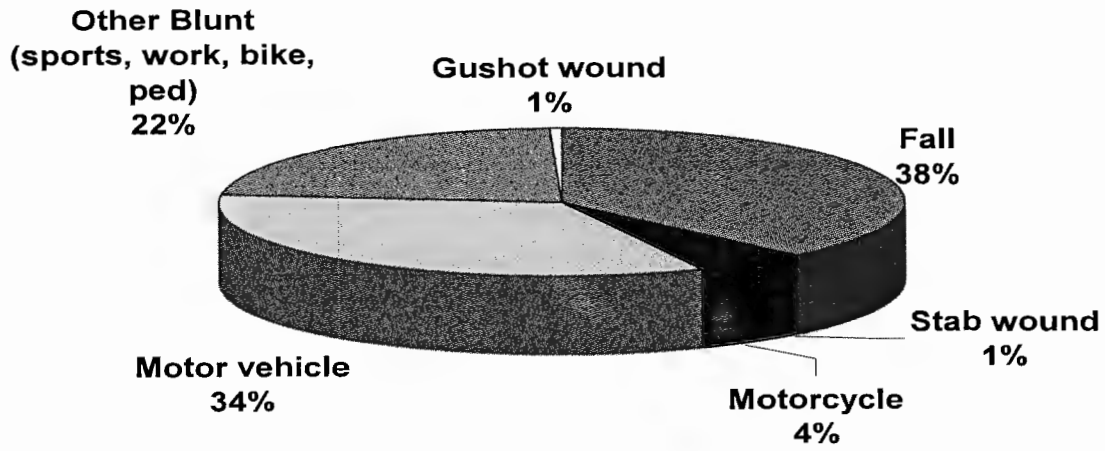
Source: EMS Agency Trauma System Registry: includes Trauma Registry statistics from Marin General Hospital and Kaiser Hospital, San Rafael, 2001-2007

Mechanism of Injury

What are the common mechanisms of injury in Marin County?

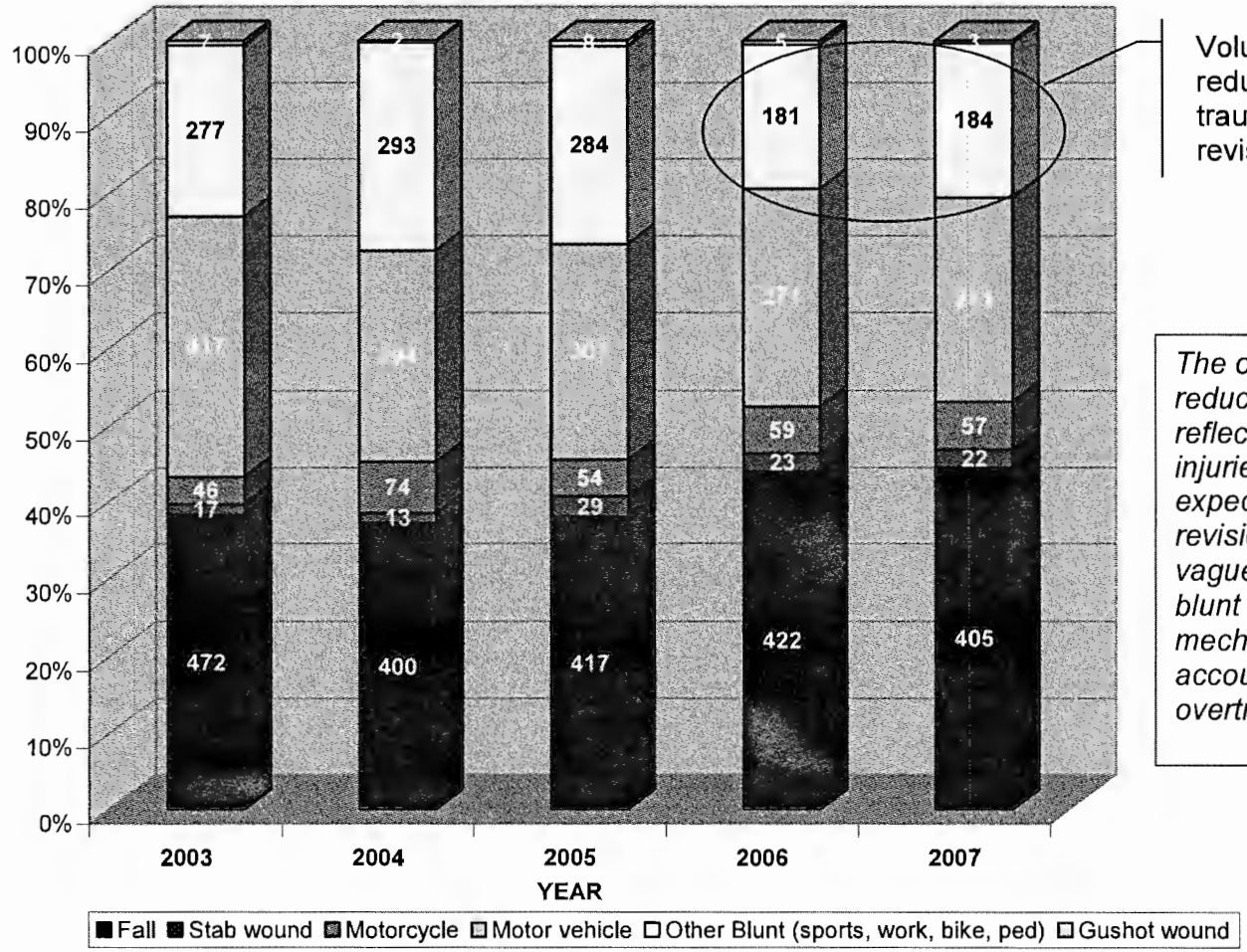
The following charts depict the volume and rate of injury categories treated in Marin's trauma facilities. These are patients who meet prehospital trauma triage criteria. Falls are the leading mechanism of injury, followed by motor vehicle crashes and other blunt force injuries such as bicycle accidents. Injury Prevention programs target the elderly population with fall prevention education, as nearly half of the falls occur in people over the age of 65.

MECHANISM OF INJURY
SUMMARY
2003 - 2007



Source: Marin County EMS Agency Trauma Registry

MECHANISM OF INJURY 2003-2007



Volume & rate reduction since trauma triage tool revision.

The overtriage rate reduction after 2005 is reflected in the "other blunt injuries" category. This is expected, as the triage tool revision eliminated the vague terms "significant blunt trauma" "high energy mechanism" that accounted for most of the overtriage volume.

Source: EMS Agency Trauma System Registry: includes Trauma Registry statistics from Marin General Hospital and Kaiser Hospital, San Rafael, 2003-2007.

ANNUAL HELICOPTER REPORT
For the Years 2004-2007

Helicopter dispatches and transports have continued to steadily decrease over the years in Marin County. The rate of utilization of dispatched helicopters declined from 20% in 2004 to 11% 2007. For comparison purposes, data from previous years has been included.

Mission Statement: *"To optimize the quality of patient care of persons who need or may need EMS helicopter transport."*

Objectives:

1. Oversee the continuous quality improvement process through review of transports and/or dispatches as indicated;
2. Provide direction and leadership in the development and monitoring of policy that affects operational issues;
3. Identify and evaluate outcome measures which specifically validate CQI effectiveness.

YEAR	DISPATCHES	TRANSPORTS	% AIR TRANSPORTS
2007	**270**	**31**	**11%**
2006	**359**	**50**	**14%**
2005	**431**	**86**	**20%**
2004	**532**	**108**	**20%**

YEAR	DISPATCHES	TRANSPORTS	% AIR TRANSPORTS
2003	581	120	21%
2002	464	143	31%
2001	314	82	26%
2000	204	65	32%
1999	158	68	43%
1998	132	47	36%
1997	115	43	36%
1996	114	48	42%
1995	77	34	44%
1994	66	31	47%

HELICOPTER DISPATCH AND TRANSPORT REVIEW: 2004 - 2007

MARIN COUNTY EMS PROGRAM, April 2008

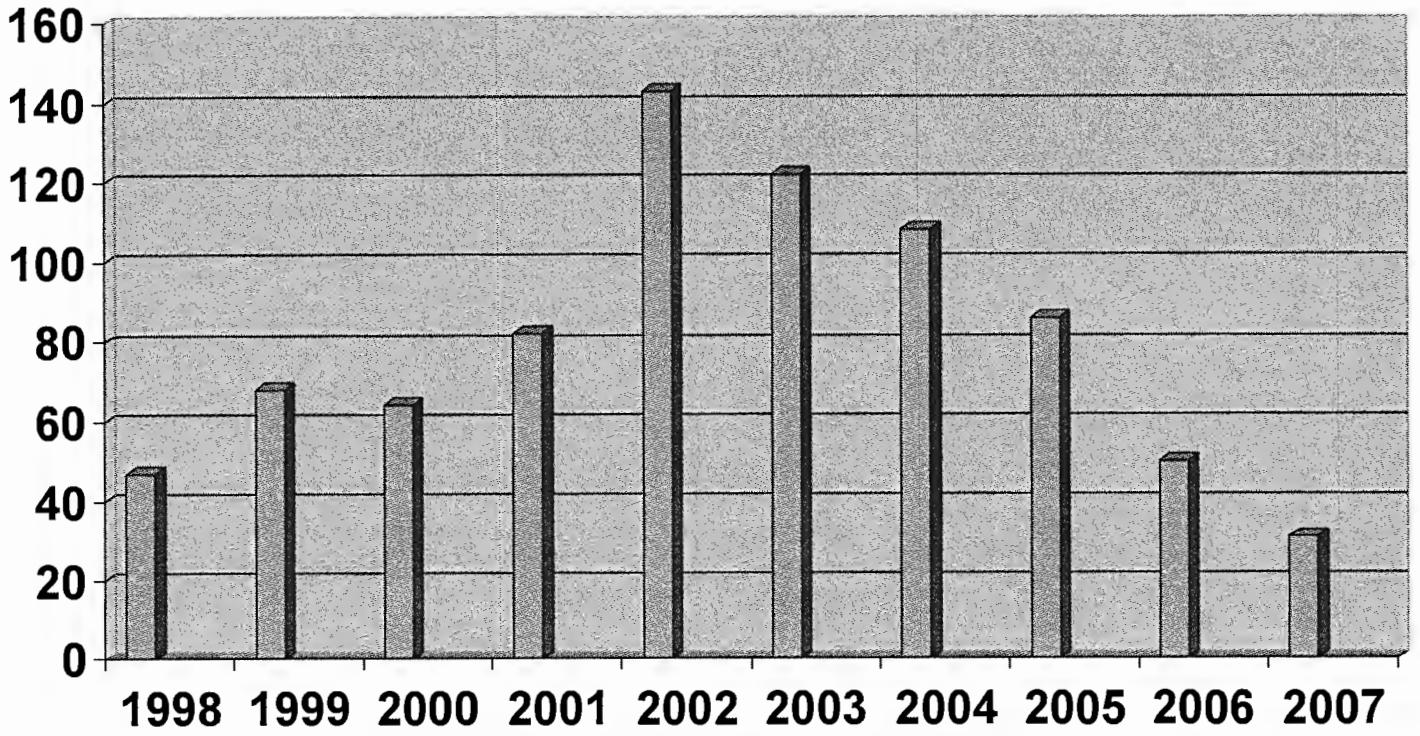
Annual reports prior to 2004 separated out information on helicopter dispatches and transportations from West Marin apart from other areas of Marin County. West Marin locations include Bolinas, Dillon Beach, Dogtown, Inverness, Marshall, Muir Beach, Nicasio, Olema, Point Reyes, Point Reyes Seashore, Stinson Beach, Tomales, and Lagunitas.

Due to 100% review of all helicopter cases and with decreasing numbers in both dispatch and transportation, the EMS Agency has chosen to not separate this information out for this report.

DATA ELEMENT	2007	2006	2005	2004
Helicopter Dispatches	270	359	431	532
Helicopter Transports	31	50	86	108
Percent (%) of dispatches resulting in air transports	11%	14%	20%	20%
MEDICAL VERSUS TRAUMA				
Medical Patients: Transported	10	16	24	28
Trauma Patients: Transported	21	34	62	80
RECEIVING HOSPITALS				
John Muir Medical Center	11	19	27	35
Santa Rosa Memorial Hospital	12	22	31	43
Doctor's Hospital San Pablo	3	6	10	10
Children's Hospital Oakland	2	0	10	12
Other (Petaluma Valley Hospital, Santa Clara Medical Center, Queen of the Valley, Stanford)	3	3	8	8

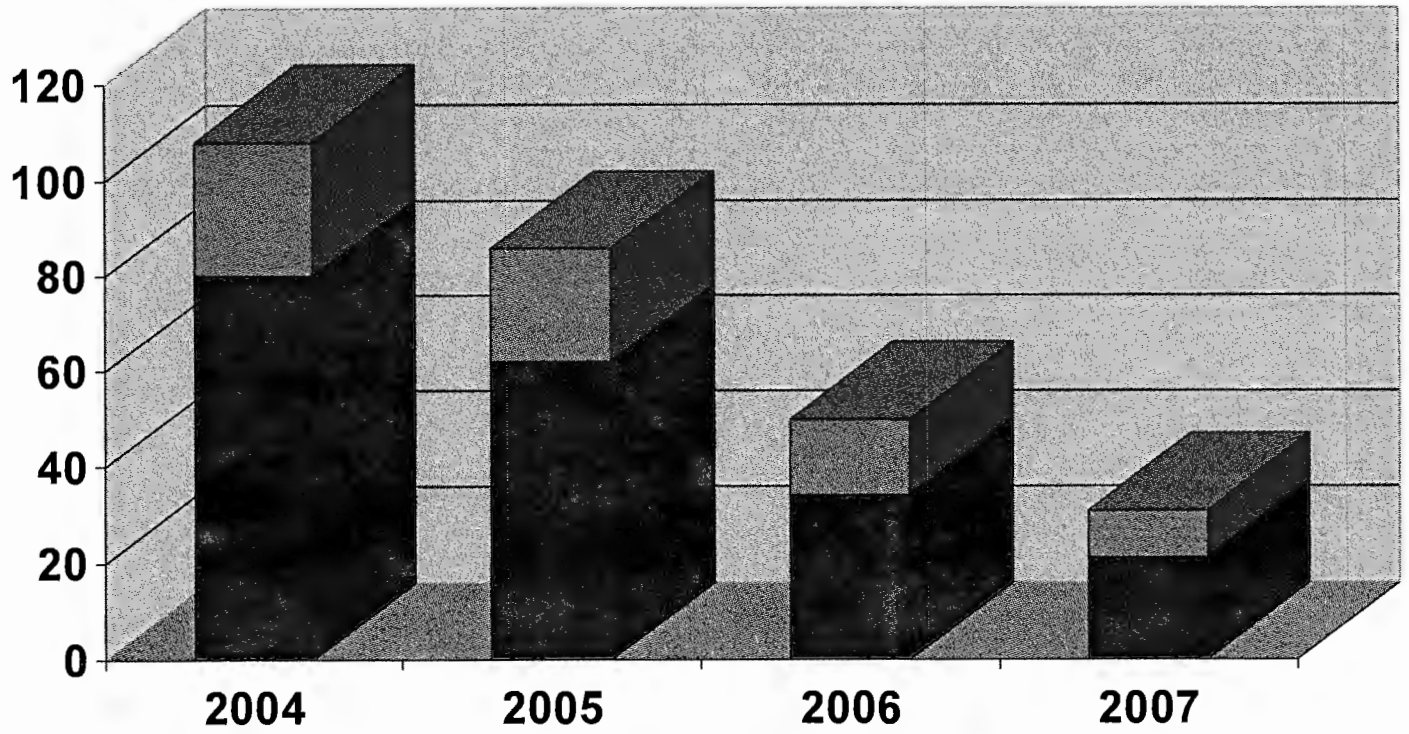
Air Transports by Year

1998 - 2007



Number of Patients Transported by Air

Trauma vs. Medical: 2004 - 2007



Injury Severity Scores

Injury Severity Scores were obtained from the receiving trauma centers (Santa Rosa Medical Center, John Muir Medical Center, Children's Hospital Oakland, Santa Clara Medical Center, and Eden Medical Center).

Year	Trauma Patients Transported	Injury Severity Scores (ISS) Obtained (%)	Median ISS	Average ISS
2004	80	58 (73%)	6	12
2005	62	53 (85%)	9	13
2006	34	30 (88%)	10	16
2007	21	21 (100%)	12	17

LEMSA: FY:

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.01	LEMSA STRUCTURE	☐	☑	☐	Interim Administrator in place	Hire permanent position May 2008
8.14	Hospital Plans	☑	☐	☐	Have achieved annual hospital exercises	
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
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		☐	☐	☐		

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: Marin
Reporting Year: 2007

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: Marin

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

2. Type of agency
a - Public Health Department
b - County Health Services Agency XX
c - Other (non-health) County Department
d - Joint Powers Agency
e - Private Non-Profit Entity
f - Other: _____

3. The person responsible for day-to-day activities of the EMS agency reports to b
a - Public Health Officer
b- Health Services Agency Director/Administrator XX
c - Board of Directors
d - Other: _____

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

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

Table 2 - System Organization & Management (cont.)

Continuing education	
Personnel training	
Operation of oversight of EMS dispatch center	
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]	
Other: STEMI Center	
Other:	
Other:	

5. EMS agency budget for FY 07-08

EXPENSES

Salaries and benefits (All but contract personnel)	$ 137,732
Contract Services (e.g. medical director)	182,000
Operations (e.g. copying, postage, facilities)	223,923
Travel	
Fixed assets	
Indirect expenses (overhead)	
Ambulance subsidy	
EMS Fund payments to physicians/hospital	
Dispatch center operations (non-staff)	
Training program operations	
Other: Inter-department charge	62,330
Other:	
Other:	
TOTAL EXPENSES	$ 605,985

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	413,610
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	_____
Certification fees	5,000
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	15,000
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	6,250
Contributions	_____
EMS Fund (SB 12/612)	166,125
Other grants: _____	_____
Other fees: _____	_____
Other (specify): _____	_____
TOTAL REVENUE	$ 605,985

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

Table 2 - System Organization & Management (cont.)

Fee structure for FY 07,08

_____ We do not charge any fees

__X__ Our fee structure is:

First responder certification	$_____
EMS dispatcher certification	_____
EMT-I certification	15
EMT-I recertification	15
EMT-defibrillation certification	_____
EMT-defibrillation recertification	_____
EMT-II certification	_____
EMT-II recertification	_____
EMT-P accreditation	75
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	$10,000/5,000
Pediatric facility approval	_____
Pediatric facility designation	_____

Other critical care center application
Type: _____

Other critical care center designation
Type: _____

Ambulance service license	$650.00
Ambulance vehicle permits	$275.00
Other: _____	_____
Other: _____	_____
Other: _____	_____

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 2007.

Table 2 - System Organization & Management (cont.)

EMS System: Marin Reporting year 2007

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Interim Program Manager	1.0	$ 42.32	40%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./ Training Coordinator	EMS Specialist	.75	$36.51	40%	
Program Coordinator/ Field Liaison (Non-clinical)					
Trauma Coordinator	Trauma Coord.				Contract PRN
Medical Director	EMS Medical Director	.33	$125.00		
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner					

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	Technical Support Contractor				Contract $22,000 per year
QA/QI Coordinator	EMS Specialist	0.4			Contract
Public Info. & Education Coordinator					
Executive Secretary	Office Manager	1.0	$23.00	40%	
Other Clerical					
Data Entry Clerk					
Other					

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

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training Revision #4 (4/20/07)

EMS System: Marin

Reporting Year: 2007

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	179			
Number newly certified this year	79			
Number recertified this year	100			
Total number of accredited personnel on July 1 of the reporting year	109			
Number of certification reviews resulting in:				
a) formal investigations	7			
b) probation	6			
c) suspensions				
d) revocations				
e) denials				
f) denials of renewal	1			
g) no action taken				

1. Number of EMS dispatch agencies utilizing EMD Guidelines: 2
2. Early defibrillation:
   a) Number of EMT=I (defib) certified _____
   b) Number of public safety (defib) certified (non-EMT-I) _____

3. Do you have a first responder training program X yes ☐ no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: _____

County: Marin

Reporting Year: 2007

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

1. Number of primary Public Service Answering Points (PSAP) 6

2. Number of secondary PSAPs 3

3. Number of dispatch centers directly dispatching ambulances 2

4. Number of designated dispatch centers for EMS Aircraft 1

5. Do you have an operational area disaster communication system? Yes X No _____
   a. Radio primary frequency: MERA 460 Digital Trunk System 165 talk groups
   b. Other methods: VHF Hi, RACES, Cell
   c. Can all medical response units communicate on the same disaster communications system? Yes X No _____
   d. Do you participate in OASIS? Yes X No _____
   e. Do you have a plan to utilize RACES as a back-up communication system? Yes X No _____

   1) Within the operational area? Yes X No _____
   2) Between the operational area and the region and/or state? Yes X No _____

6. Who is your primary dispatch agency for day-to-day emergencies?
   Marin County Communications Center

7. Who is your primary dispatch agency for a disaster? Same

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: Marin

Reporting Year: 2007

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 18

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	10"	30"	30"+	10/30"
Transport Ambulance	10"	30"	30"+	10/30"

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

EMS System: Marin

Reporting Year: 2007

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a) Number of patients meeting trauma triage criteria	784
b) Number of major trauma victims transported directly to a trauma center by ambulance	131
c) Number of major trauma patients transferred to a trauma center	26
d) Number of patients meeting triage criteria who weren't treated at a trauma center	20

Emergency Departments

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

Receiving Hospitals

1.	Number of receiving hospitals with written agreements	3
2.	Number of base hospitals with written agreements	

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: _____

County: Marin

Reporting Year: 2007

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
   a. Where are your CCPs located? Field treatment sites are located adjacent to hospitals
   b. How are they staffed? Marin Medical Reserve Corps and hospital staff
   c. Do you have a supply system for supporting them for 72 hours? yes ____ no X
   We do have limited supply cashes available but may not last 72 hrs., depending on the type of incident.

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

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

4. Hazardous Materials
   a. Do you have any HazMat trained medical response teams? yes X no ____
   b. At what HazMat level are they trained? Level A
   c. Do you have the ability to do decontamination in an emergency room? yes X no ____
   d. Do you have the ability to do decontamination in the field? yes X no ____

OPERATIONS

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

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 26

3. Have you tested your MCI Plan this year in a:

   a. real event? yes ____ no __X__

   b. exercise? yes __X__ no ____

4. List all counties with which you have a written medical mutual aid agreement.

   __Coastal Valleys Region, Contra Costa_____

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

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

7. Are you part of a multi-county EMS system for disaster response? yes ____ no __X__

8. Are you a separate department or agency? yes ____ no __X__

9. If not, to whom do you report? __HHS_____

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? yes ____ no ____

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Marin County **County:** Marin **Reporting Year:** 2007

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

Training Institution Name College of Marin **Contact Person telephone no.** Rosalind Hartman

Address 835 College Ave., Kentfield, CA 94904 415-485-9326

Student Eligibility: *	**Cost of Program**	**Program Level: **, Number of students completing training per year, Number of courses
Open to Public	Basic Unk Refresher Unk	**Program Level: ___ Number of students completing training per year: Initial training: 30-40 per semester Refresher: 10-20 per semester Cont. Education ____ Expiration Date: 1-31-11 Number of courses: ____ Initial training: 2 Refresher: 2 Cont. Education: ____

Training Institution Name Marin County Fire Department **Contact Person telephone no.** Mike Giannini

Address P.O. Box 518 Woodacre, CA 94973 415-499-2975

Student Eligibility: *	**Cost of Program**	**Program Level: **, Number of students completing training per year, Number of courses
Restricted to Fire Personnel	Basic N/A Refresher Unk	**Program Level: ___ Number of students completing training per year: Initial training: 0 Refresher: 25 Cont. Education Unk Expiration Date: 12-31-08 Number of courses:___ Initial training: ____ Refresher: ___ Cont. Education: On-going

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

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

Training Institution Name Novato Fire Protection District

Address 95 Rowland Way, Novato, CA 94945

Contact Person telephone no. Ted Peterson 415-878-2607

Student Eligibility: *	**Cost of Program**	**Program Level: **
Restricted to Fire Personnel	Basic NA Refresher Unk	Number of students completing training per year: Initial training: None Refresher: Unk Cont. Education Unk Expiration Date: 12-31-08 Number of courses: Initial training: Refresher: Cont. Education: On-going

Training Institution Name San Rafael Fire Department

Address 1039 C Street, San Rafael, CA 94901

Contact Person telephone no. Chief Christopher Grey 415-485-3304

Student Eligibility: *	**Cost of Program**	**Program Level: **
	Basic NA Refresher Unk	Number of students completing training per year: Initial training: None Refresher: Unk Cont. Education Unk Expiration Date: 12-31-08 Number of courses: Initial training: Refresher: Cont. Education: On-going

Training Institution Name SMEMPS

Address 1679 Tiburon Blvd., Tiburon, CA 94920

Contact Person telephone no. Chief Richard Pearce 415-435-7200

Student Eligibility: *	**Cost of Program** Basic NA Refresher Unk	**Program Level: ___ Number of students completing training per year: Initial training: None Refresher: Unk Cont. Education Unk Expiration Date: 05-30-08 Number of courses:___ Initial training: _____ Refresher: ___ Cont. Education: On-going

Training Institution Name Marin County Sheriff's Search and Rescue

Address 3501 Civic Center Dr.
San Rafael, CA 94903

Contact Person telephone no. Mike St. John 415-838-3168

Student Eligibility: *	**Cost of Program** Basic NA Refresher Unk	**Program Level: ___ Number of students completing training per year: Initial training: None Refresher: Unk Cont. Education Unk Expiration Date: 8-31-2010 Number of courses:___ Initial training: _____ Refresher: ___ Cont. Education: On-going

TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Marin County **County:** Marin **Reporting Year:** 2007

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

<table>
<tr><td colspan="4">Name, address & telephone:
Marin County Communications Center
Marin County Sheriff's Dept.
Civic Center
San Rafael, CA 94903 415-507-4123</td><td>Primary Contact: Ward Hayter</td></tr>
<tr><td>Written Contract:
X yes
☐ no</td><td rowspan="2">Medical Director:
X yes
☐ no</td><td>X Day-to-day
X Disaster</td><td colspan="2">Number of Personnel providing services:
__34__ EMD Training _____ EMT-D _____ ALS
_____ BLS _____ LALS _____ Other</td></tr>
<tr><td>Ownership:
X Public
☐ Private</td><td>If public: ☐ Fire
X Law
☐ Other
explain:_____</td><td colspan="2">If public: ☐ city; X county; ☐ state; ☐ fire district; ☐ Federal</td></tr>
</table>

Name, address & telephone:		**Primary Contact: Chief Christopher Gray**	
San Rafael Fire Department 1039 C Street San Rafael, CA 94901 415-485-3300			
Written Contract: X yes ☐ no Combined Provider Contract	Medical Director: X yes ☐ no	X Day-to-day ☐ Disaster	Number of Personnel providing services: __2__ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: X Public ☐ Private		If public: X Fire ☐ Law ☐ Other explain:_____	If public: X city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

Name, address & telephone:		**Primary Contact:**	
Written Contract: ☐ yes ☐ no	Medical Director: ☐ yes ☐ no	☐ Day-to-day ☐ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: ☐ Public ☐ Private		If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ 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:

Marin County

Area or subarea (Zone) Name or Title:

Paramedic Response/Zone Area A

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Novato Fire Protection District, 1978+

Area or subarea (Zone) Geographic Description:

Unchanged from previously submitted description, zone map included

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

Grandfathered with no change in scope and manner of service; unchanged from previous submission. There has been no formal Board action.

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 ALS, (911/all) BLS, subcontracts with private ambulance company for the provision of backup BLS ambulance service. Does not include non-emergency inter facility transfers unless contract vendor not available; or patient condition changes to upgrade to ALS 911 service.

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.

As noted above, grandfathered and unchanged from previous plan update submission.

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:
Marin County

Area or subarea (Zone) Name or Title:
Paramedic Response/Zone Area B

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
San Rafael Fire Department, 1980+

Area or subarea (Zone) Geographic Description:
Unchanged from previous submission, zone map included

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.
Grandfathered with no change in scope and manner of service; unchanged from previous submission. There has been no formal Board Action.

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 ALS, (911/all); BLS subcontracts with private ambulance company for the provision of backup BLS ambulance service. Does not include non-emergency inter facility transfers unless contract vendor not available or patient condition changes to upgrade to ALS 911 service.

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.

As noted above, grandfathered and unchanged from previous plan update submission.

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:
Marin County

Area or subarea (Zone) Name or Title:
Paramedic Response/Zone Area C

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Ross Valley Paramedic Authority, 1984+ (not exclusive per last plan submission)

Area or subarea (Zone) Geographic Description:
Unchanged from previous submission, zone map included

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.
Non-exclusive operating area as described in 2001 correspondence between Marin EMS and California EMSA. History unchanged, no Board action taken.

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.).
The RVPA provides Emergency Ambulance ALS, (911/all); BLS; subcontracts with private ambulance company for the provision of backup BLS ambulance service. Does not include non-emergency inter facility transfers unless contract vendor not available; or patient condition changes to upgrade to ALS 911 service.

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.

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:
Marin County

Area or subarea (Zone) Name or Title:
Paramedic Response/Zone Area D

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Southern Marin Emergency Medical Paramedic System, 1980+

Area or subarea (Zone) Geographic Description:
Zone map included

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.
Grandfathered with no change in scope and manner of service; unchanged from previous submission. There has been no formal Board action. (The 2004 report contained a typo regarding the City of Sausalito which entered the JPA in 1979 not 1999, this is verified by the signed original 1979 SMEMPS JPA agreement)

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 ALS, (911/all); BLS subcontracts with private ambulance company for the provision of backup BLS ambulance service. Does not include non-emergency inter facility transfers unless contract vendor not available or patient condition changes to upgrade to ALS 911 service.

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.

Grandfathered in 1980 with no change in previous plan submission.

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:
Marin County

Area or subarea (Zone) Name or Title:
Paramedic Response/Zone Area E

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Marin County fire Department, 1979+

Area or subarea (Zone) Geographic Description:
Unchanged from previous submission, map included.

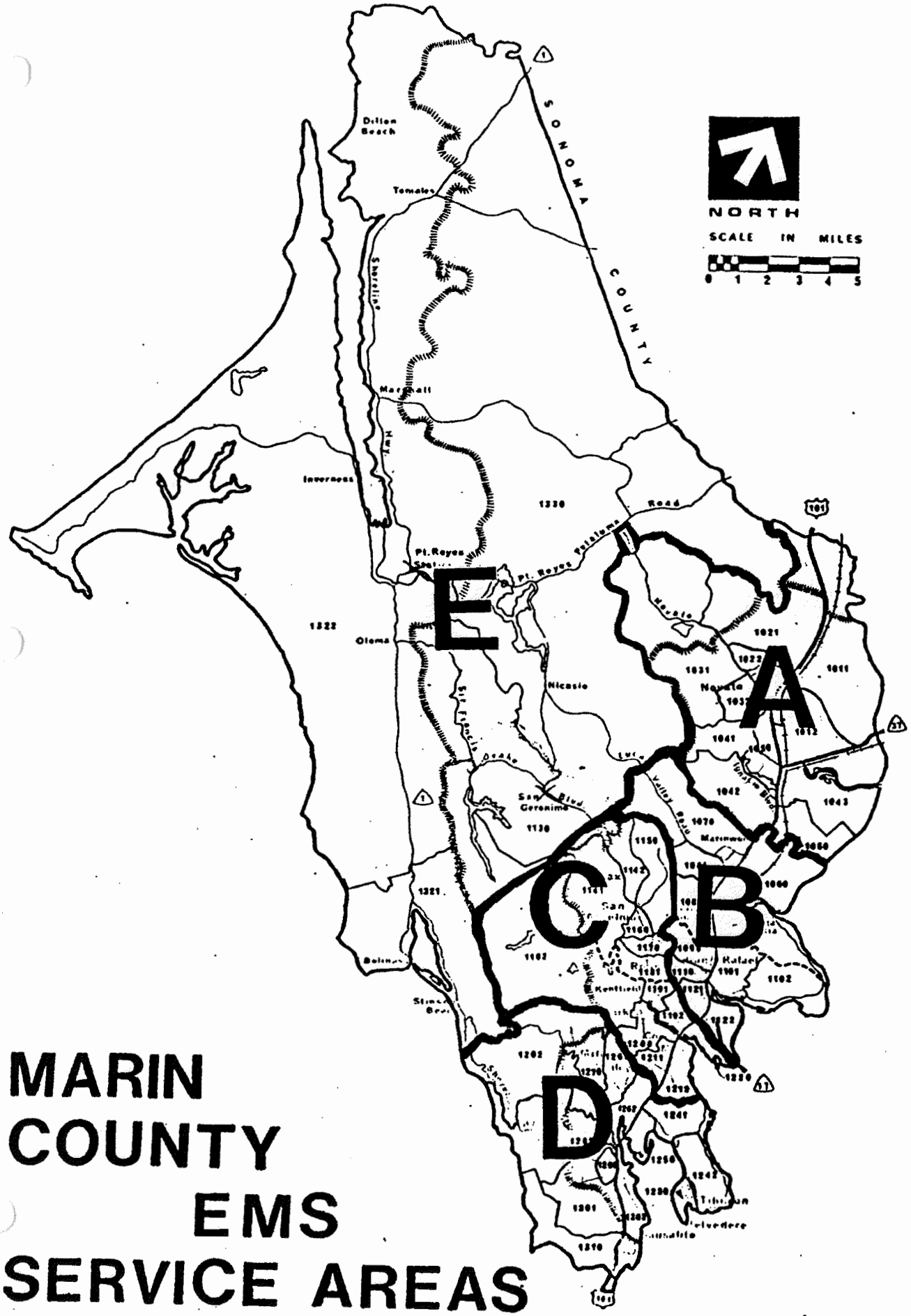
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.
Grandfathered with no change in scope and manner of service; unchanged from previous submission. There has been no formal Board action.

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 ALS, (911/all); BLS; subcontracts with private ambulance company for the provision of backup BLS ambulance service. Does not include non-emergency inter facility transfers unless contract vendor not available; or patient condition changes to upgrade to ALS 911 service

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.

Grandfathered in 1979 with no change in previous plan submission.



MARIN COUNTY EMS SERVICE AREAS

EMERGENCY MEDICAL SERVICES AUTHORITY
1930 9th STREET
SACRAMENTO, CA 95811-7043
(916) 322-4336 FAX (916) 324-2875

June 18, 2009

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

Dear Mr. Julihn:

We have completed our review of *Marin County's 2007 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,* except for Paramedic Response Area E ambulance zone. Following are comments on the EMS plan update:

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

Paramedic Response Area E

As previously stated in our July 18, 2001 letter, this zone does not appear to meet the criteria for exclusivity without a competitive process. In order to qualify for exclusivity without a competitive process an entity must have provided service in the area in the same scope and manner since January 1, 1981. As described in the Ambulance Zone Summary Form dated June 2000, it appears that there were multiple providers in the area until 1994 which would be a change in scope and manner and prohibited without a competitive process. It is recommended that the ambulance zone form be modified to show the area as nonexclusive. For Paramedic Response Area E to be an exclusive zone and maintain protection under state action immunity, a competitive process would be required.

Your next annual update is due on June 18, 2010. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

R. Steven Tharratt, MD, MPVM
Director