STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY
EDMUND G. BROWN JR., *Governor*

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

August 18, 2015

Miles Julihn, EMS Administrator
Marin County EMS Agency
1600 Los Gamos Drive, Suite 220
San Rafael, CA 94903

Dear Mr. Julihn:

This letter is in response to the 2014 Marin County EMS Plan Update submission to the EMS Authority.

I. Introduction and Summary:

The EMS Authority has concluded its review of Marin County EMS Agency's 2014 EMS Plan Update and is approving the plan as submitted.

II. History and Background:

Historically, we have received EMS Plan documentation from Marin County EMS Agency in the following years: 1995, 1999, 2004, 2007, 2009, 2010 and, most current, its 2014 plan update submission.

Marin County EMS Agency received its last five-year Plan approval in 1996 for its 1995 submission and its last annual plan update approval in 2012 for its 2010 submission. The California Health and Safety (H&S) Code § 1797.254 states:

> *"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with H&S Code § 1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to Marin County EMS Agency's 2014 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations and H&S Code § 1797.254 and the EMS system components identified in H&S Code § 1797.103 are indicated below:

	Approved	Not Approved	
A.	☒	☐	System Organization and Management
B.	☒	☐	Staffing/Training

1. Table 10 – Approved Training Programs

   - Please ensure data is complete and accurate in future submissions. Multiple institutions missing data including type of program, cost of program and number of students and/or courses.

C.	☒	☐	Communications
D.	☒	☐	Response/Transportation

1. Ambulance Zones

   - Please see the attachment on the EMS Authority's determination of the exclusivity of Marin County EMS Agency's ambulance zones.

E.	☒	☐	Facilities/Critical Care
F.	☒	☐	Data Collection/System Evaluation
G.	☒	☐	Public Information and Education
H.	☒	☐	Disaster Medical Response

IV. Conclusion:

Based on the information identified, Marin County EMS Agency may implement areas of the 2014 EMS Plan Update that have been approved. Pursuant to H&S Code § 1797.105(b):

> *"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan…unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."*

V. Next Steps:

Marin County EMS Agency's annual EMS Plan Update will be due on August 18, 2016. Please note, during the submission of an annual Plan Update, individual System Assessment forms are only required to be submitted when changes are made to the system that are different from the last approved five-year EMS Plan, as indicated on the requested 'Progress/Objectives' form. In addition, each County must submit an annual status update of QI and Trauma Plans to the EMS Authority.

If you have any questions regarding the plan review, please contact Jeff Schultz, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

Howard Backer, MD, MPH, FACEP
Director

Attachment

ZONE	EXCLUSIVITY			TYPE			LEVEL										
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All ALS Ambulance Services (includes emergency and IFT)	All CCT/ALS Ambulance Services	BLS IFT	BLS Non-Emergency	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
Paramedic Response Zone Area A		X	Non-Competitive	X				X	X	X							
Paramedic Response Zone Area B		X	Non-Competitive	X				X	X	X							
Paramedic Response Zone Area C	X																
Paramedic Response Zone Area D		X	Non-Competitive	X				X	X	X							
Paramedic Response Zone Area E		X	Non-Competitive	X				X	X	X							

COUNTY OF MARIN
CALIFORNIA

2014 EMS Plan Update

EMERGENCY MEDICAL SERVICES AGENCY
MARIN COUNTY

July 2015

Emergency Medical Services Agency
1600 Los Gamos Dr., Suite 220
San Rafael, California 94903

2014 EMS PLAN UPDATE SUMMARY

This annual update to the EMS Plan for the County of Marin is intended to meet statutory requirements of California Health & Safety Code, Division 2.5, Section 1797.254. For standardization, it has been submitted in a format suggested by the California EMS Authority. Minor wording changes to the Ambulance Zone Summaries requested by EMSA in response to a 2012 EMS Plan Update submitted in June 2013 have also been included.

Significant changes from our previous EMS Plan Update include the implementation of a Specialty Care System for Stroke, and the designation of all three acute care hospitals in Marin as Stroke Receiving Centers. In addition, Marin's Level III Trauma Center completed a required triennial verification site review by the American College of Surgeons in July 2015 which will be reflected in a concurrent Trauma Plan Update submission.

LEMSA: MARIN
2014 EMS Plan Update

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Current Status/Progress
4.15	MCI Plans	☑	☐	☐	Training to be conducted in late 2015/early 2016 with full-scale exercise in April 2016.
5.01	Assessment of Capabilities	☑	☐	☐	Increased participation from hospitals is expected this year.
5.05	Mass Casualty Management	☑	☐	☐	Local Field Treatment Site guidelines have been drafted.
5.13	Specialty System Design	☑	☐	☐	Stroke System is fully functional with all three acute care hospitals designated as Stroke Receiving Centers
6.05	Data Management System	☑	☐	☐	CQM data is being submitted to EMSA annually.
7.04	First Aid and CPR Training	☑	☐	☐	Marin conducted this year's countywide "Sidewalk CPR" training event on June 6th in collaboration with EMS providers and others.

FY: 2014-15

Objective
Implement and test revised MCI plan (i.e., Multiple Patient Management Plan)
Encourage hospital participation in Statewide Medical Health Exercise
Develop and publish Field Treatment Site guidelines
Implement a Stroke System in Marin
Develop reports from new ePCR software to submit for Core Quality Measures data in 2014
Conduct annual "sidewalk CPR" event at 20 venues in June 2014.

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20 DNR Policy		X			
1.21 Determination of Death		X			
1.22 Reporting of Abuse		X			
1.23 Interfacility Transfer		X			
Enhanced Level: Advanced Life Support					
1.24 ALS Systems		X			
1.25 On-Line Medical Direction[1]		X			
Enhanced Level: Trauma Care System:					
1.26 Trauma System Plan		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
1.27 Pediatric System Plan		X			
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan		X			

[1] Standard medical direction for the EMS system is via written protocols. An ED physician consult from receiving hospitals is available via phone or radio.

B. STAFFING/TRAINING

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

C. COMMUNICATIONS

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

D. RESPONSE/TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01 Service Area Boundaries		X			
4.02 Monitoring		X			
4.03 Classifying Medical Requests		X			
4.04 Prescheduled Responses		X			
4.05 Response Time		X			
4.06 Staffing		X			
4.07 First Responder Agencies		X			
4.08 Medical & Rescue Aircraft		X			
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability		X			
4.11 Specialty Vehicles		X			
4.12 Disaster Response		X			
4.13 Intercounty Response		X			
4.14 Incident Command System		X			
4.15 MCI Plans		X			
Enhanced Level: Advanced Life Support:					
4.16 ALS Staffing		X			
4.17 ALS Equipment		X			
Enhanced Level: Ambulance Regulation:					
4.18 Compliance		X			
Enhanced Level: Exclusive Operating Permits:					
4.19 Transportation Plan		X			
4.20 "Grandfathering"		X			
4.21 Compliance		X			

4.22	Evaluation		X			

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities		X			
5.02	Triage & Transfer Protocols		X			
5.03	Transfer Guidelines		X			
5.04	Specialty Care Facilities		X			
5.05	Mass Casualty Management		X			
5.06	Hospital Evacuation		X			
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation		X			
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X			
5.09	Public Input		X			
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: STEMI						
5.13	Specialty System Design		X			
5.14	Public Input		X			

F. DATA COLLECTION/SYSTEM EVALUATION

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

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

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

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year: **2014**

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

County: **MARIN**

A. Basic Life Support (BLS)	0 %
B. Limited Advanced Life Support (LALS)	0 %
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
   d) Joint Powers Agency
   e) Private Non-Profit Entity
   f) Other: _____

3. The person responsible for day-to-day activities of the EMS agency reports to
   a) **Public Health Officer**
   b) Health Services Agency Director/Administrator
   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)	X
Designation of trauma centers/trauma care system planning	X
Designation/approval of pediatric facilities	
Designation of other critical care centers	X
Development of transfer agreements	
Enforcement of local ambulance ordinance	X
Enforcement of ambulance service contracts	X
Operation of ambulance service	
Continuing education	X
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]	

Table 2 - System Organization & Management (cont.)

5. EXPENSES

Salaries and benefits (All but contract personnel)	$ 451,672
Contract Services (e.g. medical director)	431,889
Operations (e.g. copying, postage, facilities)	233,216
Travel	4,500
Fixed assets	0
Indirect expenses (overhead)	162,601
Ambulance subsidy	0
EMS Fund payments to physicians/hospital	n/a
Dispatch center operations (non-staff)	0
Training program operations	0
Other: _____	_____
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES	**$ 1,283,878**

Table 2 - System Organization & Management (cont.)

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	$
Office of Traffic Safety (OTS)	
State general fund	
County general fund	894,478
Other local tax funds (e.g., EMS district)	
County contracts (e.g. multi-county agencies)	
Certification fees	10,000
Training program approval fees	
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	
Base hospital application fees	
Trauma center application fees	30,000
Trauma center designation fees	
Pediatric facility approval fees	
Pediatric facility designation fees	
Other critical care center application fees	5,000
Type: **EDAT**	
Other critical care center designation fees	5,000
Type: **STEMI Receiving Center**	
Other critical care center designation fees	7,500
Type: **Stroke Receiving Center**	
Contributions	
EMS Fund (SB 12/1773)	319,400
Other grants: _____	_____
Other fees: _____	_____
Other (specify): _____	_____
TOTAL REVENUE	**$ 1,283,878**

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

Table 2 - System Organization & Management (cont.)

7. Fee structure

_____ We do not charge any fees

__X__ Our fee structure is:

First responder certification	$	
EMS dispatcher certification		
EMT-I certification		15
EMT-I recertification		15
EMT-defibrillation certification		
EMT-defibrillation recertification		
AEMT certification		
EMT recertification		
EMT-P accreditation		75
Mobile Intensive Care Nurse/Authorized Registered Nurse certification		
MICN/ARN recertification		
EMT-I training program approval		
AEMT training program approval		
EMT-P training program approval		
MICN/ARN training program approval		
Base hospital application		
Base hospital designation		
Trauma center application		
Trauma center designation (Level III)		30,000
Pediatric facility approval		
Pediatric facility designation		
Other critical care center application		
Type: STEMI or Stroke		2,500
Type: EDAT		2,500
Ambulance service license	$	650
Ambulance vehicle permits		275/ea.
Other: _____		
Other: _____		

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1.0	$58.76	62%	
Asst. Admin. /Admin. Asst./ Admin. Mgr.					
ALS Coord. /Field Coord. / Training Coordinator					
Program Coordinator/ Field Liaison (Non-clinical)	EMS Specialist	2.0	$39.82	62%	
Trauma Coordinator	Trauma Coordinator	0.2*	n/a	n/a	Independent Contractor
Medical Director	EMS Medical Director	0.4*	n/a	n/a	Independent Contractor
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner					

**FTEs estimated only for independent contractors*

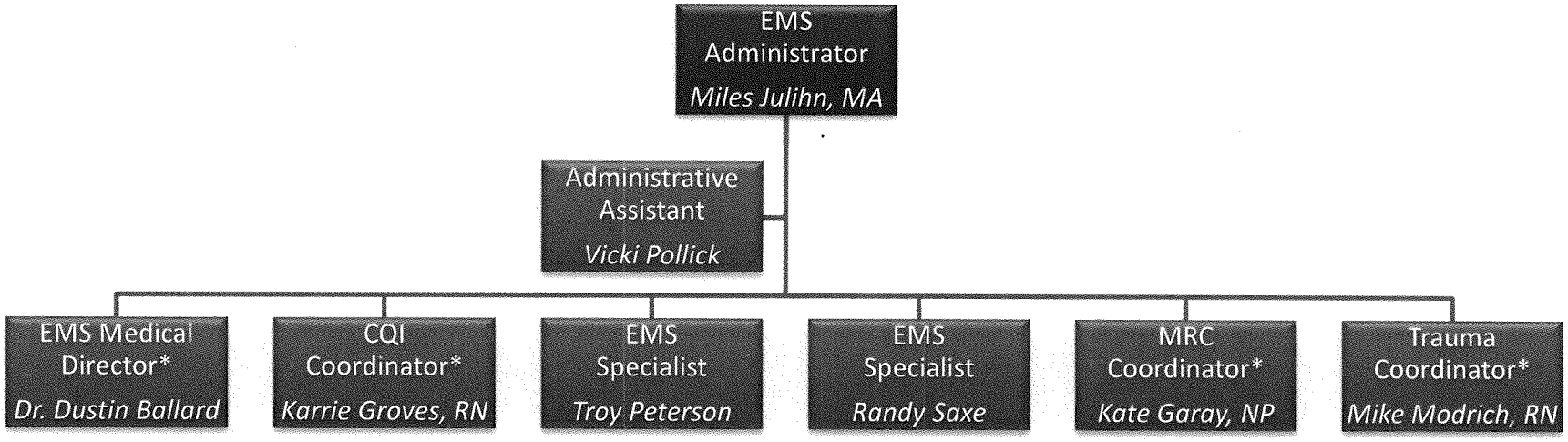
Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator	CQI Coordinator	0.4*	n/a	n/a	Independent Contractor
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical	Administrative Assistant	0.4	$28.74	62%	
Data Entry Clerk					
Other	Medical Reserve Corps Program Manager	0.8*	n/a	n/a	Independent Contractor

**FTEs estimated only for independent contractors*

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.

Local EMS Agency Organization



** Part-time contract position*

Marin County Organization

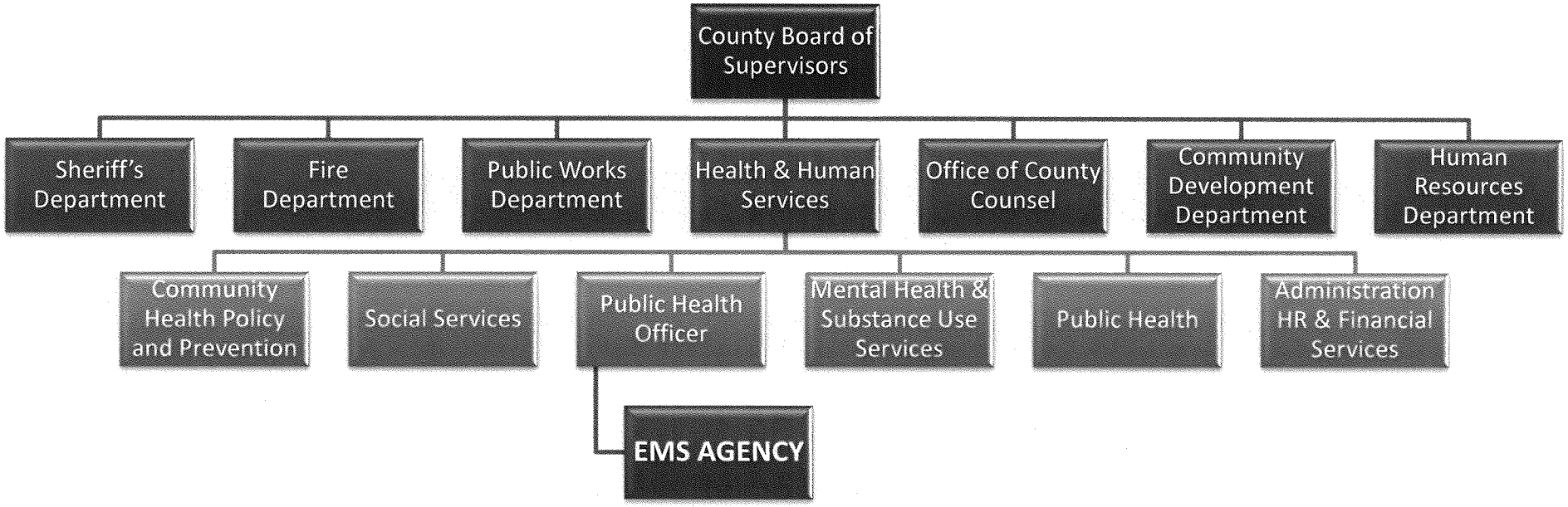


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Reporting Year: **2014**

NOTE: Table 3 is to be reported by agency.

	EMT-Is	AEMTs	EMT-Ps	MICN
Total Certified	269			
Number newly certified this year	43			
Number recertified this year	226			
Total number of accredited personnel on July 1 of the reporting year			253	
Number of certification reviews resulting in:				
a) formal investigations	2			
b) probation	2			
c) suspensions	0			
d) revocations	0			
e) denials	0			
f) denials of renewal	0			
g) no action taken	0			

1. Early defibrillation:
   a) Number of EMT-I (defib) authorized to use AEDs **All**
   b) Number of public safety (defib) certified (non-EMT-I) **n/a**

2. Do you have an EMR training program ☐ yes ☑ no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

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

County: **MARIN**

Reporting Year: **2014**

1.	Number of primary Public Service Answering Points (PSAP)	5
2.	Number of secondary PSAPs	
3.	Number of dispatch centers directly dispatching ambulances	2
4.	Number of EMS dispatch agencies utilizing EMD guidelines	1
5.	Number of designated dispatch centers for EMS Aircraft	1

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

7. Who is your primary dispatch agency for a disaster?
   same as above

8. Do you have an operational area disaster communication system? ☑ Yes ☐ No
   a. Radio primary frequency **MERA (460 MHz trunked system)**

   b. Other methods **MEDS UHF**

   c. Can all medical response units communicate on the same disaster communications system? ☑ Yes ☐ No

   d. Do you participate in the Operational Area Satellite Information System (OASIS)? ☑ Yes ☐ No

   e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? ☑ Yes ☐ No
      1) Within the operational area? ☑ Yes ☐ No
      2) Between operation area and the region and/or state? ☑ Yes ☐ No

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

Reporting Year: **2014**

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers **n/a**

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder				
Early defibrillation responder				
Advanced life support responder	10 minutes	30 minutes	ASAP	
Transport Ambulance	10 minutes	30 minutes	ASAP	

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

Reporting Year: **2014**

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:	
1. Number of patients meeting trauma triage criteria	650
2. Number of major trauma victims transported directly to a trauma center by ambulance	587
3. Number of major trauma patients transferred to a trauma center	22
4. Number of patients meeting triage criteria who were not treated at a trauma center	0

Emergency Departments

Total number of emergency departments	3
1. Number of referral emergency services	
2. Number of standby emergency services	
3. Number of basic emergency services	3
4. Number of comprehensive emergency services	

Receiving Hospitals

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

[2] All three Marin hospitals are considered receiving hospitals.

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year: **2014**

County: **MARIN**

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
   a. Where are your CCPs located? **Pre-determined**
   b. How are they staffed? **Marin Medical Reserve Corps**
   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[3]
   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? **HazMat Technician**
   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? up to 10

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. **Sonoma**

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 formal agreements with community clinics in your operational area to participate in disaster planning and response? ☑ Yes ☐ No

7. Are you part of a multi-county EMS system for disaster response? ☐ Yes ☑ No

---

[3] Marin Medical Reserve Corps

8. Are you a separate department or agency? ☐ Yes ☑ No

9. If not, to whom do you report? **Public Health Officer**

10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☐ Yes ☐ No ☑ n/a

Table 8: Resource Directory

Reporting Year: **2014**

Response/Transportation/Providers

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

County: MARIN **Provider:** NOVATO FIRE DISTRICT **Response Zone:** PSA "A"

Address: 95 Rowland Way
Novato, CA 94945

Number of Ambulance Vehicles in Fleet: 6

Phone Number: (415) 878-2690

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑Yes ☐ No	☑Yes ☐ No	☑ Transport ☐ Non-Transport; ☑ ALS ☐ BLS; ☑ 9-1-1 ☑ 7-Digit ☐ CCT ☐ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑Public ☐ Private	☑Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☑Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

	Total number of responses
3264	Number of emergency responses
	Number of non-emergency responses

	Total number of transports
2732	Number of emergency transports
0	Number of non-emergency transports

County: MARIN **Provider:** SAN RAFAEL FIRE DEPT **Response Zone:** PSA "B"

Address: 1039 "C" Street
San Rafael, CA 94901

Phone Number: (415) 485-3307

Number of Ambulance Vehicles in Fleet: 6

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☑ ALS ☐ BLS; ☑ 9-1-1 ☑ 7-Digit ☐ CCT ☐ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain: _____	☑ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

	Total number of responses
5067	Number of emergency responses
0	Number of non-emergency responses

	Total number of transports
3949	Number of emergency transports
0	Number of non-emergency transports

County: MARIN **Provider:** Ross Valley Paramedic Authority **Response Zone:** PSA "C"

Address: 33 Castlerock Ave.
Woodacre, CA 94973

Phone Number: (415) 499-6717

Number of Ambulance Vehicles in Fleet: 2

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☑ ALS ☑ 9-1-1 ☑ Ground ☐ Non-Transport ☐ BLS ☑ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal ☑ JPA	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

	Total number of responses
1669	Number of emergency responses
0	Number of non-emergency responses

	Total number of transports
1225	Number of emergency transports
0	Number of non-emergency transports

County: MARIN **Provider:** CORTE MADERA FIRE DEPT **Response Zone:** PSA "C"

Address: 342 Tamalpias Dr.
Corte Madera, CA 94925

Phone Number: (415) 927-5077

Number of Ambulance Vehicles in Fleet: 2

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☑ ALS ☑ 9-1-1 ☑ Ground ☐ Non-Transport ☐ BLS ☑ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain: _____	☑ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

	Total number of responses
1106	Number of emergency responses
0	Number of non-emergency responses

	Total number of transports
826	Number of emergency transports
0	Number of non-emergency transports

County: MARIN **Provider:** Southern Marin Paramedic System **Response Zone:** PSA "D"

Address: 1679 Tiburon Blvd.
Tiburon, CA 94920

Phone Number: (415) 435-7200

Number of Ambulance Vehicles in Fleet: 6

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☑ ALS ☑ 9-1-1 ☑ Ground ☐ Non-Transport ☐ BLS ☑ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal ☑ JPA	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

	Total number of responses
3148	Number of emergency responses
0	Number of non-emergency responses

	Total number of transports
2389	Number of emergency transports
0	Number of non-emergency transports

County: MARIN **Provider:** MARIN COUNTY FIRE DEPT **Response Zone:** PSA "E"

Address: 33 Castlerock Ave.
Woodacre, CA 94973

Phone Number: (415) 499-6717

Number of Ambulance Vehicles in Fleet: 4

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☑ ALS ☑ 9-1-1 ☑ Ground ☐ Non-Transport ☐ BLS ☑ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain:	☐ City ☑ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

	Total number of responses
1132	Number of emergency responses
0	Number of non-emergency responses

	Total number of transports
578	Number of emergency transports
0	Number of non-emergency transports

County: MARIN **Provider:** ST. JOSEPHS AMBULANCE **Response Zone:** ALL

Address: 1418 Lincoln Ave.
San Rafael, CA 94901

Phone Number: (415) 456-9333

Number of Ambulance Vehicles in Fleet: 6

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**
☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☑ ALS ☑ BLS; ☐ 9-1-1 ☑ 7-Digit ☐ CCT ☑ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

	Total number of responses
52	Number of emergency responses
n/a	Number of non-emergency responses

	Total number of transports
52	Number of emergency transports
n/a	Number of non-emergency transports

County: MARIN **Provider:** FALCK/VeriHealth **Response Zone:** ALL

Address: 17 Woodland Ave.
San Rafael, CA 94901

Phone Number:

Number of Ambulance Vehicles in Fleet: 8

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☑ ALS ☑ BLS; ☐ 9-1-1 ☑ 7-Digit ☑ CCT ☑ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

	Total number of responses
0	Number of emergency responses
n/a	Number of non-emergency responses

	Total number of transports
0	Number of emergency transports
n/a	Number of non-emergency transports

County: MARIN **Provider:** NORCAL AMBULANCE **Response Zone:** ALL

Address: 655 Dubois Street
San Rafael, CA 94901

Number of Ambulance Vehicles in Fleet: 4

Phone Number: (866) 755-3400

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**
☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☑ ALS ☐ 9-1-1 ☑ Ground ☐ Non-Transport ☑ BLS ☑ 7-Digit ☐ Air ☑ CCT ☐ Water ☑ IFT

Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

	Total number of responses
29	Number of emergency responses
n/a	Number of non-emergency responses

	Total number of transports
25	Number of emergency transports
n/a	Number of non-emergency transports

County: MARIN **Provider:** PROTRANSPORT-1 **Response Zone:** ALL

Address: 24 Galli Drive
Novato, CA 94949

Phone Number: (415) 382-8628

Number of Ambulance Vehicles in Fleet: 4

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ ALS ☐ 9-1-1 ☑ Ground ☐ Non-Transport ☑ BLS ☑ 7-Digit ☐ Air ☑ CCT ☐ Water ☑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

	Total number of responses
2	Number of emergency responses
n/a	Number of non-emergency responses

	Total number of transports
2	Number of emergency transports
n/a	Number of non-emergency transports

County: MARIN **Provider:** Falcon Critical Care Transport **Response Zone:** ALL

Address: Redwood Blvd.
San Rafael, CA 94903

Phone Number: (415) 382-8628

Number of Ambulance Vehicles in Fleet: 4

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**
☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☐ ALS ☑ BLS; ☐ 9-1-1 ☑ 7-Digit ☑ CCT ☑ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

	Total number of responses
0	Number of emergency responses
n/a	Number of non-emergency responses

	Total number of transports
0	Number of emergency transports
n/a	Number of non-emergency transports

County: MARIN **Provider:** REACH **Response Zone:** ALL

Address: 451 Aviation Blvd., Suite 101
Santa Rosa, CA 95403
(aircraft based at Sonoma County Airport)

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 707-324-2400

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**
☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ ALS ☑ 9-1-1 ☐ Ground ☐ Non-Transport ☐ BLS ☐ 7-Digit ☑ Air ☑ CCT ☐ Water ☐ IFT

Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☑ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☑ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

	Total number of responses
10	Number of emergency responses
n/a	Number of non-emergency responses

	Total number of transports
10	Number of emergency transports
n/a	Number of non-emergency transports

County: MARIN **Provider:** CALSTAR **Response Zone:** ALL

Address: 4933 Bailey Loop
McClellan, CA 95652
(aircraft based at Buchanan Field-Concord)

Number of Ambulance Vehicles in Fleet: 2

Phone Number: (916) 921-4000

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**
☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ ALS ☑ 9-1-1 ☐ Ground ☐ Non-Transport ☐ BLS ☐ 7-Digit ☑ Air ☑ CCT ☐ Water ☐ IFT

Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☑ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☑ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

_____	Total number of responses
3	Number of emergency responses
n/a	Number of non-emergency responses

_____	Total number of transports
3	Number of emergency transports
n/a	Number of non-emergency transports

County: MARIN **Provider:** CALIFORNIA HIGHWAY PATROL **Response Zone:** ALL

Address: 3500 Airport Rd
Napa, CA 94558
(aircraft based in Napa County Airport)

Number of Ambulance Vehicles in Fleet: 2

Phone Number: (707) 257-0103

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**
☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Transport ☑ ALS ☑ 9-1-1 ☐ Ground ☑ Non-Transport ☐ BLS ☐ 7-Digit ☑ Air ☐ CCT ☐ Water ☐ IFT

Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☑ Public ☐ Private	☐ Fire ☑ Law ☐ Other Explain: _____	☐ City ☐ County ☑ State ☐ Fire District ☐ Federal	☑ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☑ ALS Rescue ☐ BLS Rescue

Transporting Agencies

	Total number of responses
4	Number of emergency responses
n/a	Number of non-emergency responses

	Total number of transports
0	Number of emergency transports
n/a	Number of non-emergency transports

County: MARIN **Provider:** SONOMA COUNTY SHERIFF'S DEPT. **Response Zone:** ALL

Address: 2796 Ventura Avenue
Santa Rosa, CA 95403
(aircraft based at Sonoma County Airport)

Number of Ambulance Vehicles in Fleet: 1

Phone Number: (707) 565-2511

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**
☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Transport ☑ ALS ☑ 9-1-1 ☐ Ground ☑ Non-Transport ☐ BLS ☐ 7-Digit ☑ Air ☐ CCT ☐ Water ☐ IFT

Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☑ Public ☐ Private	☐ Fire ☑ Law ☐ Other Explain: _____	☐ City ☑ County ☐ State ☐ Fire District ☐ Federal	☑ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☑ ALS Rescue ☐ BLS Rescue

Transporting Agencies

_____	Total number of responses
6	Number of emergency responses
n/a	Number of non-emergency responses

_____	Total number of transports
0	Number of emergency transports
n/a	Number of non-emergency transports

County: MARIN **Provider:** U.S. COAST GUARD **Response Zone:** ALL

Address: 1020 N. Access Rd
San Francisco, CA
(aircraft based at CGAS-San Francisco)

Number of Ambulance Vehicles in Fleet: 2

Phone Number: (650) 808-2902

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**
☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Transport ☑ ALS ☑ 9-1-1 ☐ Ground ☑ Non-Transport ☐ BLS ☐ 7-Digit ☑ Air ☐ CCT ☑ Water* ☐ IFT

Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☑ Public ☐ Private	☐ Fire ☐ Law ☑ Other Explain: Military	☐ City ☐ County ☐ State ☐ Fire District ☑ Federal	☑ Rotary ☐ Fixed Wing	☑ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

	Total number of responses		Total number of transports
1	Number of emergency responses	0	Number of emergency transports
n/a	Number of non-emergency responses	n/a	Number of non-emergency transports

***NOTE: Coast Guard also has water rescue resources that respond from:**

U.S. Coast Guard Station Golden Gate
435 Murray Circle
Sausalito, CA

County: MARIN **Provider:** TIBURON FIRE DISTRICT **Response Zone:** PSA "D"

Address: 1679 Tiburon Blvd.
Tiburon, CA 94920

Number of ~~Ambulance~~ Vehicles in Fleet: Fire Boat based in Tiburon

Phone Number: (415) 435-7200

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

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**
☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Transport ☑ ALS ☑ 9-1-1 ☐ Ground ☑ Non-Transport ☐ BLS ☐ 7-Digit ☐ Air ☐ CCT ☑ Water ☐ IFT

Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

	Total number of responses
n/a	Number of emergency responses
n/a	Number of non-emergency responses

	Total number of transports
n/a	Number of emergency transports
n/a	Number of non-emergency transports

County: MARIN **Provider:** SOUTHERN MARIN FIRE DISTRICT **Response Zone:** PSA "D"

Address: 308 Reed Boulevard
Mill Valley, CA 94941

Number of ~~Ambulance~~ Vehicles in Fleet: Fire Boat based in Sausalito

Phone Number: (415) 388-8182

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

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**
☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Transport ☑ Non-Transport; ☑ ALS ☐ BLS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT; ☐ Ground ☐ Air ☑ Water

Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☑ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

	Total number of responses
n/a	Number of emergency responses
n/a	Number of non-emergency responses

	Total number of transports
n/a	Number of emergency transports
n/a	Number of non-emergency transports

Table 9: Resources Directory

Facilities

County: MARIN

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

Facility: MARIN GENERAL HOSPITAL
Address: 250 Bon Air Rd.
Greenbrae, CA

Telephone Number: (415) 925-7000

Written Contract:	Service:	Base Hospital:	Burn Center:
☑ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☑ Basic Emergency ☐ Comprehensive Emergency	☑ Yes ☐ No	☐ Yes ☑ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1]	☐ Yes ☑ No	☑ Yes ☐ No	☐ Level I ☐ Level II ☑ Level III ☐ Level IV
EDAP[2]	☐ Yes ☑ No		
PICU[3]	☐ Yes ☑ No		

STEMI Center:	Stroke Center:
☑ Yes ☐ No	☑ Yes ☐ No

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

County: MARIN

Facility: KAISER SAN RAFAEL MEDICAL CENTER Telephone Number: (415) 444-2000
Address: 99 Montecillo Rd.
San Rafael, CA 94903

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
☑ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☑ Basic Emergency ☐ Comprehensive Emergency	☑ Yes ☐ No	☐ Yes ☑ No

		Trauma Center:	**If Trauma Center what level: ***
Pediatric Critical Care Center[4]	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[5]	☐ Yes ☑ No		
PICU[6]	☐ Yes ☑ No		

STEMI Center:	**Stroke Center:**
☑ Yes ☐ No	☑ Yes ☐ No

** Kaiser San Rafael Medical Center has been designated by the LEMSA as an "Emergency Department Approved for Trauma" (EDAT). This hospital elects to maintain an active trauma program including a Trauma Program Coordinator and Trauma Medical Director. However, all patients meeting field trauma triage criteria are transported to our Level III Trauma Center.*

[4] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[5] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[6] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

County: MARIN

Facility: NOVATO COMMUNITY HOSPITAL
Address: 180 Rowland Way
Novato, CA 94945

Telephone Number: (415) 209-1300

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
☑ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☑ Basic Emergency ☐ Comprehensive Emergency	☑ Yes ☐ No	☐ Yes ☑ No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[7]	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[8]	☐ Yes ☑ No		
PICU[9]	☐ Yes ☑ No		

STEMI Center:	**Stroke Center:**
☐ Yes ☑ No	☑ Yes ☐ No

[7] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[8] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[9] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Marin **Reporting Year:** 2014

Training Institution Name College of Marin

Address 835 College Ave.
Kentfield, CA 94904

Contact Person Rosalind Hartman

telephone no. 415-485-9326

Student Eligibility: *	**Cost of Program**	**Program Level: Training Program
Open to Public	Basic n/a	Number of students completing training per year:
	Refresher n/a	Initial training: 30-40 per semester
		Refresher: 10-20 per semester
		Cont. Education
		Expiration Date: 1-31-16
		Number of courses:
		Initial training: 2
		Refresher: 2
		Cont. Education:

Training Institution Name Marin County Fire Department

Address P.O. Box 518
Woodacre, CA 94973

Contact Person Mike Giannini

telephone no. 415-499-2975

Student Eligibility: *	**Cost of Program**	**Program Level: Training Program
Restricted to Fire Personnel	Basic n/a Refresher n/a	Number of students completing training per year: Initial training: 0 Refresher: 25 Cont. Education Unk Expiration Date: 12-31-15 Number of courses:__ Initial training: _____ Refresher: ___ Cont. Education: On-going

Training Institution Name Novato Fire Protection District

Address 95 Rowland Way
Novato, CA 94945

Contact Person Ted Peterson

telephone no. 415-878-2607

Student Eligibility: *	**Cost of Program**	**Program Level: Training Program
Restricted to Fire Personnel	Basic n/a Refresher n/a	Number of students completing training per year: Initial training: None Refresher: Unk Cont. Education Unk Expiration Date: 12-31-15 Number of courses:__ Initial training: _____ Refresher: ___ Cont. Education: On-going

Training Institution Name San Rafael Fire Department
Address 1039 C Street
San Rafael, CA 94901

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

Student Eligibility: *	**Cost of Program**	**Program Level: CE Provider
Restricted to Fire Personnel	Basic n/a Refresher n/a	Number of students completing training per year: Initial training: None Refresher: Unk Cont. Education Unk Expiration Date: 12-31-15 Number of courses: Initial training: Refresher: Cont. Education: On-going

Training Institution Name Southern Marin Emergency Medical Paramedic System
Address 1679 Tiburon Blvd.
Tiburon, CA 94920

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

Student Eligibility: *	**Cost of Program**	**Program Level: Training Program
Restricted to Fire Personnel	Basic n/a Refresher n/a	Number of students completing training per year: Initial training: None Refresher: Unk Cont. Education Unk Expiration Date: 5-30-16 Number of courses: Initial training: Refresher: Cont. Education: On-going

Training Institution Name Marin County Sheriff's Search & Rescue

Address 1600 Los Gamos Dr.
San Rafael, CA 94903

Contact Person Mike St. John

telephone no. 415-838-3168

Student Eligibility: *	**Cost of Program**	**Program Level: CE Provider
Restricted to SAR team members	Basic n/a Refresher n/a	Number of students completing training per year: Initial training: None Refresher: Unk Cont. Education Unk Expiration Date: 8-31-15 Number of courses: Initial training: Refresher: Cont. Education: On-going

Training Institution Name Otis Guy Teaching Services

Address 115 Ridge Rd.
Fairfax, CA 94930

Contact Person Otis Guy

telephone no. 415-250-2585

Student Eligibility: *	**Cost of Program**	**Program Level: CE Provider
Unrestricted	Basic n/a Refresher n/a	Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date: Number of courses: Initial training: Refresher: Cont. Education: On-going

Training Institution Name Farmhouse Teaching Services

Address 5149 Nicasio Valley Rd.
Nicasio, CA 94946

Contact Person Michael Seybold

telephone no.

Student Eligibility: *	**Cost of Program**	**Program Level: CE Provider
Unrestricted	Basic n/a Refresher n/a	Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date: Number of courses: Initial training: Refresher: Cont. Education: On-going

Training Institution Name CPR Etc.

Address 199 Marin Valley Dr.
Novato, CA 94949

Contact Person Carole Gathman

telephone no. 415-884-2720

Student Eligibility: *	**Cost of Program**	**Program Level: CE Provider
Unrestricted	Basic n/a Refresher n/a	Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date: Number of courses: Initial training: Refresher: Cont. Education: On-going

Training Institution Name Marinwood Fire Department

Address 777 Miller Creek Rd.
San Rafael, CA 94903

Contact Person John Bagala

telephone no. 415-479-0122

Student Eligibility: *	**Cost of Program**	**Program Level: CE Provider
Restricted to Fire Personnel	Basic n/a Refresher n/a	Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date: Number of courses: Initial training: Refresher: Cont. Education: On-going

Training Institution Name Corte Madera Fire Department

Address 342 Tamalpais
Corte Madera, CA 94925

Contact Person Liz Froneberger, RN

telephone no. 415-922-5077

Student Eligibility: *	**Cost of Program**	**Program Level: CE Provider
Restricted to Fire Personnel	Basic n/a Refresher n/a	Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date: Number of courses: Initial training: Refresher: Cont. Education: On-going

Training Institution Name Marin County EMS Agency

Address 1600 Los Gamos Dr., Suite 220
San Rafael, CA 94903

Contact Person Miles Julihn

telephone no. 415-473-6833

Student Eligibility: *	**Cost of Program**	**Program Level: CE Provider
Unrestricted	Basic n/a	Number of students completing training per year:
	Refresher n/a	Initial training:
		Refresher:
		Cont. Education
		Expiration Date:
		Number of courses:
		Initial training:
		Refresher:
		Cont. Education: On-going

Training Institution Name Kaiser Permanente Medical Center

Address 99 Montecillo Rd.
San Rafael, CA 94903

Contact Person Vicki Martinez, MD

telephone no.

Student Eligibility: *	**Cost of Program**	**Program Level: CE Provider
Unrestricted	Basic n/a	Number of students completing training per year:
	Refresher n/a	Initial training:
		Refresher:
		Cont. Education
		Expiration Date:
		Number of courses:
		Initial training:
		Refresher:
		Cont. Education: On-going

Training Institution Name	Marin General Hospital	**Contact Person**	Michelle Tracy, RN
Address	250 Bon Air Dr. Greenbrae, CA 94939	**telephone no.**	415-925-7000

Student Eligibility: *	**Cost of Program**	**Program Level: CE Provider
Unrestricted	Basic n/a Refresher n/a	Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date: Number of courses:_____ Initial training: _____ Refresher: _____ Cont. Education: On-going

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: MARIN **Reporting Year: 2014**

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

Name:	Marin County Sheriff's Communications	Primary Contact:	Lee Ann Magowski, Comm Center Manager
Address:	1600 Los Gamos Dr. San Rafael, CA 94903		
Telephone Number:	(415) 473-4123		

Written Contract: ☐ Yes ☑ No

Medical Director: ☑ Yes ☐ No

☑ Day-to-Day
☑ Disaster

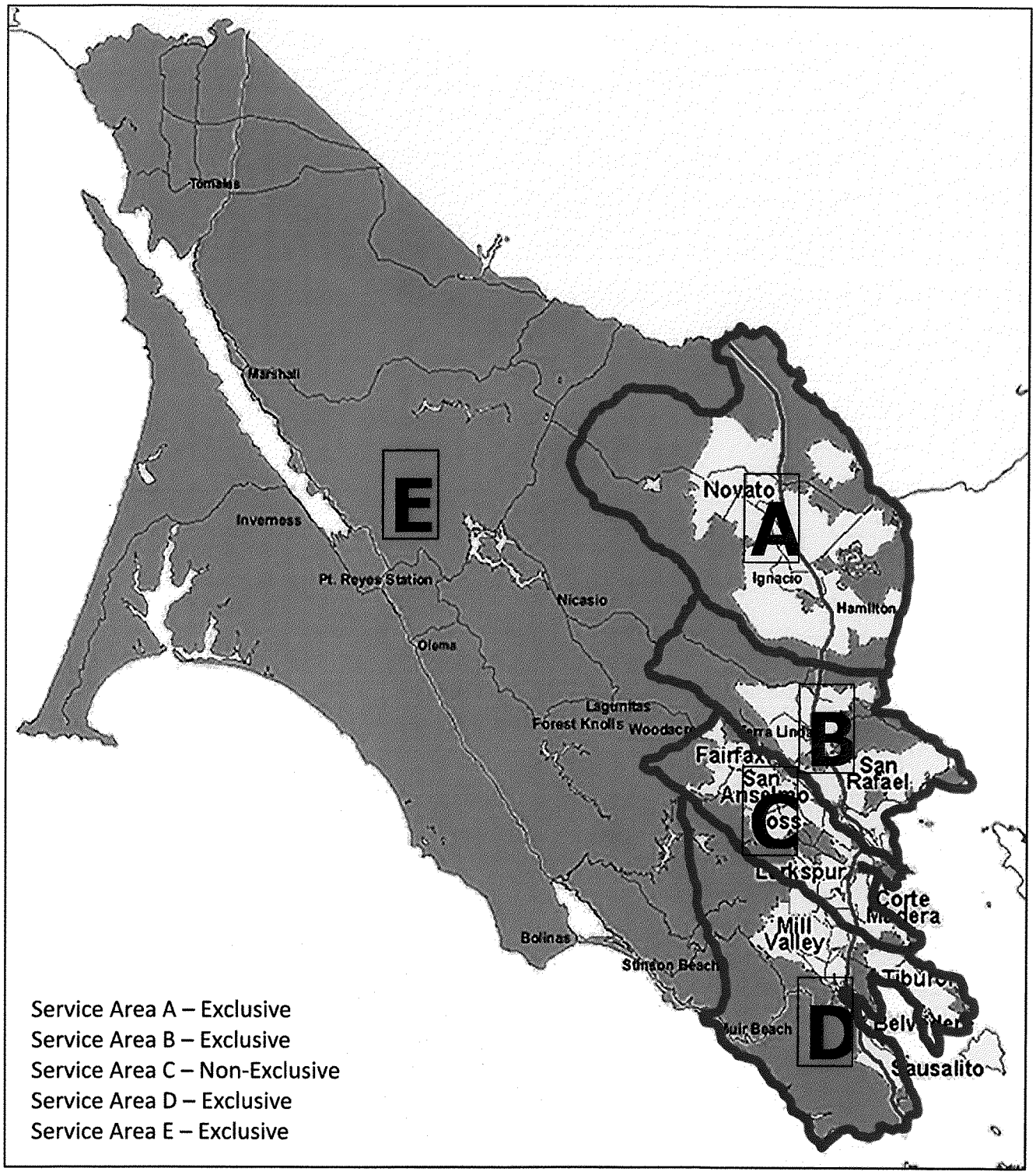
Number of Personnel Providing Services:
24 EMD Training _____ EMT-D _____ ALS
_____ BLS _____ LALS _____ Other

Ownership: ☑ Public ☐ Private

If Public:
☐ Fire
☑ Law
☐ Other
Explain: _____

If Public: ☐ City ☑ County ☐ State ☐ Fire District ☐ Federal

Marin County
Paramedic Service Areas Map



Service Area A – Exclusive
Service Area B – Exclusive
Service Area C – Non-Exclusive
Service Area D – Exclusive
Service Area E – Exclusive

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: ***Marin County***
Area or subarea (Zone) Name or Title: ***Paramedic Service Area A***
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. ***Novato Fire Protection District, 1978+***
Area or subarea (Zone) Geographic Description: ***Unchanged from previously submitted description, zone map included***
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. ***Grandfathered with no change in scope and manner of service; unchanged from previous submission. There has been no formal Board action.***
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). ***Type: Emergency Ambulance*** ***Level: 9-1-1, 7-digit, ALS*** ***Upon request, ALS or BLS backup is provided by a private provider. Does not include non-emergency interfacility transfers unless contract vendor not available; or patient condition changes to upgrade to ALS 911 service.***
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. ***Grandfathered per 1797.224 with no change in previous plan submission.***

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: ***Marin County***
Area or subarea (Zone) Name or Title: ***Paramedic Service Area B***
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. ***San Rafael Fire Department, 1980+***
Area or subarea (Zone) Geographic Description: ***Unchanged from previous submission, zone map included***
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. ***Grandfathered with no change in scope and manner of service; unchanged from previous submission. There has been no formal Board Action.***
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). ***Type: Emergency Ambulance*** ***Level: 9-1-1, 7-digit, ALS*** ***Upon request, ALS or BLS backup is provided by a private provider. Does not include non-emergency interfacility transfers unless contract vendor not available; or patient condition changes to upgrade to ALS 911 service.***
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. ***Grandfathered per 1797.224 with no change in previous plan submission.***

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: ***Marin County***
Area or subarea (Zone) Name or Title: ***Paramedic Service Area C***
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. ***Ross Valley Paramedic Authority, 1984+***
Area or subarea (Zone) Geographic Description: ***Unchanged from previous submission, zone map included.***
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. ***Non-exclusive area as described in 2001 correspondence between Marin EMS and California EMS Authority. History unchanged, no Board action taken.***
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). ***Not applicable.***
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. ***Not applicable.***

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: ***Marin County***
Area or subarea (Zone) Name or Title: ***Paramedic Service Area D***
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. ***Southern Marin Emergency Medical Paramedic System, 1980+***
Area or subarea (Zone) Geographic Description: ***Zone map included***
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. ***Grandfathered with no change in scope and manner of service; unchanged from previous submission. There has been no formal Board action.***
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). ***Type: Emergency Ambulance*** ***Level: 9-1-1, 7-digit, ALS*** ***Upon request, ALS or BLS backup is provided by a private provider. Does not include non-emergency interfacility transfers unless contract vendor not available; or patient condition changes to upgrade to ALS 911 service.***
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. ***Grandfathered per 1797.224 with no change in previous plan submission.***

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: ***Marin County***
Area or subarea (Zone) Name or Title: ***Paramedic Service Area E***
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. ***Marin County Fire Department, 1979+***
Area or subarea (Zone) Geographic Description: ***Unchanged from previous submission, map included.***
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. ***Grandfathered with no change in scope and manner of service; unchanged from previous submission. There has been no formal Board action.***
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). ***Type: Emergency Ambulance*** ***Level: 9-1-1, 7-digit, ALS*** ***Upon request, ALS or BLS backup is provided by a private provider. Does not include non-emergency interfacility transfers unless contract vendor not available; or patient condition changes to upgrade to ALS 911 service.***
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. ***Grandfathered per 1797.224 with no change in previous plan submission.***