NOV 1 0 2010

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY
ARNOLD SCHWARZENEGGER, *Governor*

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

November 4, 2010

Rob Dudgeon, EMS Administrator
San Francisco EMS Agency
30 Van Ness Ave., Suite 3300
San Francisco, CA 94102

Dear Mr. Dudgeon:

We have completed our review of *San Francisco's 2009 Emergency Medical Services Plan Update,* and have found it to be in compliance with the *EMS System Standards* and *Guidelines* and the *EMS System Planning Guidelines.* Following are comments on the EMS plan update:

Standard 8.10 - Mutual Aid Agreements - Your objective in your 2007 EMS plan update was to work on developing multi-county medical mutual aid agreements. Please show your progress in your next EMS plan update.

Trauma System Status Report - The EMS Authority approved San Francisco County's last Trauma System Status Report in February 2007 and requested your next report be submitted with the 2009 EMS Plan Update. In accordance with the regulations, Section 100253, "The local EMS agency shall submit a trauma system status report as part of its annual EMS Plan update." The last Trauma System Status Report from San Francisco is dated 2007. While in the past the Trauma System Status Reports have been requested separate from the EMS Plan Updates, the EMS Authority is working with all local EMS agencies to submit both documents on the same schedule. Please expedite the submission of San Francisco County's Trauma System Status Report.

Your next annual update will be due on November 4, 2011. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

Daniel R. Smiley
Interim Director

DRS:ss

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

B. STAFFING/TRAINING

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

C. COMMUNICATIONS

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

D. RESPONSE/TRANSPORTATION

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

RESPONSE/TRANSPORTATION (continued)

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

E. FACILITIES/CRITICAL CARE

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

F. DATA COLLECTION/SYSTEM EVALUATION

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

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

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

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: _____San Francisco_____
Reporting Year:_____2010-2011_____

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

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

County: _____San Francisco_____

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
c - Other (non-health) County Department **C**
d - Joint Powers Agency
e - Private Non-Profit Entity
f - Other: _____

3. The person responsible for day-to-day activities of the EMS agency reports to **A**
a - Public Health Officer
b- Health Services Agency Director/Administrator
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) 2011	____√_____
Designation of trauma centers/trauma care system planning	____√____
Designation/approval of pediatric facilities	____√_____
Designation of other critical care centers	____√_____
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	____√_____
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	___ √_____
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: 24/7 On-Call Duty Officer	
Other: _____	___√_____
Other: _____	

5. EMS agency budget for FY __2010-2011_____

EXPENSES

Salaries and benefits (All but contract personnel)	$354,836.00
Contract Services (e.g. medical director)	$0.00
Operations (e.g. copying, postage, facilities)	$21,865.00
Travel	$0.00
Fixed assets	$0.00
Indirect expenses (overhead)	$2,067.00
Ambulance subsidy	$0.00
EMS Fund payments to physicians/hospital	$748,073.00
Dispatch center operations (non-staff)	$0.00
Training program operations	$0.00
Other: _____	$0.00
Other: _____	$0.00
Other: _____	$0.00
TOTAL EXPENSES	$1,124,801.00

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	$0.00
Office of Traffic Safety (OTS)	$0.00
State general fund	$0.00
County general fund	$764,282.00
Other local tax funds (e.g., EMS district)	$0.00
County contracts (e.g. multi-county agencies)	$0.00
Certification fees	$33,000.00
Training program approval fees	$0.00
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	$0.00
Base hospital application fees	$0.00
Trauma center application fees	$0.00
Trauma center designation fees	$0.00
Pediatric facility approval fees	$0.00
Pediatric facility designation fees	$0.00
Other critical care center application fees	$0.00
Type: _____	
Other critical care center designation fees	$0.00
Type: _____	
Ambulance service/vehicle fees	$149,000.00
Contributions	$0.00
EMS Fund (SB 12/612)	$178,519.00
Other grants: _____	$0.00
Other fees: _____	$0.00
Other (specify): _____	$0.00
TOTAL REVENUE	$1,124,801.00

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

Table 2 - System Organization & Management (cont.)

Fee structure for FY 2010-2011_____

_____ We do not charge any fees

__√__ Our fee structure is:

First responder certification	n/a
EMS dispatcher certification	n/a
EMT-I certification	$103.00
EMT-I recertification	$74.00
EMT-defibrillation certification	n/a
EMT-defibrillation recertification	n/a
EMT-II certification	n/a
EMT-II recertification	n/a
EMT-P accreditation	$31.00
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	n/a
MICN/ARN recertification	n/a
EMT-I training program approval	_____
EMT-II training program approval	n/a
EMT-P training program approval	_____
MICN/ARN training program approval	n/a
Base hospital application	_____
Base hospital designation	_____
Trauma center application	_____
Trauma center designation	_____
Pediatric facility approval	n/a
Pediatric facility designation	n/a

Other critical care center application
Type: _____

Other critical care center designation
Type: _____

Ambulance service license	$10,000.00
Ambulance vehicle permits	$1600.00
Other: _____	_____
Other: _____	_____
Other: _____	_____

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 2010-2011.

Table 2 - System Organization & Management (cont.)

EMS System: ___San Francisco_____ Reporting year___2010-2011_____

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Medical Director	1	89.9756	23%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord. /Field Coord. / Training Coordinator	EMS System Coordinator	1	47.6732	23%	
Program Coordinator/ Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director	EMS Medical Director	1	89.9756	23%	
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner	EMS Specialist	1	47.6732	23%	

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.) **For county organization chart See Attachment**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator	Quality Coordinator	1.5	47.6732	23%	
Public Info. & Education Coordinator					
Executive Secretary	Office Manager/Certification Specialist	1	29.2360	23%	
Other Clerical					
Data Entry Clerk					
Other	Communications	1	52.6022	23%	

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

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

EMS System: _San Francisco_____

Reporting Year: _____2010-2011_____

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	2,875	0	278	0
Number newly certified this year	82	0	54	0
Number recertified this year	496	0	101	0
Total number of accredited personnel on July 1 of the reporting year	2,865	0	256	0
Number of certification reviews resulting in:				
a) formal investigations	15	0	0	0
b) probation	1	0	0	0
c) suspensions	0	0	0	0
d) revocations	0	0	0	0
e) denials	0	0	0	0
f) denials of renewal	0	0	0	0
g) no action taken	14	0	0	0

1. Number of EMS dispatch agencies utilizing EMD Guidelines: ___6_____
2. Early defibrillation:
   a) Number of EMT=I (defib) certified ___not tracked_____
   b) Number of public safety (defib) certified (non-EMT-I) ___not tracked____

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: _____San Francisco_____

County: ____San Francisco_____

Reporting Year: ____2010-2011_____

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

1. Number of primary Public Service Answering Points (PSAP) ____2_____

2. Number of secondary PSAPs ____2_____

3. Number of dispatch centers directly dispatching ambulances ____6_____

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 ___800 MHz_____
   b. Other methods _____None_____
   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 Francisco Division of Emergency Communications

7. Who is your primary dispatch agency for a disaster? San Francisco Division of Emergency Communications

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: _____San Francisco_____

Reporting Year: _____2010-2011_____

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers ___5_____

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	4.5 mins	N/A	N/A	N/A
Early defibrillation responder	4.5 mins	N/A	N/A	N/A
Advanced life support responder	7.0 mins	N/A	N/A	N/A
Transport Ambulance	10.0 mins	N/A	N/A	N/A

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

EMS System: _ San Francisco _____

Reporting Year: _2010-2011_____

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a) Number of patients meeting trauma triage criteria _____

b) Number of major trauma victims transported directly to a trauma center by ambulance __1378_____

c) Number of major trauma patients transferred to a trauma center _____157_____

d) Number of patients meeting triage criteria who weren't treated at a trauma center _____

Emergency Departments

Total number of emergency departments _____12____

d) Number of comprehensive emergency services _____2_____

Receiving Hospitals

a) Number of referral emergency services _____0_____

b) Number of standby emergency services _____2_____

c) Number of basic emergency services _____8_____

1. Number of receiving hospitals with written agreements _____5____

2. Number of base hospitals with written agreements _____1_____

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: San Francisco

County: San Francisco

Reporting Year: 2010-2011

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

SYSTEM RESOURCES

Casualty Collections Points (CCP)

a. Where are your CCPs located? Public buildings/facilities

b. How are they staffed? Combination of City employees (Disaster Service Workers) and convergent volunteers

c. Do you have a supply system for supporting them for 72 hours? yes __ no √

2. CISD
Do you have a CISD provider with 24 hour capability? yes √ no__

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

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

OPERATIONS

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

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? **1**

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

a. real event? yes√ no __

b. exercise? yes _√_ no

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

_____None at present_____

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

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

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

8. Are you a separate department or agency? yes __ no √

9. If not, to whom do you report? Director of the Department of Public Health

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 __

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

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: San Francisco **County:** San Francisco **Reporting Year:** 2010-2011

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

Training Institution Name SF Paramedic Association **Contact Person telephone no.** Art Hsieh 415-543-1161

Address 657 Mission Street, #302, San Francisco, CA 94105

Student Eligibility: *	**Cost of Program**	**Program Level and Number of Students/Courses**
General Public with Prerequisites	Basic $1,525.00 Refresher	**Program Level: EMT-1 Number of students completing training per year: Initial training: 120 Refresher: N/A Cont. Education: varies Expiration Date: 03/07/2011 Number of courses: Initial training: 6 Refresher: N/A Cont. Education: varies

Training Institution Name SF Paramedic Association **Contact Person telephone no.** Theresa Farina 415-543-1161

Address s 657 Mission Street, #302, San Francisco, CA 94105

Student Eligibility: *	**Cost of Program**	**Program Level and Number of Students/Courses**
EMS Professionals	Basic N/A Refresher N/A	**Program Level: CE Number of students completing training per year: Initial training: N/A Refresher: N/A Cont. Education: 60 Expiration Date: 03/07/2011 Number of courses: 11 Initial training: N/A Refresher: N/A Cont. Education: 8-11

- Open to general public or restricted to certain personnel only.
- ****** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Francisco **County:** San Francisco **Reporting Year:** 2010-2011

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

Training Institution Name City College of San Francisco **Contact Person telephone no.** Maureen Shanahan 415-561-1962

Address 1860 Hayes Street, San Francisco, CA 94117

Student Eligibility: *	**Cost of Program**	**Program Level:** CE Number of students completing training per year: Initial training: N/A Refresher: N/A Cont. Education ____ Expiration Date: 07/31/2013 Number of courses: N/A Initial training: N/A Refresher: ____ Cont. Education: ____
EMS Professionals	Basic N/A Refresher N/A	

Training Institution Name **Contact Person telephone no.**

Address

Student Eligibility: *	**Cost of Program**	**Program Level:** ___ Number of students completing training per year: Initial training: ____ Refresher: ____ Cont. Education: ____ Expiration Date: ____ Number of courses: Initial training: ____ Refresher: ____ Cont. Education: ____
	Basic _____ Refresher _____	

- Open to general public or restricted to certain personnel only.
- ****** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Francisco **County:** San Francisco **Reporting Year:** 2010-2011

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

Training Institution Name City College of San Francisco **Contact Person telephone no.** Megan Corry 415-608-4133

Address 1860 Hayes Street, San Francisco, CA 94117

Student Eligibility: *	**Cost of Program**	**Program Level:** EMT-P
General Public with Prerequisites	Basic $23.00/unit x 54 units Refresher N/A	Number of students completing training per year: Initial training: 60 Refresher: N/A Cont. Education N/A Expiration Date: 12/20/2011 Number of courses: ____ Initial training: 3 Refresher: N/A Cont. Education: N/A

Training Institution Name City College of San Francisco **Contact Person telephone no.** Maureen Shanahan 415-561-1162

Address 1680 Hayes Street, San Francisco, CA 94117

Student Eligibility: *	**Cost of Program**	**Program Level:** EMT-1
General Public with Prerequisites	Basic $20.00/unit x 54 units Refresher N/A	Number of students completing training per year: Initial training: 20-30 Refresher: N/A Cont. Education: N/A Expiration Date: 07/31/2009 Number of courses: ____ Initial training: 2 Refresher: N/A Cont. Education: N/A

- Open to general public or restricted to certain personnel only.
- ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Francisco **County:** San Francisco **Reporting Year:** 2010-2011

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

Training Institution Name San Francisco Fire Department **Contact Person telephone no.** Melany Brandon 415-318-4557

Address SFFD Training Division, Treasure Island, 600 Avenue M, San Francisco, CA 94120

Student Eligibility: *	**Cost of Program**	**Program Level:** EMT-1
SFFD EMT-1 and Paramedic Personnel	Basic N/A Refresher N/A	Number of students completing training per year: Initial training: N/A Refresher: N/A Cont. Education 10 - 20 Expiration Date: 05/31/2011 Number of courses: N/A Initial training: N/A Refresher: N/A Cont. Education: 1 –5

Training Institution Name San Francisco Fire Department **Contact Person telephone no.** Melany Brandon 415-318-4557

Address SFFD Training Division, Treasure Island, 600 Avenue M, San Francisco, CA 94120

Student Eligibility: *	**Cost of Program**	**Program Level:** CE
SFFD EMT-1 and Paramedic Personnel	Basic N/A Refresher N/A	Number of students completing training per year: Initial training: N/A Refresher: N/A Cont. Education: 100 Expiration Date: 05/31/2011 Number of courses: ____ Initial training: N/A Refresher: N/A Cont. Education: 5

- Open to general public or restricted to certain personnel only.
- ****** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Francisco **County:** San Francisco **Reporting Year:** 2010-2011

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

Training Institution Name American Medical Response **Contact Person telephone no.** Brianne Canepa 415-922-9400

Address 1300 Illinois Street, San Francisco, CA 94107

Student Eligibility: *	**Cost of Program**	**Program Level and Numbers**
AMR Employees	Basic N/A Refresher N/A	**Program Level: CE Number of students completing training per year: Initial training: N/A Refresher: N/A Cont. Education 40 - 50 Expiration Date: 08/31/2010 Number of courses: N/A Initial training: N/A Refresher: N/A Cont. Education: 3 – 5 or as needed

- Open to general public or restricted to certain personnel only.
- ****** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Francisco **County:** San Francisco **Reporting Year:** 2010-2011

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

Training Institution Name San Francisco General Hospital **Contact Person telephone no.** Sharon Kennedy 415-206-5050

Address 1001 Potrero Avenue, San Francisco, CA 94110

Student Eligibility: *	**Cost of Program**	**Program Level: CE Number of students completing training per year: Initial training: N/A Refresher: N/A Cont. Education N/A Expiration Date: 04/26/2013 Number of courses: N/A Initial training: N/A Refresher: N/A Cont. Education: N/A**
EMS Professional	Basic N/A Refresher N/A	

Training Institution Name King American Ambulance Company **Contact Person telephone no.** Josh Nultemier 415-931-1400

Address 2570 Bush Street, San Francisco, CA 94115

Student Eligibility: *	**Cost of Program**	**Program Level: CE Number of students completing training per year: Initial training: N/A Refresher: N/A Cont. Education 20 - 30 Expiration Date: 06/30/2012 Number of courses: N/A Initial training: N/A Refresher: N/A Cont. Education: 3 – 5 or as needed**
King American Ambulance Company Employees	Basic N/A Refresher N/A	

- Open to general public or restricted to certain personnel only.
- ****** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: San Francisco **County:** San Francisco **Reporting Year:** 2010-2011
NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone: California Pacific Medical Center – California West 3700 California Street San Francisco, CA 94118 415-600-6000			**Primary Contact:** Jack C. Bailey, Administrator Consolidated Facility: Skilled Nursing	
Written Contract ☐ yes ☑ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☐ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☑ no	Pediatric Critical Care Center:***** ☐ yes ☑ no
EDAP:****** ☐ yes ☐ no	PICU:******* ☐ yes ☑ no	Burn Center: ☐ yes ☑ no	Trauma Center: ☐ yes ☑ no	If Trauma Center what Level:******** _____

Name, address & telephone: California Pacific Medical Center – California West 3700 California Street San Francisco, CA 94118 415-600-6000			**Primary Contact:** Jack C. Bailey, Administrator Consolidated Facility: Perinatal Care; Intensive Care Newborn Nursery	
Written Contract ☐ yes ☑ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service Pediatric √ Comprehensive emergency service ☐		Base Hospital: ☐yes ☑ no	Pediatric Critical Care Center:***** ☑ yes ☐ no
EDAP:****** √ yes ☐ no	PICU:******* ☑ yes ☐ no	Burn Center: ☐ yes ☑ no	Trauma Center: ☐ yes ☑ no	If Trauma Center what Level:******** _____

***** Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*.
****** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
******* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
******** Levels I, II, III and Pediatric.

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: San Francisco **County:** San Francisco **Reporting Year:** 2010-2011
NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone: California Pacific Medical Center – Pacific Campus 2333 Buchanan Street San Francisco, CA 94115 415-600-6000			**Primary Contact:** Jack C. Bailey, Administrator	
Written Contract ☐ yes ☑ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☑ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☑ no	Pediatric Critical Care Center:* ☐ yes ☑ no
EDAP:** ☐ yes ☐ no	PICU:*** ☐ yes ☑ no	Burn Center: ☐ yes ☑ no	Trauma Center: ☐ yes ☑ no	If Trauma Center what Level:**** _____

Name, address & telephone: California Pacific Medical Center – Davies Campus Castro & Duboce Streets San Francisco, CA 94114 415-600-6000			**Primary Contact:** Jack C. Bailey, Administrator General Acute Care Hospital	
Written Contract ☐ yes ☑ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☑ Comprehensive emergency service ☐		Base Hospital: ☐yes ☑ no	Pediatric Critical Care Center:* ☐ yes ☑ no
EDAP:** ☐ yes ☐ no	PICU:*** ☐ yes ☑ no	Burn Center: ☐ yes ☑ no	Trauma Center: ☐ yes ☑ no	If Trauma Center what Level:**** _____

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*.
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric.

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: San Francisco **County:** San Francisco **Reporting Year:** 2010-2011
NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone: San Francisco General Hospital 1001 Potrero Avenue San Francisco, CA 94110 415-206-8000			**Primary Contact:** Patricia O'Connor, Nurse Manager General Acute Care Hospital	
Written Contract ☑ yes – Trauma MOU ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☐ Comprehensive emergency service ☑		Base Hospital: ☑ yes ☐ no	Pediatric Critical Care Center:* ☐ yes ☑ no
EDAP:** ☐ yes ☐ no	PICU:*** ☐ yes ☑ no	Burn Center: ☐ yes ☑ no	Trauma Center: ☑ yes ☐ no	If Trauma Center what Level:**** Level I

Name, address & telephone: St. Francis Memorial Hospital 800 Hyde Street San Francisco, CA 94109 415-353-6000			**Primary Contact:** Tom Hennessey, Administrator General Acute Care Hospital	
Written Contract ☐ yes ☑ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☑ Comprehensive emergency service ☐		Base Hospital: ☐yes ☑ no	Pediatric Critical Care Center:* ☐ yes ☑ no
EDAP:** ☐ yes ☐ no	PICU:*** ☐ yes ☑ no	Burn Center: ☑ yes ☐ no	Trauma Center: ☐ yes ☑ no	If Trauma Center what Level:**** _____

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*.
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric.

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: San Francisco **County:** San Francisco **Reporting Year:** 2010-2011
NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone: St. Luke's Hospital 3555 Cesar Chavez Street San Francisco, CA 94110 415-647-8600			**Primary Contact:** Judi Li, Administrator General Acute Care Hospital	
Written Contract ☐ yes ☑ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☑ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☑ no	Pediatric Critical Care Center:* ☐ yes ☑ no
EDAP:** ☐ yes ☐ no	PICU:*** ☐ yes ☑ no	Burn Center: ☐ yes ☑ no	Trauma Center: ☐ yes ☑ no	If Trauma Center what Level:**** _____

Name, address & telephone: Kaiser Permanente Medical Center 2425 Geary Boulevard San Francisco, CA 94115 415-833-3258			**Primary Contact:** Christine Robisch, Administrator General Acute Care Hospital	
Written Contract ☑ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☑ Comprehensive emergency service ☐		Base Hospital: ☐yes ☑ no	Pediatric Critical Care Center:* ☐ yes ☑ no
EDAP:** ☐ yes ☐ no	PICU:*** ☐ yes ☑ no	Burn Center: ☐ yes ☑ no	Trauma Center: ☐ yes ☑ no	If Trauma Center what Level:**** _____

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*.
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric.

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: San Francisco **County:** San Francisco **Reporting Year:** 2010-2011
NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone: Chinese Hospital 845 Jackson Street San Francisco, CA 94133 415-677-2494			**Primary Contact:** Brenda Yee, Administrator General Acute Care Hospital	
Written Contract ☐ yes ☑ no	Referral emergency service ☐ Standby emergency service ☑ Basic emergency service ☐ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☑ no	Pediatric Critical Care Center:* ☐ yes ☑ no
EDAP:** ☐ yes ☐ no	PICU:*** ☐ yes ☑ no	Burn Center: ☐ yes ☑ no	Trauma Center: ☐ yes ☑ no	If Trauma Center what Level:**** _____

Name, address & telephone: St. Mary's Medical Center 450 Stanyan Street San Francisco, CA 94117 415-668-1000			**Primary Contact:** Ken Steele, Administrator General Acute Care Hospital	
Written Contract ☐ yes ☑ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☑ Comprehensive emergency service ☐		Base Hospital: ☐yes ☑ no	Pediatric Critical Care Center:* ☐ yes ☑ no
EDAP:** ☐ yes ☐ no	PICU:*** ☐ yes ☑ no	Burn Center: ☐ yes ☑ no	Trauma Center: ☐ yes ☑ no	If Trauma Center what Level:**** _____

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*.
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric.

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: San Francisco **County:** San Francisco **Reporting Year:** 2010-2011
NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone: University of California San Francisco Medical Center 505 Parnassus Avenue San Francisco, CA 94122 415-353-2733			**Primary Contact:** Mark R. Laret, Administrator General Acute Care Hospital	
Written Contract ☐ yes ☑ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☑ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☑ no	Pediatric Critical Care Center:* ☑ yes ☐ no
EDAP:** ☐ yes ☐ no	PICU:*** ☑ yes ☐ no	Burn Center: ☐ yes ☑ no	Trauma Center: ☐ yes ☑ no	If Trauma Center what Level:**** _____

Name, address & telephone: Kaiser Permanente Medical Center-South San Francisco 1200 El Camino Real South San Francisco, CA 94080 650-742-2000			**Primary Contact:** Linda Jensen, Administrator General Acute Care Hospital	
Written Contract ☑ yes ☐ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☑ Comprehensive emergency service ☐		Base Hospital: ☐yes ☑ no	Pediatric Critical Care Center:* ☐ yes ☑ no
EDAP:** ☐ yes √ no	PICU:*** ☐ yes ☑ no	Burn Center: ☐ yes ☑ no	Trauma Center: ☐ yes ☑ no	If Trauma Center what Level:**** _____

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*.
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric.

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: San Francisco **County:** San Francisco **Reporting Year:** 2010-2011
NOTE: Make copies to add pages as needed. Complete information for each facility by county.

Name, address & telephone: Seton Medical Center 1900 Sullivan Avenue Daly City, CA 94015 650-992-4000			**Primary Contact:** Bernadette Smith, Administrator General Acute Care Hospital	
Written Contract ☐ yes ☑ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☑ Comprehensive emergency service ☐		Base Hospital: ☐ yes ☑ no	Pediatric Critical Care Center:* ☐ yes ☑ no
EDAP:** ☐ yes √ no	PICU:*** ☐ yes ☑ no	Burn Center: ☐ yes ☑ no	Trauma Center: ☐ yes ☑ no	If Trauma Center what Level:**** _____

Name, address & telephone: San Francisco Veterans' Affairs Medical Center 450 Stanyan Street San Francisco, CA 94117 415-668-1000			**Primary Contact:** Ken Steele, Administrator General Acute Care Hospital	
Written Contract ☐ yes ☑ no	Referral emergency service ☐ Standby emergency service ☐ Basic emergency service ☐ Comprehensive emergency service ☐		Base Hospital: ☐yes ☑ no	Pediatric Critical Care Center:* ☐ yes ☑ no
EDAP:** ☐ yes ☑ no	PICU:*** ☐ yes ☑ no	Burn Center: ☐ yes ☑ no	Trauma Center: ☐ yes ☑ no	If Trauma Center what Level:**** _____

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*.
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric.

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: San Francisco **County:** San Francisco **Reporting Year:** 2010-2011

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

Name, address & telephone: Division of Emergency Communications 1011 Turk Street San Francisco, CA 94102 415-558-3722			**Primary Contact:** Lisa Hoffmann, Deputy Director
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

Name, address & telephone: American Medical Response 1606 Rollins Road Burlingame, CA 94010 650-652-5507			**Primary Contact:** Brianne Canepa
Written Contract: ☐ yes ☑ no	Medical Director: ☑ yes ☐ no	☑ Day-to-day ☐ Disaster	Number of Personnel providing services: ___45__ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: ☐ Public ☑ Private		If public: ☐ Fire ☐ Law ☐ Other explain:_____ N/A	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal N/A

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: San Francisco **County:** San Francisco **Reporting Year:** 2010-2011

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

Name, address & telephone: King American Ambulance Company 2570 Bush Street San Francisco, CA 94115 415-931-1400			**Primary Contact:** Josh Nultemier
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:_____ N/A	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal N/A

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:
San Francisco

Area or subarea (Zone) Name or Title:
The City and County of San Francisco

Name of Current Provider(s):
San Francisco Fire Department
American Medical Response
King American Ambulance
ProTransport-1 Ambulance
St Joseph's Ambulance
Bayshore Ambulance

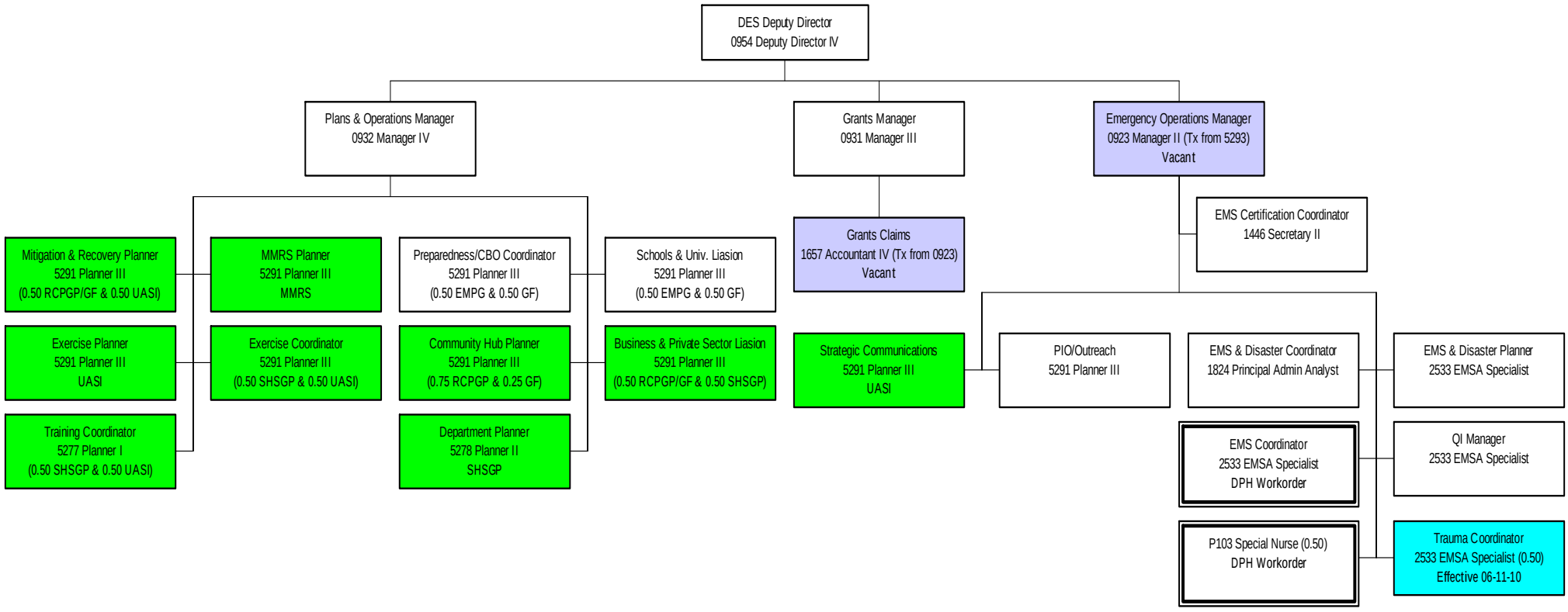
Area or subarea (Zone) Geographic Description:
The City and County of San Francisco

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
The San Francisco EMS Agency is now a non-exclusive operating area. We now are able to permit any provider to operate in the city contingent upon them fulfilling the requirements of the EMS system's Policies and Procedures

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): \
N/A Non-Exclusive

Method to achieve Exclusivity, if applicable (HS 1797.224):
The EMS Agency is in the planning stages to open its system to competitive bid in mid 2011. The Agency will submit all required documents to the California EMS Authority for approval at the appropriate time.

Department of Emergency Management
Division of Emergency Services
Organizational Chart



Notations:

- Existing Funded Position
- Existing Funded Workorder
- Grant Funded Position
- Layoff
- Position Substitution

Revised: 06-01-10

LEMSA: San Francisco **FY: 2010-2011**

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 includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.	☑	☐	☐	The San Francisco EMS Agency has an organizational structure which fulfills this requirement. Please see attached organizational chart.	None
1.02	Each local EMS Agency shall plan, implement and evaluate the EMS system. The agency shall use its quality assurance/quality improvement and evaluation processes to identify needed system changes.		☐		Local EMS Information System (LEMSIS) is used through our system, the EMS Agency reports monthly to stakeholders and the public, a number of operations-based EMS System quality indicators. As EMS providers implement electronic patient care records, these monthly reports will also include patient-based quality improvement information. This information will be used to identify system improvements.	1. A continue to annually review and revise the EMS Plan

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.03	Each local EMS Agency shall plan, implement and evaluate the EMS system. The agency shall use its quality assurance/quality improvement and evaluation processes to identify needed system changes.		☐		EMS Policy 1010-Advisory Committees, details the advisory committees used by the EMS Agency. These committees include the EMS Advisory Committee (EMSAC) and the Trauma Systems Audit Sub-Committee (TSAC)	Continue to update the Advisory Committee Policy 1010 as needed.
1.04	Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.		☐		The EMS Agency has a Medical Director whose background, license, and expertese fulfill this requirement. All prehospital providers and the County Dispatch Center has a Medical Director as well.	None

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.05	Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority.	☑	☑	☐	The EMS Agency is continuing to improve our data collection methods by using the SF Local EMS Information System (LEMSIS). This system allows the analysis of operational data such as response time performance. We can now review and analyse patient care records based upon available data	The SF EMS Agency will submit a yearly update to its EMS Plan
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.		☐		The SF EMS Agency will submit a yearly update to its EMS Plan	Establish a mechanism for annual review and revisions to the EMS Plan.
1.07	The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.		☐		The SF EMS Agency will contunue to update and submit these updates to its Trauma Plan	Continue to submit annual trauma systems status reports.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.08	Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.		☑		The San Francisco EMS Agency has an operational ALS system within its jurisdiction. Including SFFD first responder paramedics, SFFD ALS ambulances, and two private ALS ambulance providers which are permitted to operate in the City and County of San Francisco	The SF EMS Agency is planning to offer its operational area for an open competitive bid in the year 2011 which will make it an exclusive operating area..

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.11	Each local EMS Agency shall identify the optimal roles and responsibilities of system participants		☐		System participants' roles and responsibilities are identified through the ambulance ordinance, administrative code, policy and written agreement. San Francisco established an exclusive operating area under the grandfather provision of HS 1797.224 in 1991. The EMS Agency, also has a written Paramedic Service Provider Agreement with the San Francisco Fire Department. The SF EMS Agency policies delineate roles and responsibilities for the system participants. These policies include: a) 5011 Base Hospital Standards, b) 5010 Receiving Hospital Standards, c) 5013 Trauma Center Designation, d) 5014 Level 1 Trauma Center Standards, e) 5015 Primary Stroke Center Standards, f) Medical Dispatch Standards, and g) 4000 Prehospital Provider Standards,	1. The EMS Agency has long term objectives to assess overall optimal roles for system providers by performing site visits, additional quality improvement activities, and through input from the EMS community

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.12	Each local EMS agency shall provide for review and monitoring of EMS system operations		☐		The EMS Agency reviews and monitors EMS System operations through a variety of methods. EMS System data is routinely reviewed, based upon the parameters of Policy 6000-Quality Improvement Program and Policy 6010-Local EMS Information System. The standards for reporting of incidents is contained is Policy 6020-Incident Reporting. Additionally, the EMS Agency routinely conducts ad hoc audits of EMS providers and dispatch centers.	1. Continue implementation of LEMSIS to allow enhanced monitoring and reviewing of EMS System. 2. Conduct ad hoc site visits of EMS providers and dispatch centers as necessary.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.14	Each local EMS Agency shall develop a policy and procedure manual that includes all EMS Agency policies and procedures, The Agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system	☑	☐	☐	The EMS Agency maintains the San Francisco EMS Agency Manual that addresses all aspects of the citywide EMS system. The EMS Agency Policy Manual presents the most recent standards, guidelines, and procedures for all EMS activities in and related to The City and County Of San Francisco. The manual is divided into 8 Sections, each addressing different facets of the EMS system. The EMS Agency distributes Policy Manuals to all system participants, and it is available on the EMS Agency website for download. Policies and Procedures are reviewed and updated annually. Any changes made throughout the year are distributed to all system participants.	1. Update and revise policies and procedures as needed.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.16	Each local EMS agency shall have a funding mechanism which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund.	☑	☐	☐	The EMS Agency has developed cost-based fees for EMT certification, EMT-P accreditation, ambulance permitting, and cost-based fess for hospital-based EMS-related services such as receiving hospitals, and specialty services such as STEMI receiving hospitals, stroke receiving hospitals, and trauma centers. The EMS Agency is maximizing the use of applicable EMS Fund-based revenue and SB 1773-based revenue.	1. Continue to seek sources for additional funding for EMS agency programs.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.17	Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities and relationships of prehospital and hospital providers	☑	☐	☐	The EMS Agency has signed an MOU with the UCSF/SFGH Emergency Medicine residency program to provider support for EMS training for resident physicians in exchange for their involvement with teaching, medical control, quality improvement and research in the EMS system. By concentrating day-to-day medical control operations in one Base Hospital facility, we have been able to secure participation in national EMS research networks, such as NETT and CARES. Policy 5011 outlines the base hospital's role and responsibilities in the system.	None
1.18	Each local EMS agency shall establish a quality assurance/quality improvement program. This may include use of provider based programs which are approved by the local EMS agency and which are coordinated with other system participants.	☑	☐	☐	The EMS Agency's has Policy 6000--Quality Improvement Program. Additional quality improvement, and performance reporting requirements are contained in Section six of the EMS Agency Policy Manual. This policy complies with the requirements of Title 22, Division 9, Chapter 12. S	1. Continue to implement the LEMSIS-based quality improvement system. 2. Receive QI Plan updates from all EMS Providers.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.19	Each local EMS Agency shall develop written policies, procedures, and/or protocols including, but not limited to, a) triage, b) treatment, c) medical dispatch protocols, d) transport, e) on-scene treatment times, f) transfer of emergency patients, g) standing orders, h) base hospital contact, i) on-scene physicians and other medical personnel, and j) local scope of practice for prehospital personnel.	☑	☐	☐	The EMS Agency maintains Policy and Protocol manuals that presents the most recent standards, guidelines, and procedures for all EMS activities in and related to the City and County of San Francisco. The Policy Manual is divided into 8 sections and the Protocol Manual is divided into 6 sections, each addressing a different facet and treatment of the EMS system: Policies and Protocols are updated annually and as needed, in response to new system needs, changing system requirements, revisions or additions to State policy, etc. All new and altered policies and protocols must pass through the EMS Agency's Public Comment Process for approval.	1. Update and revise policies and procedures as needed.
1.20	Each local EMS agency shall have a policy regarding DNR situations in the prehospital setting, in accordance with the EMS Authority's guidelines	☑	☐	☐	Policy 4051-DNR Policy complies with the EMS Authority's guidelines for DNR policies. Which includes POLST	1. Assure maintenance of EMS grief support training for family members by EMS providers.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.21	Each local EMS Agency, in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.	☑	☐	☐	The EMS Agency maintains EMS Policy 4050-Death in the Field	1. Revise Policy 4050-Death in the Field to include death at crime scenes.
1.22	Each local EMS Agency , shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths	☑	☐	☐	The EMS Agency maintains EMS Protocol P-050-Assault/Abuse. Phone numbers and instructions are listed in this protocol to advise prehospital personnel of the process to report child abuse, elder abuse, and sexual assault. SIDS Reporting: Training on SIDS is required for all entry level EMS system providers. This training incorporates information on reporting such cases.	1. The San Francisco EMS Agency needs to develop a mechanism to ensure that participants in the EMS system report suspected SIDS deaths.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.23	The local EMS Medical Director shall establish policies and protocols for scope of practice of prehospital medical personnel during interfacility transfers.	☑	☐	☐	The EMS Agency maintains EMS Policy 2000-Prehospital Standards and Scope of Practice for all prehospital providers of care. The EMS Agency also maintains EMS Policy 5030-Interfacility Transfers. These policies outline the approved practice for interfacility transfers and establishes minimum training and staffing standards to ensure personnel with local experience and demonstrated competence to respond to each request for service. The EMS Agency also implemented Critical Care Transport-Paramedic policies and protocols which outlines their scope of practice	None
1.24	Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the EMS agency.	☐	☑	☐	The EMS Agency is planning to open its system to competitive bid in the year 2011. This will effectively enable the EMS system to be placed on a contract basis with the successful bidder.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.25	Each EMS system shall have on-line medical direction, provided by a base hospital physician or authorized registered nurse/mobile intensive care nurse	☑	☐	☐	San Francisco General Hospital is the designated base hospital for the EMS system which is staffed with ED attending physicians.	
1.26	The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines: a) the optimal system design for trauma care in the EMS area, and the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.	☑	☐	☐	The EMS agency maintains an approved 2001 Trauma Plan that meets community needs and utilizes appropriate resources.	1. Continue to submit annual trauma systems status reports.
1.27	The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines: the optimal system design for pediatric emergency and critical care in the EMS area, and the process for assigning roles to system participants, including a process which allows all eligible facilities to apply		☐		The EMS agency policies 5000-Ambulance Destination, 5010-Receiving Hospital Standards, and 5012-Pediatric Critical Care Standards outline the designation of pediatric critical care centers, and the responsibility of all receiving hospitals to care for pediatric patients.	1. Obtain funding for position and increase current trauma systems capability to include pediatric critical care system management.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.28	The local EMS agency shall develop, and submit for state approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas which determines: the optimal system design for ambulance service and advanced life support services in the EMS area, and the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.	X			The EMS Agency is planning to open its system to competitive bid. The EMS Agency will advise the EMS Authority of it plans and submit the required material per code.	1. Submit plans to the EMS Authority as required.
2.01	The local EMS Agency shall routinely assess personnel and training needs.		☐		The training needs are addressed by the EMS Agency's EMS Advisory Committee.The City College of San Francisco operates both an EMT and paramedic training program. The San Francisco Paramedic Association also operates a EMT training program.	None

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.02	The EMS Authority and/or local EMS Agencies shall have a mechanism to approve EMS education programs which require approval (according to regulations) and shall monitor them to ensure that they comply with State regulations.	X			The EMS Agency maintains the following policies: a) EMS Policy 2020-EMT Program Approval b) EMS Policy 2060-CE Provider Approval c) EMS Policy 6000-Quality Improvement (The purpose of this policy is to maintain an effective method for monitoring and evaluating patient care.). The EMS Agency recently evaluated EMT/CE education program for the SFFD, as well as the EMT-P program at City College of San Francisco. And permitted the San Francisco Paramedic Association to operate a EMT Program	1. Establish regular site surveys checking of education programs.
2.03	The local EMS Agency shall have mechanisms to accredit, authorize, and certify prehospital medical personnel and conduct certification reviews, in accordance with State regulations. This shall include a process for prehospital providers to identify and notify the local EMS Agency of unusual occurrences which could impact EMS personnel certification.	X			The EMS agency maintain the following policies that set requirements for prehospital personnel. a) EMS Policy 2000-Prehospital Personnel Standards, b) EMS Policy 2040-EMT Certification, c) 2050-Paramedic Accreditation, and, d) EMS Policy 6000-Quality Improvement.	1. The San Francisco EMS Agency needs to collaborate with other Bay Area EMS Agencies to standardize paramedic CCT accreditation.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.04	Public safety answering point (PSAP) operators with medical responsibilities shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.	X			The SF 911 Call Center and dispatch centers for all private ambulance companies use the Advanced Medical Priority Dispatch System. The dispatch center training is accordance with EMS Agency and National Academies of Emergency Dispatch Standards. The standards for medical dispatch centers and personnel are set by EMS Policy 3000-Medical Dispatch Standards. EMS Policy 4010-Integrated Response Plan provides a uniform method of contacting private ALS ambulances during normal and disaster operations and also provides a method to incorporate BLS ambulances into EMS operations during times of disaster.	None.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.05	At least one person in each nontransporting EMS first response unit shall have been trained to administer first aid and CPR within the previous 3 years	X			EMS First responders are San Francisco Firefighters on various apparatus. They are required to have at least one EMT on each of these units, as described in EMS Policy 4000-Prehospital Provider Standards. This policy also addresses the need to maintain EMT certification. All San Francisco permitted ambulances are required to carry manual or automatic defibrillators per EMS Policy 4001-Vehicle Equipment and Supply List, and are inspected annually.	None
2.06	Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies	X			Currently the San Francisco Fire Department provides EMS first response and ALS ambulance response and transportation according to the EMS agency policies and procedures. The San Francisco Police Department provides first response on high risk calls as requested by the EMS providers. The SFPD does not have any EMS medical direction currently for their tactical response and PAD programs	1. Continue to better integrate SFPD into the EMS System.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.08	All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-1 level.	X			EMS Policy 2000-Personnel Standards and Scope of Practice outlines the requirements for all prehospital care providers with the EMT-1 level being the basic minimum	None
2.09	All allied health personnel who provide direct emergency patient care shall be trained in CPR	X			Through EMS Policy 2000-Personnel Standards and Scope of Practice, the EMS agency assures that all EMS personnel who provide direct patient care at trained in CPR.	None
2.10	All emergency department physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support.	X			EMS Agency Policy 5010-Receiving Hospital Standards requires that ED RN and Physicians maintain certification on BLS, ACLS, PALS or equivalent	None
2.11	The local EMS Agency shall establish a procedure for accreditation of advanced life support personnel which includes orientation to the EMS system, testing in any optional scope of practice, and enrollment into the local EMS Agency's quality assurance/quality improvement process policies and procedure, orientation to the roles and responsibilities of providers within the local EMS system	X			EMS Policy 2050-Paramedic Accreditation establishes guidelines for a Paramedic with statewide licensure to become accredited to practice as a Paramedic in the City and County of San Francisco.	None

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
3.01	The LEMSA shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.	X			EMS Policy 3010-EMS System Communication Standards specifies the system equipment & procedures; EMS Policy 3011-Communication Drills requires regular testing (daily) of the 800, the HEARNet and the web-based communications system; EMS Policy 3020-Field to Hospital Communication details field to hospital communications.	1. Install hard-wired ham radios with roof-top antennas at each hospital.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
3.02	Emergency medical transport vehicles and non-transporting advance life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-ambulance communication.	X			The City's 9-1-1 Dispatch Center is able to communicate directly with all ambulances and non-transporting ALS responders. All ambulances can talk with all receiving hospitals in San Francisco. All ambulances share common talk groups that allow them to talk to each other. EMS Policy 3010-EMS System Communication Standards and EMS Policy 3020-Field to Hospital Communication provide the criteria that complies with this standard.	None.
3.03	Emergency medical transport vehicles used for interfacility transfers shall have the ability to communicate with both the sending and receiving	X			All ALS and BLS ambulances in San Francisco, public and private, have portable 800 MHz radios to communicate with Dispatch and all receiving hospitals.	None.
3.05	All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.	X			All hospitals can talk to each other on 800 MHz and HEARNet radio systems.	1. Continue to test radio systems to assure they will function as desired when needed.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
3.06	The EMS Agency shall review communications linkages among providers (pre hospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.	X			Regular monthly tests are done. There is also communications capabilities on a web based system	None.
3.07	The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.	X			The Division of Emergency Communications (9-1-1 Dispatch) continues planning to upgrade the automatic vehicle locator system into a GPS-based system.	1. To continue to assure EMS representation on communication issues with the Department of Emergency Communication.
3.08	The local EMS agency shall be Involved in public education regarding the 9-1-1 telephone service as it impacts system access.	X			The use of the 9-1-1 system in well know in the City of San Francisco	None.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
3.09	The local EMS agency shall establish guidelines for proper dispatch triage which identifies appropriate medical response.	X			Uses Medical Priority Dispatch System dispatch protocol. The use of MPDS by all medical dispatch centers is required by EMS Policy 3000 - Emergency Medical Dispatch Center Standards.	None
3.10	The local EMS agency shall have a functionally integrated dispatch with system wide emergency services coordination, using standard communications frequencies.	X			EMS Policy 3010-EMS System Communication Standards requires all EMS providers to use a common and integrated communication system. This system is also integrated with local Police and Fire Services.	1. Integrate private-sector ALS providers into the fire Automatic Vehicle Locator system.
4.01	The local EMS agency shall determine the boundaries of emergency medical transportation service area.	X			The SF LEMSIS data system allows the EMS Agency to analyze and assure all regions of the city are receiving timely EMS response and transport. The EMS Policy 4030 Intercounty and Bridge Response Policy also addresses this requirement. The SFFD has completely transitioned to dynamically deployed ambulances.	1. Continue to ensure medical response to and transport within newly developed regions of the City and County. 2. To execute an agreement with North County Fire Authority to provide automatic aid to the south west corner of San Francisco.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.02	The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, polices, and procedures.	X				
4.03	The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.	X			EMS Policy 3000-Emergency Medical Dispatch Center Standards requires the use of the Medical Priority Dispatch System by all San Francisco Medical Dispatch Centers.	None.
4.05	Each local EMS Agency shall develop response time standards for medical response. These standards shall take into account the total time from receipt of the call at the PSAP to arrival of the responding unit at the scene, including all dispatch intervals and driving time.	X			EMS Policy 4000-Prehospital Provider Standards establishes response time standards for BLS and defibrillator, ALS, and transport, consistent with the EMSA-recommended response time standards. EMS Policy 3000-Medical Dispatch Standards establishes dispatch interval standards for all EMS dispatch centers.	1. Assure that all EMS providers and dispatch centers meet dispatch and response interval standards.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.06	All emergency medical transport vehicles shall be staffed and equipped according to current State and local EMS Agency regulations and appropriately equipped for the level of service provided.	X			EMS Policy 4001-Vehicle Equipment and Supplies establishes minimum standards for vehicle equipment and supplies. EMS Policy 4000-Prehospital Provider Standards establishes minimum requirements for EMT-1 and Paramedic staffing of each emergency and non-emergency ambulance.	None
4.08	The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding: a) authorization of aircraft to be utilized in prehospital patient care, b) requesting of EMS aircraft, c) dispatching of EMS aircraft, d) determination of EMS aircraft patient destination, orientation of pilots and medical flight crews to the local EMS system, and addressing and resolving formal complaints regarding EMS	X			EMS Policy 4020-EMS Aircraft Utilization describes standards and protocols for use of EMS Aircraft within San Francisco. San Francisco does not regularly use public safety or EMS helicopters within its geographic boundaries. There is presently no hospital-based helipad in San Francisco.	1. Reopen the possibility of having a Helipad on the roof of San Francisco General Hospital.
4.09	The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.	X			The SF EMS Agency has designated the Division of Emergency Communications of the Department of Emergency Management to function as the EMS Aircraft dispatch center.	None.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.10	The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with areomedical services operating within the EMS area.	X			EMS Policy 4020-EMS Aircraft Utilization describes standards and protocols for use of EMS Aircraft within San Francisco. Written agreements with the three regional air ambulance providers were executed in 2005	
4.11	Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snow mobiles, and water rescue and transportation vehicles	X			The EMS system has cliff and water rescue and transportation resources maintained by providers such as the SF Fire Department and US Coast Guard.	None
4.12	The local EMS agency in cooperation with the local office of emergency services (OES) shall plan for mobilizing response and transport vehicles for disaster.	X			The EMS Agency is now part of the Department of Emergency Management (OES equal) and plans for disaster response and transport vehicle utilization. There are currently 92 ambulances permitted to operate in the City and County of San Francisco	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.13	The local EMS agency shall develop agreements permitting intercounty response of EMS vehicles and personnel	X			The EMS agency maintains EMS Policy 4030-Intercounty and Bridge Response, to govern our most common inter-county response event (EMS incidents on our bridges). The current Trauma Response plan covers intercounty trauma response. The Medical Health Operations Area Coordinator functions in time of disaster are provided by the EMS agency Medical Director and Administrator. We are currently pursuing an automatic medical mutual aid MOU with San Mateo county for improved EMS response timeliness to the southwestern portion of our OA	1. Continue to pursue MOU with San Mateo County and revise EMS Policy 4030-Intercounty and Bridge Response as needed.
4.14	The local EMS agency shall develop multi-casualty response plans and procedures which include provisions for on-scene medical management, using the Incident Command System.	X			The EMS Agency has completely updated the MCI policy using the Incident Command System as the basis of operating during an MCI or disaster. The effective date for this new policy will be 1/15/2011.	1.Training for EMS providers on the MCI Plan.
4.15	Multi-casualty response plans and procedures shall utilize state standards and guidelines.	X			The EMS Agency has completely updated the MCI policy using the Incident Command System as the basis of operating during an MCI or disaster. The effective date for this new policy will be 1/15/2011.	1. Continue to monitor the MCI Policy and update as needed.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.16	All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-1 level.	X			EMS Agency Policy 2000-Prehospital Personnel Standards and Scope of Practice and EMS Agency Policy 4000--Prehospital Provider Standards, identifies that all ambulances used in the 911 system shall be staffed at an ALS level, with a minimum of one paramedic and one EMT Medical Priority Dispatch (MPDS) is the approved prearrival instructions for use in the San Francisco EMS System. Policy 3000-Medical Dispatch Standards requires that MPDS be used by all SF medical dispatch centers.	None
4.17	All emergency ALS ambulance shall be appropriately equipped for the scope of practice for its level of staffing.	X			EMS Policy 4001-Vehicle Equipment and Supply List prescribes the equipment that must be carried by all first responders, ALS first responders, BLS ambulances, and ALS ambulances. The EMS Agency annually inspects each ambulance in the EMS System as part of its permit process.	1. Convene a new Equipment Committee

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.18	The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.	X		X	The San Francisco EMS Agency has a Ambulance Ordinance which governs the EMS System. Article 14 Ambulance and Routine Medical Transport Vehicles	1. Prepare an updated version of the Ambulance Ordinance and submit it to the SF Board of Supervisors
5.01	The local EMS agency shall assess and periodically reassess the EMS-related capabilities of acute care facilities in its service area	X			The EMS Agency maintains MOUs with all of the Receiving Hospitals. San Francisco has 13 designated emergency receiving hospitals. Two of which are in northern San Mateo County. CPMC has move their Pediatric Critical Care Unit (PCCU) from the Pacific Campus to the California Campus and also add a pediatric emergency department.	1. Perform periodic assessments of acute care hospitals/EMS-related capabilities.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.02	The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.	X	X		Section 5 of the San Francisco EMS Policy Manual includes: • EMS Policy 5000-Ambulance Destination Policy that addresses triage protocols. • EMS Policy 5001-Critical Trauma Patient and Triage Decision Scheme that addresses triage protocols specific to trauma patients. • EMS Policy 5030-Interfacility Transfer Standards defines the roles and responsibilities of hospital and prehospital personnel in the transfer of patients.	1. Complete development and implementation of local STEMI emergency receiving facilities standards for San Francisco. 2. Develop STEMI Quality Assurance program for EMS.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.03	The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.	X			EMS Policy 5030-Interfacility Transfers establishes the standards and the roles and responsibilities of hospital and prehospital personnel in the transfer of patients. The EMS Agency has developed paramedic CCT training program and personnel standards and patient treatment protocols. The standards and protocols are consistent with what is in use in other Bay area EMS Agencies.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.04	The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients	X			Section 5000 of the San Francisco EMS Policy Manual designates receiving hospitals for all categories of ambulance patients. These policies include: • EMS Policy 5000-Ambulance Destination Policy that addresses triage protocols. • EMS Policy 5001-Critical Trauma Patient and Triage Decision Scheme that addresses triage protocols specific to trauma patients. • EMS Policy 5030-Interfacility Transfer Standards defines the roles and responsibilities of hospital and prehospital personnel in the transfer of patients. --Policy 5010-Receiving Hospital Standards specifies the standards	
5.05	The EMS agency shall encourage hospitals to prepare for mass casualty management	X			The EMS Agency has continued to facilitate adoption of the hospital emergency incident command system, participate in exercises and trainings with hospital providers, and revise communications systems as needed. Integrated hospital evacuation into revised MCI plan.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.06	The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers	X	X		The EMS Agency maintains a formal relationship between the EMS Agency and the Base Hospital through as-needed updates to the memorandum of understanding and revisions in policies and procedures.	1. Continue to involve hospitals in MCI training, drills, and exercises.
5.07	process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of prehospital personnel	X			San Francisco has only one Base Hospital that is located at San Francisco General Hospital in the Emergency Department. No other hospital has expressed interest in becoming a base hospital.	relationship between the EMS Agency and the Base Hospital through as-needed updates to the memorandum of understanding and revisions in policies and procedures.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.08	Local EMS agencies that develop trauma care shall determine the optimal system (based on community need and available resources) including, but limited to: a) the number and level of trauma counties), b). the design of catchment area (including areas in other counties, as appropriate), c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers, d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and e) a plan for monitoring and evaluation of the system.				The 2001 Trauma Plan identifies the SFGH as the sole Level 1 Trauma Center meeting criteria outlined in EMS Policy 5013-Trauma Center Designation Policy, and EMS Policy 5014-Level 1 Trauma Care Standards. Identification of patients and procedures that should be transported to the designated trauma center are listed in the following policies: EMS Policy 5000-Destination Policy, EMS Policy 5001-Critical Trauma patient Criteria and Triage Decision Scheme, EMS Policy 5030-Interfacility Transfer Policy, and EMS Policy 5012-Pediatric Critical Care. The role of non-trauma hospitals is delineated in EMS Policy 5010-Receiving Hospital Standards. EMS will continue to support SFGH has successfully received accredidation from the American College of Surgeons. We will continuing to review performance improvements on trauma cases at the monthly PI meeting and quarterly TSAC meetings. We employ a .5 FTE as trauma	1. Continue to work with the SFGH to receive monthly trauma registry data for analysis to identify areas for improvement of patient care and education to the community.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.09	In planning its trauma care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.				This criteria is met with the TSAC and EMSAC Committees	None
5.10	Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including: a) the number and role of system participants, particularly of emergency departments, b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix, c) identification of patients who should be primarily triaged or secondarily transferred to a desginated center, including consideration of patients who should be triaged to other speicalty care centers, d) identification of providers who are qualified to transport such patients to a designated facility, e) identification of tertirary care centers for pediatric critical care and pediatric trauma, f) the role of non-pediatric specialty care hospitals including those which are outside of the primary triage areas, and g) a plan for monitoring and evalutation of the system.	X		X	The EMS Agency, through policy, has designated pediatric receiving facilities and hospitals. These standards are contained in the following policies: EMS Policy 5010-Receiving Hospital Standards and EMS Policy 5012-Pediatric Critical Care Standards, EMS Policy 5000-Destination, and EMS Policy 5001-Trauma Destination. SFGH, as an element of its designation as a trauma center, maintains a transfer agreement with Children's Hospital Oakland for interfacility transport of critical pediatrics.	1. To secure funding to staff a position to monitor and evaluate pediatric critical care within the San Francisco EMS System

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.12	In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from prehospital and hospital providers and consumers.	X			This criteria is met withthe EMS Advisory Committee, which includes members from the public as well as system providers	
5.13	Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved, including: 1. the number and role of system participants, 2. the design of catchment areas with consideration of workload and patient mix, 3. identification of patients who should be triaged or transferred to a designated center, 4. the role of non-designated hospitals including those which are outside of the primary triage area, and 5. a plan for the monitoring and evaluation of the system.	X			EMS Policy 5000--Destination addresses specialty care plans for EMS-targeted clinical conditions, defining destinations for specific conditions including: burns, amputation and revascularization, adult medical care, pediatric medical care, obstetrics, stroke and trauma. These factors were considered in the development of the destination policies and procedures. San Francisco's designated receiving centers include two hospitals that are out of county, due to their proximity to certain areas of San Francisco. San Mateo County has designated SFGH as the primary trauma center for northern San Mateo County.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.01	The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all prehospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols and identification of preventable morbidity and mortality and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.	X		X	Policy 6000 is the EMS Quality Improvement Policy . Other quality improvement policies are EMS Policy Manual Section 6000--Data Collection and Evaluation. Quality Improvement review is conducted during closed session of the EMS Advisory Committee. The LEMSIS Steering group, tasked with measuring compliance with EMS policy and procedure, has reconvened for four months. The SFFD and some private providers are now using electronic patient care reports.	1. The EMS Agency will continue to use the data from electronic patient care records in order to identify outcome data useful for EMS System evaluation and incorporate indicators into the QI plans of each system participant.
6.02	Prehospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.				The SFFD and one private provider now use the electronic patient care report on a daily basis. There are printers at each of the hospitals for use to leave a PCR with the patuens chart.	1. Look intot he possibility of transmitting the PCR via email tr receiving facilities.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.03	Audits of prehospital care, including both system response and clinical aspects, shall be conducted.	X		X	Phase I of the Local EMS Information System (LEMSIS) has been implemented and provides the capability for the EMSA to conduct real-time monitoring of 911 Computer-Aided Dispatch data. Detailed reports of dispatch, unit response and transport intervals are reported to all EMS system participants on a monthly basis. Availability of electronic PCR data will significantly increase the amount of information about EMS System performance.	1. Develop effective approaches to convert information derived during prehospital care audits to improvements in patient care.
6.04	The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of prearrival/post dispatch directions.	X		X	The Advanced Medical Priority Dispatch System (AMPDS) is designated as the exclusive Emergency Medical Dispatch Priority Reference System authorized for use within the San Francisco. EMS Policy 3000--Medical Dispatch Standards, defines standards and review requirements for medical dispatch centers.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.05	The local EMS agency shall establish a data management system which supports its system wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients.				The EMS Agency has implemented a Local EMS Information System (LEMSIS). Through this system, the EMS Agency reports monthly to stakeholders and the public, a number of operations-based EMS System quality indicators. As EMS providers implement electronic patient care records, these monthly reports will also include patient-based quality improvement information. This information will be used to identify system improvements.	
6.06	The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.				Policy 6000 is the EMS Agency's Quality Improvement Policy. The San Francisco LEMSIS standards are based on CEMSIS standards.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.07	The local EMS agency shall have the resources and authority to require provider participation in the system-wide evaluation program	X			The EMS agency derives authority to require provider participation in system wide evaluation through memoranda of understanding, the Quality Improvement Council portion of the EMS Advisory Committee and state regulations	1. Attempt to acquire funding to enhace the system's performance
6.08	The local EMS agency shall at least annually report on the results of its evaluation of the EMS system design and operations to the Board of Supervisors, provider agencies and the Emergency Medical Care Committee				The EMS agency posts a monthly operations report on its website, accessible to all EMS constituents and the general public. The EMS agency reports quarterly to the Joint Conference Committee, a subcommittee of the Health Commission. The EMS agency reports as requested to the Fire Commission and the Board of Supervisors on EMS issues. San Francisco does not have an Emergency Medical Care Committee; this function is fulfilled by the combination of the EMS Advisory Committee (see policy 1010, Advisory Committees) and the JCC of the Health Commission.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.09	The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a) a trauma registry, b) a mechanism to identify patients whose care fell outside of establishes criteria, and c) a process of identifying potential improvements to the system design and operation.				EMS Policy 4000-Prehospital Provider Standards and EMS Policy 5011-Base Hospital Standards require compliance with EMS Agency quality improvement plans' monitoring and evaluations requirements, which include reports, site visits and other auditing means.	1. Continue to conduct an audit of the base hospital's compliance with EMS Policy.
6.10	The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a) a trauma registry, b) a mechanism to identify patients whose care fell outside of establishes criteria, and c) a process of identifying potential improvements to the system design and operation.				The EMS Agency is working with the SFGH to obtain data on trauma patients for analysis and review on a monthly basis. In addition, during the past year, we have begun to asses system-wide trauma patient transport decisions by evaluation data from the Electronic Death Registry, LEMSIS and the Medical Examiners Office. This information allows the EMS Agency to identify patients who may have received traumatic injuries, but did not receive care at the appropriated faculty. Unusual Occurrence Reporting is in place with all Emergency Departments to identify improvements for individual and or systemic care.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.11	The local EMS agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information which is required for quality assurance/ quality improvement and system evaluation.				The EMS Agency has developed a process by which SFGH will provide appropriate summary and individual data to the EMS Agency periodically.	1. Continue to evaluate data provided by SFGH trauma center, and incorporate this data with other EMS System data to better understand optimum of care from entry into EMS system to discharge from hospital.
7.01	The local EMS agency shall promote the development and dissemination of information materials for the public which address: 1. understanding of EMS system design and operations, 2. proper access to the system, 3. self help, 4. patient and consumer rights as the relate to the EMS system, 5. health and safety habits as they relate tot he prevention and reduction of health risks in target areas, and 6. appropriate utilization of emergency departments			X	The EMS Agency is attempting obtain funding to develop public education. The EMS Agency does work closely with the San Francisco Paramedic Association in the Heart Safe City program.	
7.02	The local EMS agency in conjunction with other local health education programs shall work to promote injury control and preventive medicine	X	X		The Department of Emergency Management (EMS Agency) works on citizen disaster preparedness and disaster plan development.The Disaster Registry Program (DRP) for seniors and disabled persons; was closed on April 15, 2008 due to budgetary concerns.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
7.03	The local EMS agency, in conjunction with the local OES shall promote citizen disaster preparedness activities	X	X		The Department of Emergency Management (EMS Agency) works on citizen disaster preparedness and disaster plan development. The EMS Agency is now part of the Department of Emergency Management	
7.04	The local EMS agency shall promote the availability of first aid and CPR training for the general public.	X	X		The EMS Agency works closely with the San Francisoc Paramedic Association to train the general public in first aide training and CPR instruction.	1. Continue to promote the Heart Safe City program in the City and County of San Francisco.
8.01	In coordination with the local OES, the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.	X	X		The EMS Agency is now part of the Department of Emergency Management (OES equal) and plans for disaster response.	1. Continue to develop medical response plans for catastrophic disasters of all types. Natural or man made.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
8.02	Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances	X			The EMS agency has developed EMS Protocol 100-Austere Care, EMS Protocol 101-Crush Syndrome, and EMS Protocol 102-MMRS Medical Protocols, for catastrophic disasters including toxic substances. The EMS Agency is also revising the Hazardous Materials Response Policy.	None
8.03	All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.	X	X		All pre hospital personnel are required to be trained on using personal protective equipment and each ambulance must have Level-C Suits and PAPRs. The are also required to be trained in the use of Mark-1 kits. Each ambulance is required to stock these Mark-1 kits for each crew member.	None
8.04	Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.	X	X		The EMS Agency uses the MCI Plan uses the Incident Command System as the basis of its disaster response and field management.	None

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
8.05	The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster causalities in its service area.	X	X		Written procedures for distributing patients during disasters are contained in EMS Policy 8000-EMS MCI Policy, and EMS Policy 8040-Health and Medical Mutual Aid.	None
8.06	The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.	X			EMS Agency Policy 8040 identifies processes for notification of the MHOAC and use of medical mutual aid. The MCI Plan for the City and County of San Francisco has been revised and will take effect 1/15/2011	None
8.07	A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster	X			9-1-1 Dispatch hasconsolidated all public safety and local government communications under the 800 MHz system. Disaster talk groups have been designated, including in failsoft mode. The EMS System also uses the HEARNet system.	None

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
8.08	The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in this service area.	X			The EMS agency is now part of the Department of Emergency Management and both the Division of Emergency Service (DES) and the EMS Agency work closely to develop an inventory of appropriate medical resources to respond to disasters in its operational area.. EMS Policy 4001-Vehicle Equipment and Supply List requires each vehicle in the EMS system carry a disaster kit designed to support initial triage and treatment of 50 victims. The EMS agency participates in the Hospital Council's Emergency Task Force that evaluates and coordinates hospital's Hazard Vulnerability Analysis.	None
8.09	The local EMS agency shall establish and maintain relationships with DMAT teams in its area.	X			The EMS Agency Medical Director and one staff person are members of DMAT-6. A close working relationship exists.	None

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
8.10	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 ensure 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.	X			The EMS agency is working with other Bay Area EMS agencies to develop a multi-county medical mutual aid agreements.	1. Continue work on these activities and initiatives
8.11	The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate casualty collection points				The EMS agency is now part of the Department of Emergency Management and both the Division of Emergency Service (DES) and the EMS Agency work closely to designate casuality collection points.	1. Continue to work with the DES to define casuality collection points.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
8.12	The local EMS agency in coordination with the local OES shall develop plans for establishing CCPs and a means for communicating with them				The EMS agency is now part of the Department of Emergency Management and both the Division of Emergency Service (DES) and the EMS Agency work closely to designate casuality collection points and means of communications..	None
8.13	The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.				There will be mandatory citywide training of both prehospital and hospital personnel on the revised MCI plan crafted by the EMS Agency. Each private provider has shown the EMS Agency their training material for Hazmat and CBERN.	1. Continue to support t MCI, Hazmat, and CBERN training and exercises
8.14	The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).				San Francisco hospitals continue to exceed the minimum standard through their participation in at least two city-wide exercises that involve prehospital medical providers. The EMS Agency also participates in a hospital disaster preparedness group that meets monthly.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
8.15	The local EMS agency shall ensure that there is an emergency system for interhospital communications, including operational procedures				San Francisco actively maintains the HEARNet radios at all hospitals, the blood bank, 9-1-1 Dispatch and the EMS agency). Each hospital also maintains a 800 MHz base station and a web-based diversion management system. These communication devices are tested daily.	None
8.16	The local EMS agency shall ensure that all prehospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.				The EMS Agency will require over the next few months that all prehospital and hospital providers will be trained on the revised EMS MCI Policy.	1. Continue to ensure all providers in the EMS system have a working knowledge of the MCI Plan
8.17	The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responder from other EMS systems to respond and function during significant medical events.				EMS Agency Policy 8040--Health and Medical Mutual Aid summarizes the processes for sending and receiving EMS and medical mutual aid.	1. Revise EMSA Policy 8040 as need to insure ALS and mutual aide responder have the ability to respond and function during significan events.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
8.18	or other specialty care systems shall determine the role of identified specialty centers during a significant medical incidents and the impact of such incidents on day-to-day triage procedures.				EMS Policy 5000--Destination and EMS Policy 8000--EMS MCI Policy create standards for patient triage and distribution during routine EMS operations and MCIs.	None
8.19	Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical event.				Continue to include an exemption to exclusivity during critical incidents in renegotiated paramedic service providers.	None