

**EMERGENCY MEDICAL SERVICES AUTHORITY**

10901 GOLD CENTER DRIVE, SUITE 400  
RANCHO CORDOVA, CA 95670  
(916) 322-4336 FAX (916) 322-1441



May 23, 2018

Mr. James Duren, EMS Administrator  
City and County of San Francisco  
300 Van Ness Avenue, Suite 3300  
San Francisco, CA 94102

Dear Mr. Duren:

This letter is in response to San Francisco's 2016 EMS Plan Update submission to the EMS Authority on August 1, 2017.

**I. Introduction and Summary:**

The EMS Authority has concluded its review of San Francisco's 2016 EMS Plan Update and is approving the plan as submitted.

**II. History and Background:**

San Francisco received its last full plan approval for its 2009 plan submission, and its last annual plan update for its 2015 plan submission.

Historically, we have received EMS Plan submissions from San Francisco for the following years:

- 1999
- 2007
- 2009
- 2012
- 2013
- 2015

Health and Safety Code (HSC) § 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 HSC § 1797.105(b).

### III. Analysis of EMS System Components:

Following are comments related to San Francisco's 2016 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations, HSC § 1797.254, and the EMS system components identified in HSC § 1797.103 are indicated below:

- |    | Approved                            | Not Approved             |   |
|----|-------------------------------------|--------------------------|---|
| A. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>System Organization and Management</u> |
| B. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Staffing/Training</u>                  |
| C. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Communications</u>                     |
| D. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Response/Transportation</u>            |

#### Ambulance Zones

- Based on the documentation you provided, please see the attachment on the EMS Authority's determination of the exclusivity of San Francisco's ambulance zones.

- |    |                                     |                          |  |
|----|-------------------------------------|--------------------------|--|
| E. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Facilities/Critical Care</u>          |
| F. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Data Collection/System Evaluation</u> |
| G. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Public Information and Education</u>  |
| H. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Disaster Medical Response</u>         |

### IV. Conclusion:

Based on the information identified, San Francisco's 2016 EMS Plan Update is approved.

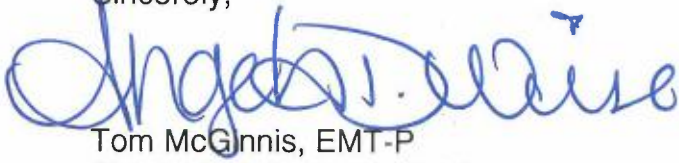
Pursuant to HSC § 1797.105(b):

*"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:**

San Francisco's next annual EMS Plan Update will be due on or before March 31, 2019. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,



Tom McGinnis, EMT-P  
Chief, EMS Systems Division

Attachments

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 CCT Ambulance Services	BLS Non-Emergency and IFT	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
City and County of San Francisco		X	Non-Competitive	X				X							





Edwin M. Lee  
Mayor

**Department of Emergency Management**  
1011 Turk Street, San Francisco, CA 94102

Division of Emergency Communications  
Phone: (415) 558-3800 Fax: (415) 558-3843

Division of Emergency Services  
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Anne Kronenberg  
Executive Director

**San Francisco City and County  
EMS Plan 2016**

June 30, 2017

**EXECUTIVE SUMMARY**

Attached is the San Francisco County Emergency Medical Services Agency, EMS Plan for 2016. The Plan covers the Fiscal Year, July 1, 2015 through June 30, 2016. During this time there were significant improvements to emergency medical services in San Francisco.

As you know, our primary goal is to provide efficient, effective and equitable emergency medical services to all of our resident and visitors. San Francisco is fortunate to host many large, mass gatherings and special events. In early 2016, San Francisco hosted ten days of Super Bowl 50 festivities leading up to this quintessential American event. San Francisco is also host the largest Pride celebration in the nation each June.

These special events provide emergency managers, emergency medical service providers and other allied agencies frequent opportunities to exercise operational coordination and in-county mutual aid. I am pleased how our overall system performed during these anticipated times of stress and the system has matured to effectively respond to unanticipated surges in demand for emergency medical services.

This was not always the case in San Francisco. In August of 2014, San Francisco's EMS system was struggling to meet performance goals - on time performance for having the First ALS (Paramedic) Unit on scene within 7 minutes and having the First Ambulance Unit on scene within 10 minutes was occurring less than 76% of the time. For the last 12 months, our on time performances for these goals are nearly 93% and 90%. More importantly, the system has seen dramatic improvement in the First Unit On Scene performance goal. Over the past year, the 90<sup>th</sup> percentile has decreased from 5.40 minutes to 4.88 minutes.

During this same period of time, call volume for medical incidents has increased significantly. Despite the increase in demand for emergency medical services we have made consistent progress in meeting our on-time performance goals.

The significant investments the City has made in both staff and resources at the Fire Department has helped produce better results. The Emergency Medical Services

Agency has also played a major role in improving response time intervals since the summer of 2014.

Significant changes during this reporting period include:

**9-1-1 Provider Committee:** In the summer of 2014, Anne Kronenberg, our Executive Director, reestablished the 911 Provider Committee to improve coordination and communication between the Division of Emergency Communications, the Fire Department, King American and American Medical Response. The Provider Committee meets every two weeks to address common operational issues, such as scheduling, emergency medical coverage for special events and area for improvement.

This forum has led to a number of system enhancements:

1. King and AMR dedicated units to the 911 system, which provided more predictability and stability to the system
2. King and AMR routinely identify "surge" units to assist in advance of anticipated surges due to special events or other circumstances
3. Established a daily call at 7am with the Division of Emergency Communications, Fire Department, AMR and King to identify any last minute scheduling issues or other issues such as road closures, ED closures or special events.
4. Increased the use of non-911 ALS and BLS providers during major holidays and civic celebrations such as NYE, Pride, St. Patrick's Day and Halloween

**In-County Mutual Aid:** The Division of Emergency Services recently revised the Level Zero and In-County Mutual Aid Protocols to better address temporary surges in the demand for 9-1-1 ambulances, the City and County of San Francisco's (CCSF) Emergency Medical Services Agency and Division of Emergency Communications (DEC) recently revised the protocols for enlisting additional medical transport units (ambulances) and invoking in-county mutual aid.

**Data Working Group:** The Data Working Group has been working together to validate data and develop performance metrics, resulting in a collection of system-wide performance dashboards that describes the sequence of emergency medical response, from the time someone calls 911 and the call is dispatched to an appropriate responder, to the time the responding unit arrives on scene and patient offloading times at hospitals. These dashboards are published as an interactive website on the Department of Emergency Management's website.

**Zuckerberg San Francisco General Hospital:** On May 22, 2016, the Priscilla Chan and Mark Zuckerberg San Francisco General Hospital and Trauma Center opened. It is the only trauma center in San Francisco and Northern San Mateo County. The new



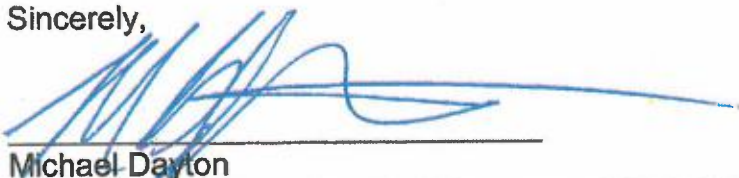
main hospital and trauma center has 284 beds, compared with 252 in the 1970s-era building, hospital officials said. The emergency department has 58 beds, compared with 27 in the previous department. The number of emergency department beds in the department can be expanded to 120 if a disaster occurs.

More than 3,900 trauma patients are treated annually and it is the first acute hospital in the country to be certified for a Traumatic Brain Injury program. The hospital serves the multicultural population of San Francisco and offers compassionate and culturally competent care in more than 20 languages

**Sobering Center:** The Local Emergency Medical Services Agency, Fire Department and Department of Public Health worked closely with the leadership of Cal EMSA to enfold the San Francisco Sobering Center into the community paramedicine pilot project overseen by the Office of Statewide Health Planning and Development. The incredible partnership with Cal EMSA ensures that paramedic transport of intoxicated patients to a non-acute hospital destination is consistent with existing statute.

**LEMSA Personnel Changes:** Michael Dayton, EMS Administrator, took over the Division of Emergency Services within the Department of Emergency Management (DEM) in February of 2016. He continues to serve as EMS Administrator until the Emergency Medical Services Agency is transferred from DEM to the Department of Public Health.

Sincerely,



Michael Dayton  
San Francisco Department of Emergency Management  
Deputy Director, Division of Emergency Services

cc. Anne Kronenberg, Executive Director, Dept. of Emergency Management  
Dr. John Brown, EMS Medical Director

Enclosure: San Francisco EMS Plan 2016

## A. SYSTEM ORGANIZATION AND MANAGEMENT

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Agency Administration:</b>					
1.01 LEMSA Structure		✓			
1.02 LEMSA Mission		✓			
1.03 Public Input		✓			
1.04 Medical Director		✓	✓		
<b>Planning Activities:</b>					
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		✓	✓		
<b>Regulatory Activities:</b>					
1.12 Review & Monitoring		✓			
1.13 Coordination		✓			
1.14 Policy & Procedures Manual		✓			
1.15 Compliance w/Policies		✓			
<b>System Finances:</b>					
1.16 Funding Mechanism		✓			



Medical Direction:					
1.17	Medical Direction		✓		
1.18	QA/QI		✓	✓	
1.19	Policies, Procedures, Protocols		✓		

# **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		✓			
1.21	Determination of Death		✓			
1.22	Reporting of Abuse		✓			
1.23	Inter-facility Transfer		✓			
<b>Enhanced Level: Advanced Life Support</b>						
1.24	ALS Systems		✓	✓		
1.25	On-Line Medical Direction		✓			
<b>Enhanced Level: Trauma Care System:</b>						
1.26	Trauma System Plan		✓			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
1.27	Pediatric System Plan		✓			
<b>Enhanced Level: Exclusive Operating Areas:</b>						
1.28	EOA Plan		✓			

## B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Local EMS Agency:</b>						
2.01	Assessment of Needs		✓			
2.02	Approval of Training		✓			
2.03	Personnel		✓			
<b>Dispatchers:</b>						
2.04	Dispatch Training		✓	✓		
<b>First Responders (non-transporting):</b>						
2.05	First Responder Training		✓	✓		
2.06	Response		✓			
2.07	Medical Control		✓			
<b>Transporting Personnel:</b>						
2.08	EMT-I Training		✓	✓		
<b>Hospital:</b>						
2.09	CPR Training		✓			
2.10	Advanced Life Support		✓	✓		
<b>Enhanced Level: Advanced Life Support:</b>						
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
<b>Communications Equipment:</b>						
3.01	Communication Plan		✓	✓		
3.02	Radios		✓	✓		
3.03	Inter-facility Transfer		✓			
3.04	Dispatch Center		✓			
3.05	Hospitals		✓	✓		
3.06	MCI/Disasters		✓			
<b>Public Access:</b>						
3.07	9-1-1 Planning/Coordination		✓	✓		
3.08	9-1-1 Public Education		✓			
<b>Resource Management:</b>						
3.09	Dispatch Triage		✓	✓		
3.10	Integrated Dispatch		✓	✓		



**San Francisco EMS Agency Response to Cal EMSA Review: April 2018**

**D. RESPONSE / TRANSPORTATION**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
4.01	Service Area Boundaries		✓	✓		
4.02	Monitoring		✓	✓		
4.03	Classifying Medical Requests		✓			
4.04	Prescheduled Responses		✓			
4.05	Response Time		✓			
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		✓			
<b>Enhanced Level: Advanced Life Support:</b>						
4.16	ALS Staffing		✓	✓		
4.17	ALS Equipment		✓			
<b>Enhanced Level: Ambulance Regulation:</b>						
4.18	Compliance		✓			

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
<b>Universal Level:</b>						
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		✓			
<b>Enhanced Level: Advanced Life Support:</b>						
5.07	Base Hospital Designation		✓			
<b>Enhanced Level: Trauma Care System:</b>						
5.08	Trauma System Design		✓			
5.09	Public Input		✓			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
5.10	Pediatric System Design		✓			
5.11	Emergency Departments		✓	✓		
5.12	Public Input		✓			
<b>Enhanced Level: Other Specialty Care Systems:</b>						
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
<b>Universal Level:</b>						
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		✓			
<b>Enhanced Level: Advanced Life Support:</b>						
6.09	ALS Audit		✓			
<b>Enhanced Level: Trauma Care System:</b>						
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
<b>Universal Level:</b>					
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
<b>Universal Level:</b>						
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	Inter-hospital Communications		✓			
8.16	Prehospital Agency Plans		✓			
<b>Enhanced Level: Advanced Life Support:</b>						
8.17	ALS Policies		✓			

<b>Enhanced Level: Specialty Care Systems:</b>					
8.18	Specialty Center Roles		✓		
<b>Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:</b>					
8.19	Waiving Exclusivity		✓		

## TABLE 2: SYSTEM RESOURCES AND OPERATIONS

### System Organization and Management

Reporting Year: **FY '15-16**

**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: City and County of SF

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 (**Department of Emergency**

**Management**)

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: **Deputy Director of Department of Emergency Management**

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

Implementation of exclusive operating areas (ambulance franchising)	Yes
Designation of trauma centers / trauma care system planning	Yes
Designation / approval of pediatric facilities	Yes
Designation of STEMI centers	Yes
Designation of Stroke centers	Yes
Designation of other critical care centers	Yes - Burn
Development of transfer agreements	No
Enforcement of local ambulance ordinance	Yes



Enforcement of ambulance service contracts	No
Operation of ambulance service	No
Continuing education	Yes
Personnel training	No
Operation of oversight of EMS dispatch center	Yes
Non-medical disaster planning	Yes

**Table 2 - System Organization & Management (cont.)**

Administration of critical incident stress debriefing team (CISD)	No
Administration of disaster medical assistance team (DMAT)	No
Administration of EMS Fund [Senate Bill (SB) 12/612]	No
Other: _____	
Other: _____	
Other: _____	

**5. EXPENSES**

Salaries and benefits (All but contract personnel)	\$ 715,328
Contract Services (e.g. medical director)	_____
Operations (e.g. copying, postage, facilities)	\$ 118,305
Travel	\$ 4,019
Fixed assets	_____
Indirect expenses (overhead)	_____
Ambulance subsidy	_____
EMS Fund payments to physicians (\$145,464) + hospital (\$223,636)	\$369,100
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: _____	
Other: _____	
<b>TOTAL EXPENSES</b>	<b>\$ 1,206,752</b>

**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)	_____
<b>State general fund</b>	<b>\$       0</b>
County general fund	_____
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	_____
Certification fees	<b>\$   57,272</b>
<b>Training program approval fees</b>	<b>\$     3,672</b>
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____
Trauma center application fees	_____
Trauma center designation fees	_____
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: <b>STAR</b> \$13,665.00 x 5	<b>\$   68,325</b>
Other critical care center designation fees	_____
Type : <b>Receiving Center</b> \$11,005.00 x 11	<b>\$   121,055</b>
Ambulance service/vehicle fees	<b>\$    41,072</b>
	<b>\$   266,166</b>
Contributions	_____
EMS Fund (SB 12/612)	_____
Other grants: _____	_____
Other fees: _____	_____
Other (specify):   City General Fund Support	<b>\$   649,190</b>
<b>TOTAL REVENUE</b>	<b>\$1,206,752</b>

**Table 2 - System Organization & Management (cont.)**

**7. Fee structure**

Our fee structure is:

First responder certification	\$ ____ No ____
EMS dispatcher certification	____ No ____
EMT-I certification	\$149
EMT-I recertification	\$110
EMT-defibrillation certification	____ No ____
EMT-defibrillation recertification	____ No ____
AEMT certification	____ No ____
AEMT recertification	____ No ____
EMT-P accreditation	\$32
Mobile Intensive Care Nurse/ Authorized RN (MICN/ARN) certification	____ No ____
MICN/ARN recertification	____ No ____
EMT-I training program approval	\$667
AEMT training program approval	____ No ____
EMT-P training program approval	\$914
MICN/ARN training program approval	____ No ____
Base hospital application	____ No ____
Base hospital designation	\$11,005
Trauma center application	____ No ____
Trauma center designation	____ No ____
Pediatric facility approval	____ No ____
Pediatric facility designation	____ No ____
Other critical care center application	
Type: _____	
Other critical care center designation	
Type: _____	
Ambulance Service License	
Ambulance Vehicle Permits	\$1,643
Other: Ambulance Provider Initial Application Fee	\$10, 267
Other: Ambulance Provider Certificate of Operation (Annual)	\$5,134
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	0954 Deputy Director	0.33	\$76,513	43%	Deputy Director serves as EMS Administrator. Division has 3 primary programs: Operations, EMSA, and Resilience.
Asst. Admin./Admin. Asst./Admin. Mgr.	0923 Manager II	1.0	\$116,616		Supervises day to day activities of EMS team
ALS Coord./Field Coord./ Training Coordinator	2533 EMS Specialist	1.0	\$103,464	43%	Pre-Hospital Coordinator
Program Coordinator/ Field Liaison (Non-clinical)	1446 Secretary II	1.0	\$62,448	43%	Certification Specialist
Trauma Coordinator	2533 EMS Specialist	0.5	\$0	43%	
Medical Director	0943 Manager VIII	0.5	\$94,752	43%	0.5 FTE assigned to SFGH. Paid through DPH General Fund.
Other MD/Medical Consult/ Training Medical Director	N/A				
Disaster Medical Planner	2533 EMS Specialist	1.0	103,464	43%	

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

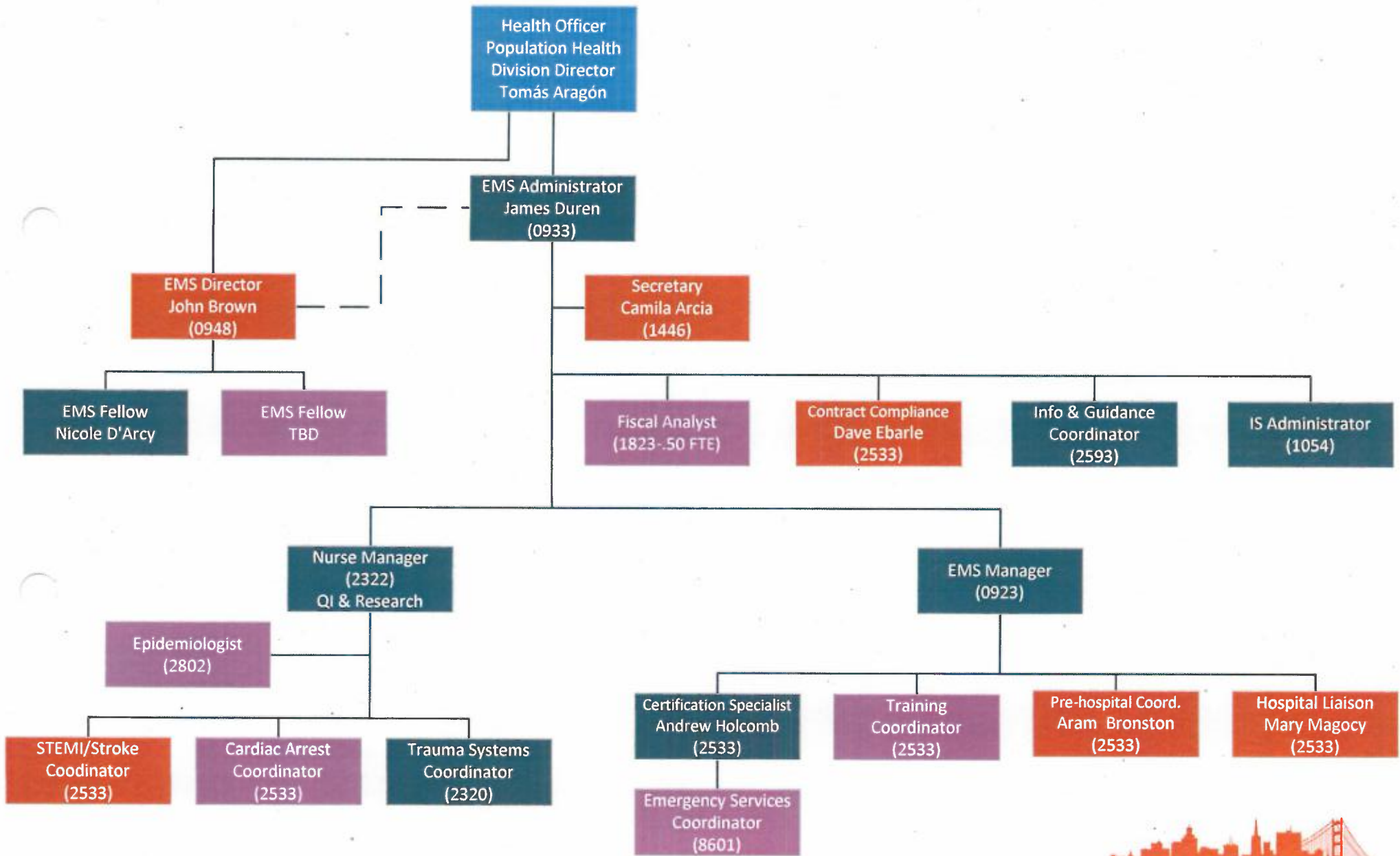


**Table 2 - System Organization & Management (cont.)**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator	2533 EMS Specialist	1.0	\$103,464	43%	
Public Info. & Education Coordinator					
Executive Secretary					
Data Entry Clerk					
Other					

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

# EMERGENCY MEDICAL SERVICES (EMS) PROPOSED ORGANIZATIONAL CHART



New Position that will be budgeted in July 1, 2017

Proposed Positions for FY18-19

Positions transferred from DEM

**TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training**

Reporting Year: **FY '15-16**

**NOTE:** Table 3 is to be reported by agency.

	EMT – I	AEMT	EMT - P	MICN
Total Certified	2,079			
Number newly certified this year	255			
Number recertified this year	787			
Number of accredited personnel this year			341	
Total number of accredited personnel on July 1 of the reporting year			558	
Number of certification reviews resulting in:				
a) formal investigations	42			
b) probation	18			
c) suspensions	1			
d) revocations	5			
e) denials	1			
f) denials of renewal	0			
g) no action taken	10			

1. Early defibrillation:
  - a) Number of EMT-I (defib) authorized to use AEDs 2,079
  - b) Number of public safety (defib) certified (non-EMT-I) Unknown
2. Do you have an EMR training program No

## TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

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

County: **City and County of San Francisco**

Reporting Year: **FY '15-16**

- |   |   |
|---|---|
| 1. Number of primary Public Service Answering Points (PSAP)   | <u>4 (see below**)</u>  |
| 2. Number of secondary PSAPs  | <u>1 (3-1-1)</u>  |
| 3. Number of dispatch centers directly dispatching ambulances   | <u>6</u>  |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines   | <u>6</u>  |
| 5. Number of designated dispatch centers for EMS Aircraft   | <u>None</u>   |
| 6. Who is your primary dispatch agency for day-to-day emergencies?<br><b>Dept Emergency Management – Div. of Emergency Communications (DEC)</b> |   |
| 7. Who is your primary dispatch agency for a disaster?<br><b>Dept Emergency Management – Div. of Emergency Communications (DEC)</b>             |   |
| 8. Do you have an operational area disaster communication system?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <b>800 MHz</b>   |   |
| b. Other method: <b>Hear Net, Ham Radio Operators, Cell phone, Satellite</b>  |   |
| c. Can all medical response units communicate on the same disaster communications system?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?                          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

\*\* DEM CCSF; National Parks Service; San Francisco State University; University of California San Francisco



**TABLE 5: SYSTEM RESOURCES AND OPERATIONS**  
**Response/Transportation**

Reporting Year: FY '14-15

**Note:** Table 5 is to be reported by agency.

### Early Defibrillation Providers

1. Number of EMT-Defibrillation providers: 1- San Francisco Fire Department

### SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO / URBAN	SUBURBAN /RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	5.28 minutes (SF policy indicates 4.5 minutes)	N/A	N/A	5.28 minutes (SF policy indicates 4.5 minutes)
Early defibrillation responder	5.28 minutes (This is not technically monitored in SF however SF's policy indicates that BLS respond in 4.5 minutes)	N/A	N/A	5.28 minutes (This is not technically monitored in SF however SF's policy indicates that BLS respond in 4.5 minutes)
Advanced life support responder	5.36 minutes (SF policy indicates 7 minutes)	N/A	N/A	5.36 minutes (SF policy indicates 7 minutes)
Transport Ambulance	9.43 minutes (SF policy indicates 10 minutes)	N/A	N/A	9.43 minutes (SF policy indicates 10 minutes)

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS  
Facilities/Critical Care**

Reporting Year: **FY '14-15**

**NOTE:** Table 6 is to be reported by agency.

**Trauma**

Trauma patients:

1. Number of patients meeting trauma triage criteria	4,214
2. Number of major trauma victims transported directly to a trauma center by ambulance	4,214
3. Number of major trauma patients transferred to a trauma center	117
4. Number of patients meeting triage criteria who were not treated at a trauma center	N/A

**Emergency Departments**

Total number of emergency departments	12
1. Number of referral emergency services	none
2. Number of standby emergency services	2
3. Number of basic emergency services	9
4. Number of comprehensive emergency services	1

**Receiving Hospitals**

1. Number of receiving hospitals with written agreements	9
2. Number of base hospitals with written agreements	1

## TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year: **FY '15-16**

County: **CCSF**

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

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? 26 total, refer to Policy 4020: EMS Aircraft Utilization
  - b. How are they staffed? Volunteers/DPH Clinics
  - 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? Operations
  - 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? One
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. San Mateo
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? (Through hospital Council) ☒ 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? Anne Kronenberg, Director of Emergency Management
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



# San Francisco EMS Agency Response to Cal EMSA Review: April 2018

**Table 8: Resource Directory**

Reporting Year: **FY '14-15**

## Response/Transportation/Providers

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

County: San Francisco

Provider: **ProTransport-1**

Response Zone: CCSF

Address: 1501 Tennessee Street

San Francisco, CA. 94107

Number of Ambulance Vehicles in Fleet: 24

Phone Number: 800-650-4003

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

18

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

## Ground Services

16,582	Total number of responses	15,821	Total number of transports
267	Number of emergency responses	215	Number of emergency transports
16,315	Number of non-emergency responses	15,606	Number of non-emergency transports

## Air Ambulance Services

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

# San Francisco EMS Agency Response to Cal EMSA Review: April 2018

**Table 8: Resource Directory**

Reporting Year: **FY '14-15**

## Response/Transportation/Providers

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

**County:** San Francisco **Provider:** American Medical Response **Response Zone:** CCSF

**Address:** 1300 Illinois Street  
San Francisco, CA. 94107

**Number of Ambulance Vehicles in Fleet:** 34

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 14

**none**  
**Number:** 415-922-9400

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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### Ground Services

28,667 Total number of responses  
8,457 Number of emergency responses  
20,210 Number of non-emergency responses

23,987 Total number of transports  
8,573 Number of emergency transports  
15,414 Number of non-emergency transports

### Air Ambulance Services

N/A Total number of responses  
N/A Number of emergency responses  
N/A Number of non-emergency responses

N/A Total number of transports  
N/A Number of emergency transports  
N/A Number of non-emergency transports

# San Francisco EMS Agency Response to Cal EMSA Review: April 2018

**Table 8: Resource Directory**

Reporting Year: **FY '14-15**

## Response/Transportation/Providers

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

**County:** San Francisco **Provider:** Norcal Ambulance **Response Zone:** CCSF

**Address:** 6761 Sierra Court, Ste. G **Number of Ambulance Vehicles in Fleet:** 2  
Dublin, CA. 94588

**Phone** **Average Number of Ambulances on Duty**  
**Number:** 866-755-3400 **At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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## Ground Services

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

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

## Air Ambulance Services

N/A Total number of responses  
N/A Number of emergency responses  
N/A Number of non-emergency responses

N/A Total number of transports  
N/A Number of emergency transports  
N/A Number of non-emergency transports

San Francisco EMS Agency Response to Cal EMSA Review: April 2018

Table 8: Resource Directory

Reporting Year: FY '14-15

Response/Transportation/Providers

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

County: San Francisco Provider: Bayshore Response Zone: CCSF

Address: 370 Hatch Drive Number of Ambulance Vehicles in Fleet: 6  
Foster City, CA. 94404

Phone Number: 650-525-9700 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 6

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Ground Services

502 Total number of responses  
35 Number of emergency responses  
467 Number of non-emergency responses

464 Total number of transports  
16 Number of emergency transports  
448 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses  
N/A Number of emergency responses  
N/A Number of non-emergency responses

N/A Total number of transports  
N/A Number of emergency transports  
N/A Number of non-emergency transports



**San Francisco EMS Agency Response to Cal EMSA Review: April 2018**

**Table 8: Resource Directory**

Reporting Year: **FY '14-15**

**Response/Transportation/Providers**

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

<b>County:</b> <u>San Francisco</u>	<b>Provider:</b> <u>King American</u>	<b>Response Zone:</b> <u>CCSF</u>
<b>Address:</b> <u>2570 Bush Street</u> <u>San Francisco, CA. 94115</u>	<b>Number of Ambulance Vehicles in Fleet:</b> <u>15</u>	
<b>Phone Number:</b> <u>415-931-1400</u>	<b>Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:</b> <u>9</u>	

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Ground Services**

<u>24,222</u>	Total number of responses	<u>17,881</u>	Total number of transports
<u>10,314</u>	Number of emergency responses	<u>17,588</u>	Number of emergency transports
<u>13,908</u>	Number of non-emergency responses	<u>293</u>	Number of non-emergency transports

**Air Ambulance Services**

<u>N/A</u>	Total number of responses	<u>N/A</u>	Total number of transports
<u>N/A</u>	Number of emergency responses	<u>N/A</u>	Number of emergency transports
<u>N/A</u>	Number of non-emergency responses	<u>N/A</u>	Number of non-emergency transports



San Francisco EMS Agency Response to Cal EMSA Review: April 2018

Table 8: Resource Directory

Reporting Year: FY '14-15

Response/Transportation/Providers

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

County: San Francisco Provider: Saint Joseph's Ambulance Response Zone: CCSF

Address: 1418 Lincoln Avenue Number of Ambulance Vehicles in Fleet: 7  
San Rafael, CA. 94901

Phone number: 415-921-0707 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 6

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Ground Services

3048 Total number of responses  
0 Number of emergency responses  
3048 Number of non-emergency responses

2944 Total number of transports  
0 Number of emergency transports  
2944 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses  
N/A Number of emergency responses  
N/A Number of non-emergency responses

N/A Total number of transports  
N/A Number of emergency transports  
N/A Number of non-emergency transports

**San Francisco EMS Agency Response to Cal EMSA Review: April 2018**

**Table 8: Resource Directory**

Reporting Year: **FY '14-15**

**Response/Transportation/Providers**

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

**County:** San Francisco      **Provider:** San Francisco Fire Dept.      **Response Zone:** CCSF

**Address:** 698 Second Street      **Number of Ambulance Vehicles in Fleet:** 59  
San Francisco, CA. 94115

**Phone**      **Average Number of Ambulances on Duty**  
**umber:** 415-558-3401, 558-3641      **At 12:00 p.m. (noon) on Any Given Day:** 18

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Ground Services**

80,947      Total number of responses  
42,263      Number of emergency responses  
38,684      Number of non-emergency responses

58,822      Total number of transports  
3,641      Number of emergency transports  
55,181      Number of non-emergency transports

**Air Ambulance Services**

N/A      Total number of responses  
N/A      Number of emergency responses  
N/A      Number of non-emergency responses

N/A      Total number of transports  
N/A      Number of emergency transports  
N/A      Number of non-emergency transports

# San Francisco EMS Agency Response to Cal EMSA Review: April 2018

**Table 8: Resource Directory**

Reporting Year: FY '14-15

## Response/Transportation/Providers

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

County: San Francisco Provider: Falck Northern Ca. Ambulance Response Zone: CCSF

Address: 2190 S. McDowell Blvd. Number of Ambulance Vehicles in Fleet: 2  
Petaluma, CA. 94954

Phone Number: 707-790-8955 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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### Ground Services

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

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

### Air Ambulance Services

N/A Total number of responses  
N/A Number of emergency responses  
N/A Number of non-emergency responses

N/A Total number of transports  
N/A Number of emergency transports  
N/A Number of non-emergency transports

San Francisco EMS Agency Response to Cal EMSA Review: April 2018

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.

<b>Local EMS Agency or County Name:</b> City and County of San Francisco
<b>Area or subarea (Zone) Name or Title:</b> City and County of San Francisco
<b>Name of Current Provider(s):</b> Include company name(s) and length of service of operation (uninterrupted) in specified area or subarea. <ul style="list-style-type: none"><li>• San Francisco Fire Department (911)</li><li>• King American Ambulance (911 + Interfacility)</li><li>• American Medical Response (911 + Interfacility)</li><li>• Pro-Transport (ALS, BLS, Interfacility)</li><li>• Bayshore Ambulance (ALS, BLS, Interfacility)</li><li>• St. Joseph's Ambulance (BLS, Interfacility)</li><li>• NorCal Ambulance (BLS, Interfacility)</li><li>• Falck Ambulance (BLS, Interfacility)</li></ul>
<b>Area or subarea (Zone) Geographic Description:</b> San Francisco, California is located at 37° 46' North latitude and 122 °27' West longitudes. The City forms the tip of a peninsula bounded by the Pacific Ocean to the West, the Golden Gate to the North, the San Francisco Bay to the East and San Mateo County to South. The boundaries of the City and County of San Francisco are one the and the same, compromising 49 square miles roughly fitting within a 7 by 7 mile square.
<b>Statement of Exclusivity (Exclusive or non-Exclusive [HS 1797.6]):</b> Include intent of local EMS Agency and board action. <b>Exclusive.</b>
<b>Type of Exclusivity ("Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  Emergency Ambulance Response 911.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224)</b> If <u>grandfathered</u> , 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.  In January 2012, the State of California EMS Authority notified the SF EMS Agency that the prior EOA from 2008 would remain effective for 911 emergency ambulance providers: San Francisco Fire Department, King American Ambulance, and American Medical Response.



## Table 9: Resources Directory

Reporting Year: FY '15-16

### Facilities

County: San Francisco

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

Facility: **St. Mary's Medical Center**

Telephone Number: 415-750-5700

Address: 450 Stanyan Street  
SF, CA. 94117

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>22</sup></b> <b>EDAP<sup>23</sup></b> <b>PICU<sup>24</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>22</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>23</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>24</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



## Table 9: Resources Directory

Reporting Year: FY '15-16

### Facilities

County: San Francisco

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

Facility: **San Francisco General Hospital**

Telephone Number: 415-206-8111

Address: 1001 Potrero Avenue

SF, CA. 94110

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Pediatric Critical Care Center<sup>25</sup></b> <b>EDAP<sup>26</sup></b> <b>PICU<sup>27</sup></b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b><u>Trauma Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>If Trauma Center what level:</u></b> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>STEMI Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Stroke Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

<sup>25</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>26</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>27</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

## Table 9: Resources Directory

Reporting Year: FY '15-16

### Facilities

County: San Francisco

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

Facility: **University of California San Francisco**

Telephone Number: 415-353-1725

Address: 505 Parnassus

SF, CA. 94113

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p> <input type="checkbox"/> Referral Emergency  <input checked="" type="checkbox"/> Basic Emergency         </p> <p> <input type="checkbox"/> Standby Emergency  <input type="checkbox"/> Comprehensive Emergency         </p>	<p><b><u>Base Hospital:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Burn Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p> <b>Pediatric Critical Care Center<sup>28</sup></b>  <b>EDAP<sup>29</sup></b>  <b>PICU<sup>30</sup></b> </p> <p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No         </p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>If Trauma Center what level:</u></b></p> <p> <input type="checkbox"/> Level I <input type="checkbox"/> Level II  <input type="checkbox"/> Level III <input type="checkbox"/> Level IV         </p>	
<p><b><u>STEMI Center:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p><b><u>Stroke Center:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	

<sup>28</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>29</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>30</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

## Table 9: Resources Directory

Reporting Year: **FY '15-16**

### Facilities

County: San Francisco

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

Facility: **University of California San Francisco –  
Medical Center at Mission Bay**

Telephone Number:

415-353-1664

Address: 1825 Fourth Street  
San Francisco, CA. 94158

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p><input type="checkbox"/> Referral Emergency  <input checked="" type="checkbox"/> Basic Emergency</p> <p><input type="checkbox"/> Standby Emergency  <input type="checkbox"/> Comprehensive Emergency</p>	<p><b><u>Base Hospital:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Burn Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p><b>Pediatric Critical Care Center<sup>31</sup></b>  <b>EDAP<sup>32</sup></b>  <b>PICU<sup>33</sup></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II  <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>	
<p><b><u>STEMI Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p><b><u>Stroke Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

<sup>31</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>32</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>33</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

## Table 9: Resources Directory

Reporting Year: FY '15-16

### Facilities

County: San Francisco

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

Facility: **Veteran Administration Medical Center**  
 Address: 4150 Clement Street  
 SF, CA. 94121

Telephone Number: 415-750-2052

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency	<input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>34</sup></b> <b>EDAP<sup>35</sup></b> <b>PICU<sup>36</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level III	<input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>34</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>35</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>36</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

## Table 9: Resources Directory

Reporting Year: FY '15-16

### Facilities

County: San Francisco

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

Facility: **Chinese Hospital**

Telephone Number: 415-982-2400

Address: 845 Jackson St.

SF, CA. 94113

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



## Table 9: Resources Directory

Reporting Year: FY '15-16

### Facilities

County: San Francisco

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

Facility: **California Pacific Medical Center  
(California)**

Telephone Number: 415-600-4444

Address: 3700 California Street  
SF, CA. 94118

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>4</sup></b> <b>EDAP<sup>5</sup></b> <b>PICU<sup>6</sup></b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>4</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>5</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>6</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

## Table 9: Resources Directory

Reporting Year: FY '15-16

### Facilities

County: San Francisco

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

Facility: **California Pacific Medical Center (Davies)**

Telephone Number: 415-600-0600

Address: 45 Castro Street

SF, CA. 94117

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Pediatric Critical Care Center<sup>7</sup></b> <b>EDAP<sup>8</sup></b> <b>PICU<sup>9</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

<sup>7</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>8</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>9</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

## Table 9: Resources Directory

Reporting Year: FY '15-16

### Facilities

County: San Francisco

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

Facility: **California Pacific Medical Center (Pacific)**

Telephone Number: 415-600-3333

Address: 2425 Sacramento Street  
SF, CA. 94115

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Pediatric Critical Care Center<sup>10</sup></b> <b>EDAP<sup>11</sup></b> <b>PICU<sup>12</sup></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

<sup>10</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>11</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>12</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

## Table 9: Resources Directory

Reporting Year: FY '15-16

### Facilities

County: San Francisco

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

Facility: **California Pacific Medical Center (St. Luke's)**

Telephone Number: 415-600-6000

Address: 3555 Cesar Chavez Street  
SF, CA. 94110

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>13</sup></b> <b>EDAP<sup>14</sup></b> <b>PICU<sup>15</sup></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>13</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>14</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>15</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

## Table 9: Resources Directory

Reporting Year: FY '15-16

### Facilities

County: San Francisco

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

Facility: **Kaiser Permanente**

Telephone Number: 415-833-3301

Address: 2425 Geary Blvd.

SF, CA. 94115

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Pediatric Critical Care Center<sup>16</sup></b> <b>EDAP<sup>17</sup></b> <b>PICU<sup>18</sup></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

<sup>16</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>17</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>18</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



## Table 9: Resources Directory

Reporting Year: **FY '15-16**

### Facilities

County: San Francisco

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

Facility: **St. Francis Memorial Hospital**

Telephone Number: 415-353-6300

Address: 900 Hyde Street  
SF, CA. 94109

<b><u>Written Contract:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>19</sup></b> <b>EDAP<sup>20</sup></b> <b>PICU<sup>21</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>19</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>20</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>21</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

**County:** San Francisco

**Reporting Year:** FY '15-16

**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>City College of San Francisco</u>		Telephone Number:	<u>415-561-1900</u>
Address:	<u>John Adams Center</u>			
	<u>1860 Hayes Street, SF, CA. 94117</u>			
Student Eligibility*:	<u>CCSF Students only; open registration</u>	Cost of Program:	**Program Level	<u>EMT</u>
		Basic:	Number of students completing training per year:	
		\$46.00 per unit		
		Refresher:	<u>N/A</u>	
			Initial training:	<u>100</u>
			Refresher:	<u>70</u>
			Continuing Education:	<u>70</u>
			Expiration Date:	<u>12/20/19</u>
			Number of courses:	
			Initial training:	<u>7</u>
			Refresher:	<u>2</u>
			Continuing Education:	<u>2</u>

**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

**County:** San Francisco

**Reporting Year:** FY '15-16

**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: <b>City College of San Francisco</b>		Telephone Number: 415-561-1900	
Address: John Adams Center			
1860 Hayes Street SF, CA. 94117			
Student Eligibility*:	Pre-test & EMT Certificate required	**Program Level	<b>Paramedic</b>
	Cost of Program:		
	Basic: \$2500.00-\$5000.00	Number of students completing training per year:	
	Refresher: <u>N/A</u>	Initial training:	<u>28</u>
		Refresher:	<u>N/A</u>
		Continuing Education:	<u>N/A</u>
		Expiration Date:	<u>12/20/19</u>
		Number of courses:	
		Initial training: 1 program (11 course module)	
		Refresher:	<u>N/A</u>
		Continuing Education:	<u>N/A</u>

\*Open to general public or restricted to certain personnel only.

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

**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

**County:** San Francisco

**Reporting Year:** FY '15-16

**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		<b>City College of San Francisco</b>		Telephone Number:		415-561-1900	
Address:		<u>John Adams Center</u> <u>1860 Hayes Street, SF, CA. 94117.</u>					
Student Eligibility*:	CCSF Students or graduates only	Cost of Program:	**Program Level	<b>Continuing education</b>			
		Basic:	Number of students completing training per year:				
		\$46.00 per unit or free for no credits					
		Refresher:	<u>N/A</u>	Initial training:	<u>N/A</u>		
				Refresher:	<u>70</u>		
				Continuing Education:	<u>~100</u>		
				Expiration Date:	<u>12/20/19</u>		
				Number of courses:			
				Initial training:	<u>N/A</u>		
				Refresher:	<u>2</u>		
				Continuing Education:	<u>5</u>		

**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

**County:** San Francisco

**Reporting Year:** FY '15-16

**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<b>American Medical Response - San Francisco</b>		Telephone Number:	415-922-9400
Address:	1300 Illinois Street			
	SF, CA. 94107			
Student Eligibility*:	Employee only	**Program Level		
	Cost of Program:			
	Basic:	Number of students completing training per year:		
	Refresher:	Initial training:		None
		Refresher:		0
		Continuing Education:		89
		Expiration Date:		08/10/19
		Number of courses:		
		Initial training:		None
		Refresher:		0
		Continuing Education:		10

Continuing education and curriculum and class number can change annually.

\*Open to general public or restricted to certain personnel only.

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



Reporting Year: FY '15-16

**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<b>King American</b>	Telephone Number:	415-931-1400
Address:	2570 Bush Street		
	SF, CA. 94115		
Student Eligibility*:	Open	**Program Level	Continuing Education
	Cost of Program:		
		Number of students completing training per year:	
	Refresher:	Initial training:	
	N/A	Refresher:	
		Continuing Education:	74
		Expiration Date:	6/30/20
		Number of courses:	
		Initial training:	N/A
		Refresher:	N/A
		Continuing Education:	7

**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

**County:** San Francisco

**Reporting Year:** FY '15-16

**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		<b>San Francisco General Hospital</b>		Telephone Number:	415-206-5050
Address:		1001 Potrero Avenue			
		SF, CA. 94110			
Student Eligibility*:	Open	**Program Level	Continuing Education		
		Cost of Program:			
		Free			
		Basic:	N/A	Number of students completing training per year:	
		Refresher:	N/A	Initial training:	N/A
				Refresher:	N/A
				Continuing Education:	0
				Expiration Date:	11/06/17
				Number of courses:	
				Initial training:	N/A
				Refresher:	N/A
				Continuing Education:	0

\*Open to general public or restricted to certain personnel only.

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

**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

**County:** San Francisco

**Reporting Year:** FY '15-16

**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		<b>San Francisco Fire Department CE Provider #38-0003</b>		Telephone Number:	415-318-4517
Address:		698 2 <sup>nd</sup> Street		EMS training section- Section	
		SF, CA. 94107		Chief, Melany Brandon	
Student Eligibility*:	SFFD only	**Program Level	Continuing Education		
		Cost of Program:			
		Basic:	N/A	Number of students completing training per year:	
		Refresher:	N/A	Initial training:	
				Refresher:	
				Continuing Education:	
				858 (411	
				EMTs & 447	
				EMT-Ps)	
				8/10/19	
				Expiration Date:	
				Number of courses:	
				Initial training:	
				Refresher:	
				Continuing Education:	
				N/A	
				N/A	
				91	

SFFD provides monthly continuing education EMS modules from Target Solutions (for EMT and Paramedic) including training on the annual SF EMSA policy & procedure, hands on medical/trauma modules and EMS academics. The EMS Academies are considered to be continuing education where EMT's go through SFFD EMS orientation program where EMT's with a paramedic license go through a 3 week orientation training to become paramedics for the SFFD.

**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

**County:** San Francisco

**Reporting Year:** FY '15-16

**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: <b>University of San Francisco</b>		Telephone Number: <u>415-422-6502</u>
Address: <u>2130 Fulton Street, UC 5<sup>th</sup> Floor</u>		
<u>SF, CA. 94117</u>		
Student Eligibility*:	Open to public	**Program Level <u>EMT</u>
	Cost of Program:	
	Basic:\$ <u>          </u>	Number of students completing training per year:
	Refresher: \$ <u>          </u>	Initial training: <u>17</u>
		Refresher: <u>15</u>
		Continuing Education: <u>          </u>
		Expiration Date: <u>10/31/18</u>
		Number of courses:
		Initial training: <u>2</u>
		Refresher: <u>1</u>
		Continuing Education: <u>          </u>

\*Open to general public or restricted to certain personnel only.

**TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**

**County:** San Francisco      **Reporting Year:** FY '15-16

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: <b>University of San Francisco</b>		Telephone Number: <u>415-422-6502</u>	
Address: <u>2130 Fulton Street, UC 5<sup>th</sup> Floor</u>			
<u>SF, CA. 94117</u>			
Student Eligibility*:	Open to public	**Program Level	Continuing Education
	Cost of Program:		
	Basic: <u>N/A</u>	Number of students completing training per year:	
	Refresher: <u>\$</u>	Initial training:	<u>N/A</u>
		Refresher:	<u>15</u>
		Continuing Education:	<u>51</u>
		Expiration Date:	<u>01/04/20</u>
		Number of courses:	
		Initial training:	<u>N/A</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u>5</u>



**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

**County:** San Francisco

**Reporting Year:** FY '15-16

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

Name:	<b>Department of Emergency Management- Division of Emergency Communications</b>	Primary Contact: Cecile Soto, Operations Manager
Address:	1011 Turk Street SF, CA. 94102	
Telephone Number: 415-558-3808 (415-575-0737)		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster Number of Personnel Providing Services: 170 170 EMD Training BLS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: Emergency Management	EMT-D LALS ALS Other If Public: <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal