

EMERGENCY MEDICAL SERVICES AUTHORITY

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(916) 322-4336 FAX (916) 322-1441



May 15, 2018

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

Dear Mr. Julihn:

This letter is in response to Marin County's 2018 EMS Plan Update submission to the EMS Authority on March 2, 2018.

I. Introduction and Summary:

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

II. History and Background:

Marin County received its last full plan approval for its 1995 plan submission, and its last annual plan update for its 2016 plan submission.

Historically, we have received EMS Plan submissions from Marin County for the following years:

- | | |
|--------|-------------|
| • 1995 | • 2009-2010 |
| • 1999 | • 2012 |
| • 2004 | • 2014 |
| • 2007 | • 2016 |

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 Marin County's 2018 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 provided by Marin County, please find enclosed the EMS Authority's determination of the exclusivity of Marin County'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> |

EMS Data

- Using information submitted by the Local EMS Agency, the EMS Authority shall assess each EMS area or the system's service area to determine the effectiveness of emergency medical services (HSC § 1797.102) as it relates to data collection and evaluation (HSC § 1797.103).

Statewide, there are 26 Local EMS Agencies submitting EMS data. Our records indicate Marin County is not submitting EMS data at this time, but will be implementing a new data system on

June 5, 2018. The EMS Authority appreciates this implementation and looks forward to the future submission of data.

G. ☒ ☐ Public Information and Education

H. ☒ ☐ Disaster Medical Response

IV. Conclusion:

Based on the information identified, Marin County's 2018 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:

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

Sincerely,



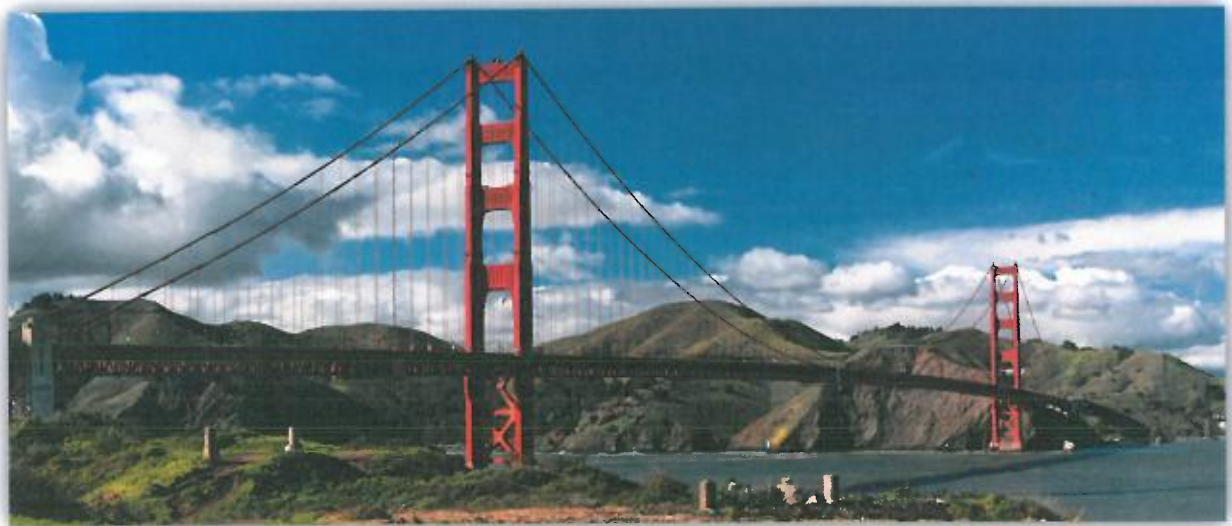
Tom McGinnis, EMT-P
Chief, EMS Systems Division

Enclosure

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

2018 EMS Plan Update



1600 Los Gatos Dr., Suite 220
San Rafael, California 94903

2018 EMS PLAN UPDATE SUMMARY

This EMS Plan Update for the County of Marin is intended to meet statutory requirements of California's Health & Safety Code, Division 2.5, 1797.254. It is submitted in a format suggested by the California EMS Authority. There are no significant changes from our 2016 EMS Plan Update that was approved by the Authority in March 2017. All data is for calendar year 2017 except for LEMSA budget data which is for FY 2017-18. Marin County looks forward to submitting its next EMS Plan Update via a new online tool now under development.

Goals and Objectives for previous reporting period:

Goal/Objective	Current Status
Upgrade ePCR software to NEMSIS v3.4.	Completed October 2016
Complete transition from current ePCR (ESO Pro) to ImageTrend Elite.	Project delayed
Conduct hospital surge exercise to test ED capacity to receive multiple patients with short notice.	Completed May 2017
Assist medical dispatch center upgrade to most current version of Priority Dispatch™ EMD protocols.	Completed June 2017
Continue to improve cardiac arrest survival rates by encouraging bystander CPR via annual county-wide "Hands-Only CPR" event.	Completed June 2017
Implement pilot study on the use of telemedicine for prehospital neuro assessment of stroke patients.	Project delayed

Goals and Objectives for next reporting period:

Goal/Objective	Target Date
Update Multiple Patient Management Plan for MCIs	January 2018
Complete transition from current ePCR (ESO Pro) to ImageTrend Elite.	April 2018
Implement Community Paramedicine Pilot Project	June 2018
Continue to improve cardiac arrest survival rates by encouraging bystander CPR via annual county-wide "Hands-Only CPR" event.	June 2018
Implement pilot study on the use of telemedicine for prehospital neuro assessment of stroke patients.	August 2018

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			

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			

¹ Standard medical direction for the EMS system is via written protocols. Consultation is available with an ED physician at receiving hospitals via phone or radio.

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		X			

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year: 2018

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)	<u>0</u> %
B. Limited Advanced Life Support (LALS)	<u>0</u> %
C. Advanced Life Support (ALS)	<u>100</u> %

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)	<u>X</u>
Designation of trauma centers/trauma care system planning	<u>X</u>
Designation/approval of pediatric facilities	<u> </u>
Designation of other critical care centers	<u>X</u>
Development of transfer agreements	<u> </u>
Enforcement of local ambulance ordinance	<u>X</u>
Enforcement of ambulance service contracts	<u>X</u>
Operation of ambulance service	<u> </u>
Continuing education	<u>X</u>
Personnel training	<u> </u>
Operation of oversight of EMS dispatch center	<u> </u>
Non-medical disaster planning	<u> </u>
Administration of critical incident stress debriefing team (CISD)	<u> </u>
Administration of disaster medical assistance team (DMAT)	<u> </u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u> </u>

Table 2 - System Organization & Management (cont.)

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$ 492,497
Contract Services (e.g. medical director)	376,432
Operations (e.g. copying, postage, facilities)	82,602
Travel	4,700
Fixed assets	3,950
Indirect expenses (overhead)	47,130
Ambulance subsidy	0
EMS Fund payments to physicians/hospital	n/a
Dispatch center operations (non-staff)	0
Training program operations	0
Other: <u>County Interfund transfers</u>	229,678
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES	\$ 1,236,989

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	1,007,289
Other local tax funds (e.g., EMS district)	
County contracts (e.g. multi-county agencies)	
Certification fees	10,362
Training program approval fees	
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	
Base hospital application fees	
Trauma center application fees	
Trauma center designation fees	30,000
Pediatric facility approval fees	
Pediatric facility designation fees	
Other critical care center application fees	5,000
Type: <u>EDAT</u>	
Other critical care center designation fees	5,000
Type: <u>STEMI Receiving Center</u>	
Other critical care center designation fees	7,500
Type: <u>Stroke Receiving Center</u>	
Contributions	
EMS Fund (SB 12/1773)	159,700
Other grants: _____	
Other fees: <u>Ambulance permitting</u>	12,138
Other (specify): _____	
TOTAL REVENUE	\$ 1,236,989

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

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	\$65.64	60%	
Asst. Admin. /Admin. Asst./ Admin. Mgr.					
ALS Coord. /Field Coord. / Training Coordinator					
Program Coordinator/ Field Liaison (Non-clinical)	EMS Specialist	2.0	\$43.51	60%	
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 for independent contractors

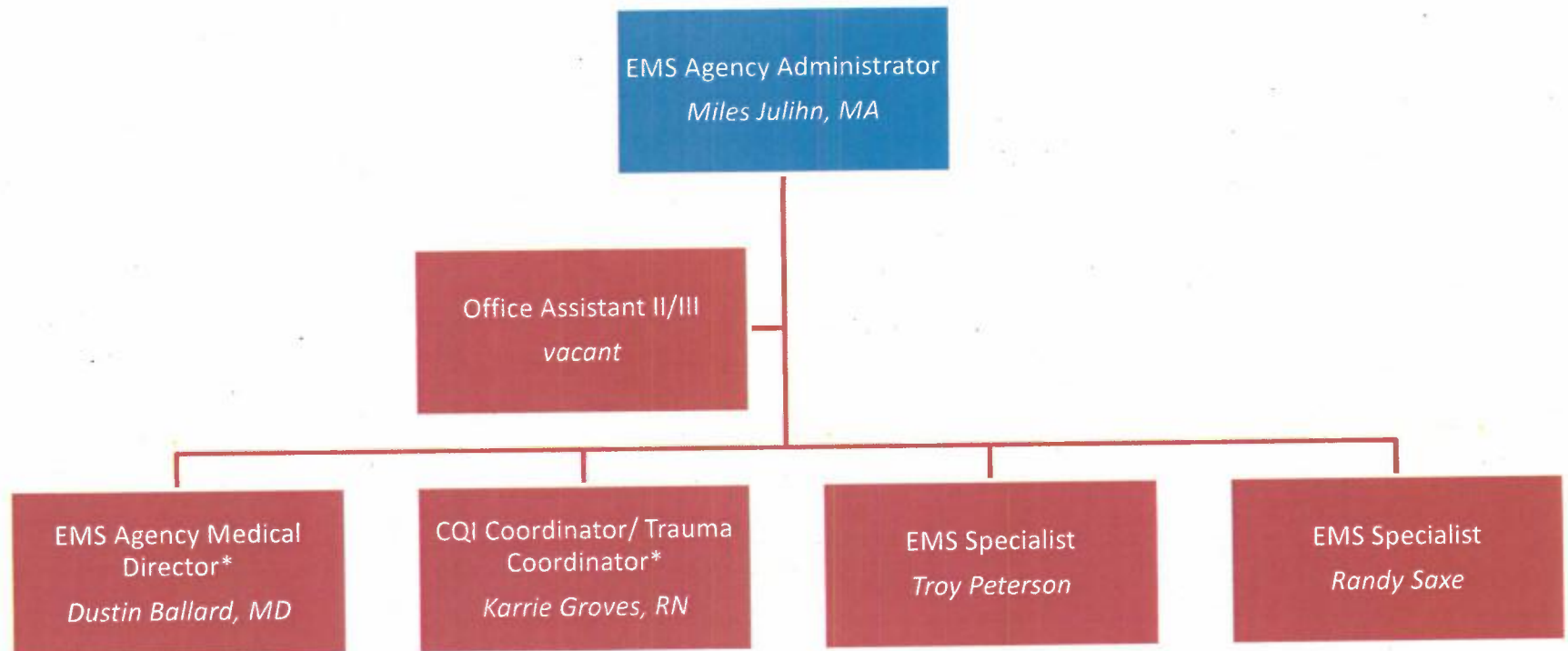
Table 2 - System Organization & Management (cont.)

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	Office Assistant III	0.5	\$28.53	60%	Hiring Spring 2018
Data Entry Clerk					
Other:					

*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.

Marin County EMS Agency Organization



* Part-time contract position

County of Marin Organization

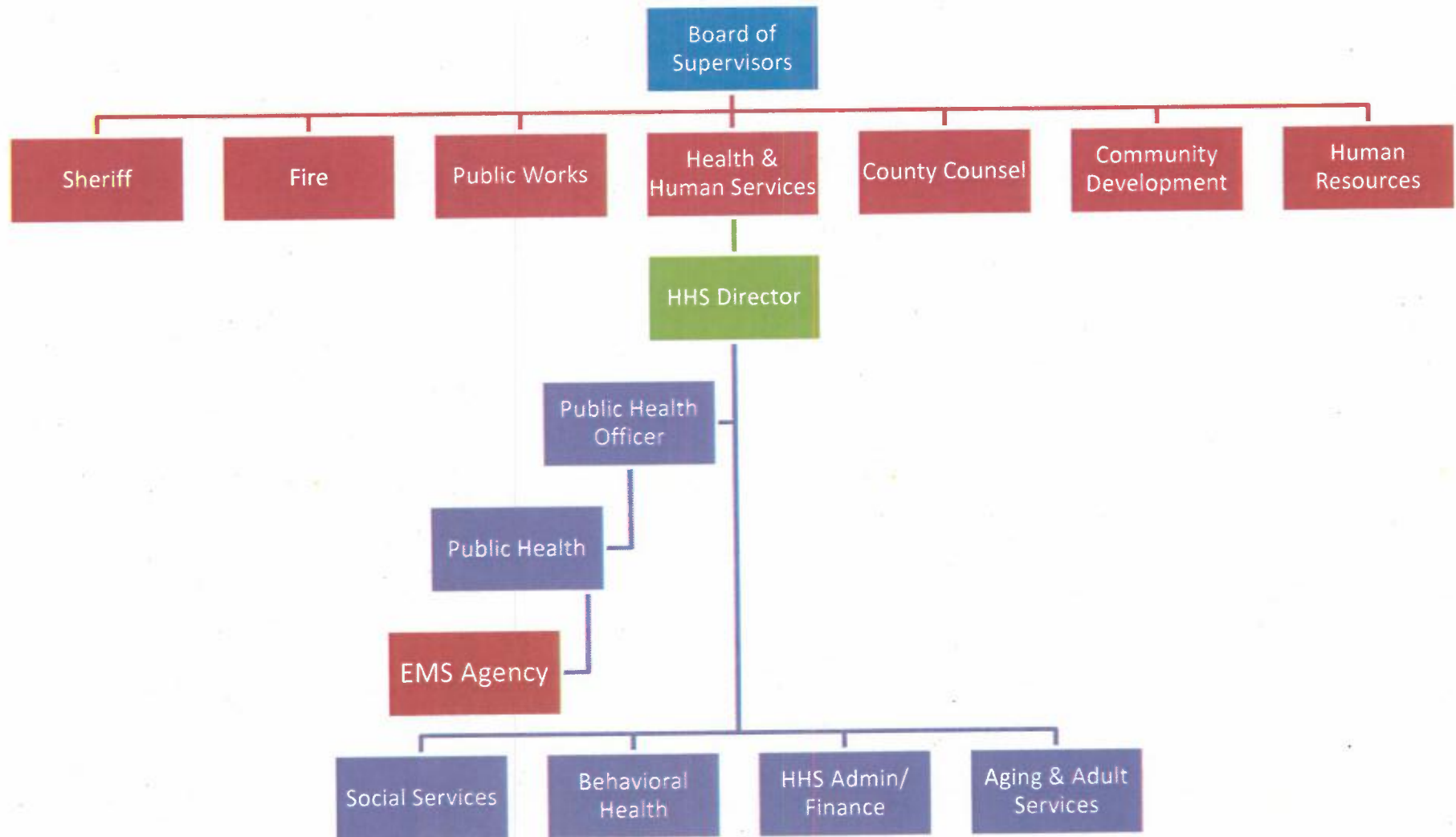


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Reporting Year: **2018**

NOTE: Table 3 is to be reported by agency.

	EMTs	AEMTs	EMT-Ps	MICN
Total Certified	See EMT Registry			
Number newly certified this year	See EMT Registry			
Number recertified this year	See EMT Registry			
Total number of accredited personnel on July 1 of the reporting year			235	
Number of certification reviews resulting in:				
a) formal investigations	3			
b) probation	3			
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
- b) Number of public safety (defib) certified (non-EMT-I)

All
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: **2018**

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: **2018**

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers **All**

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: 2018

NOTE: Table 6 is to be reported by agency.

Trauma*

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>804</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>n/a</u>
3. Number of major trauma patients transferred to a trauma center	<u>n/a</u>
4. Number of patients meeting triage criteria who were not treated at a trauma center	<u>n/a</u>

**Note: We do not break out our trauma data this way. Reporting total trauma volume only.*

Emergency Departments

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

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>0</u>
2. Number of base hospitals with written agreements	<u>3</u>

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year: 2018

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 Team²
 - 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.
Cooperative Assistance Agreement with most counties in Region II
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No

² Marin Medical Reserve Corps

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
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: **2018**

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 Number of Ambulance Vehicles in Fleet: 4
Novato, CA 94945

Phone Number: (415) 878-2690 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<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 checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" 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 checked="" 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
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Transporting Agencies

4116 Total number of responses
3281 Number of emergency responses
835 Number of non-emergency responses

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

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

Address: 1600 Los Gamos Dr. Number of Ambulance Vehicles in Fleet: 4
San Rafael, CA 94903

Phone Number: (415) 485-3307 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<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 checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" 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
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Transporting Agencies

5429 Total number of responses
4564 Number of emergency responses
865 Number of non-emergency responses

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

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

Address: 33 Castlerock Ave. Number of Ambulance Vehicles in Fleet: 2
Woodacre, CA 94973

Phone Number: (415) 499-6717 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

2196 Total number of responses
1744 Number of emergency responses
452 Number of non-emergency responses

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

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

Address: 342 Tamalpias Dr. Number of Ambulance Vehicles in Fleet: 2
Corte Madera, CA 94925

Phone Number: (415) 927-5077 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<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 checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" 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
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Transporting Agencies

292 Total number of responses
1033 Number of emergency responses
259 Number of non-emergency responses

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

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

Address: 1679 Tiburon Blvd. Number of Ambulance Vehicles in Fleet: 5
Tiburon, CA 94920

Phone Number: (415) 435-7200 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

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

<u>3522</u>	Total number of responses	<u> </u>	Total number of transports
<u>2772</u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u>750</u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

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

Address: 33 Castlerock Ave. Number of Ambulance Vehicles in Fleet: 4
Woodacre, CA 94973

Phone Number: (415) 499-6717 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<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 checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input checked="" 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
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Transporting Agencies

1344 Total number of responses
976 Number of emergency responses
368 Number of non-emergency responses

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

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

Address: 1418 Lincoln Ave. Number of Ambulance Vehicles in Fleet: 6
San Rafael, CA 94901

Phone Number: (415) 456-9333 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2-3

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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 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 type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<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
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Transporting Agencies

<u>68</u>	Total number of responses	<u> </u>	Total number of transports
<u>47</u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u>21</u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

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

Address: 17 Woodland Ave. Number of Ambulance Vehicles in Fleet: 8
San Rafael, CA 94901

Phone Number: _____ Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2-3

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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 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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<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
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Transporting Agencies

<u>30</u>	Total number of responses	<u> </u>	Total number of transports
<u>14</u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u>16</u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

County: MARIN Provider: NORCAL AMBULANCE Response Zone: ALL

Address: 655 Dubois Street Number of Ambulance Vehicles in Fleet: 4
San Rafael, CA 94901

Phone Number: (866) 755-3400 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

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

<u>12</u>	Total number of responses	<u> </u>	Total number of transports
<u>7</u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u>5</u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

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

Address: Redwood Blvd. Number of Ambulance Vehicles in Fleet: 4
San Rafael, CA 94903

Phone Number: (415) 382-8628 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

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

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

0 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

Phone Number: 707-324-2400

Number of Ambulance Vehicles in Fleet: 1 (aircraft based at Sonoma County Airport)

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

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<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 checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

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

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

County: MARIN Provider: CALSTAR Response Zone: ALL

Address: 4933 Bailey Loop Number of Ambulance Vehicles in Fleet: 1 (aircraft based at Buchanan Field-Concord)
McClellan, CA 95652

Phone Number: (916) 921-4000 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

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

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

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

Address: 3500 Airport Rd Number of Ambulance Vehicles in Fleet: 1 (aircraft based in Napa County Airport)
Napa, CA 94558

Phone Number: (707) 257-0103 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

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

12 Total number of transports
12 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 Number of Ambulance Vehicles in Fleet: 1 (aircraft based at Sonoma County Airport)
Santa Rosa, CA 95403

Phone Number: (707) 565-2511 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

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

2 Total number of transports
2 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 Number of Ambulance Vehicles in Fleet: 2 (aircraft based at CGAS -San Francisco)
San Francisco, CA

Phone Number: (650) 808-2902 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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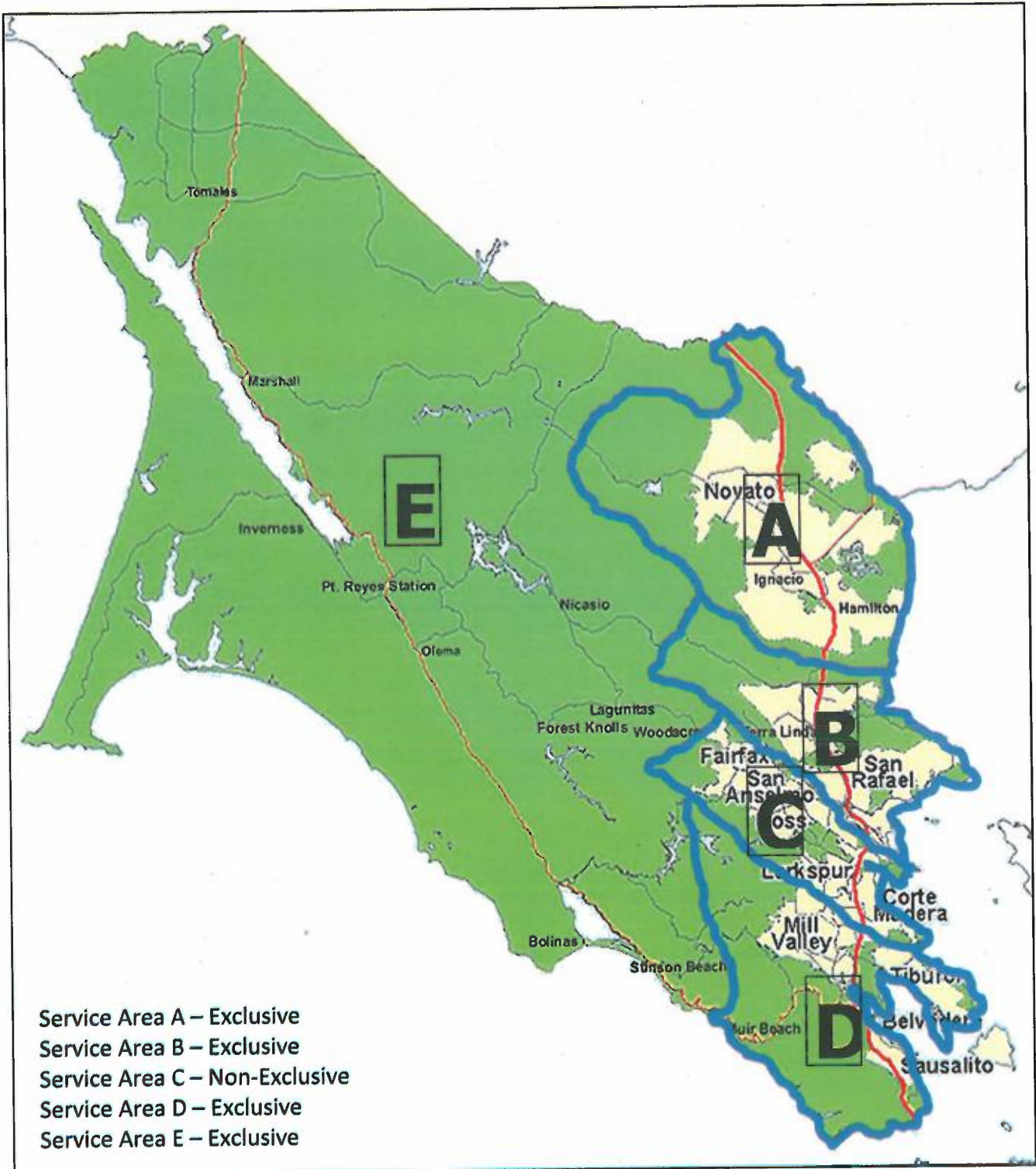
Transporting Agencies

<u>0</u> Total number of responses	<u>0</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

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

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

Marin County Paramedic Service Areas Map



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:
<i>Marin County</i>
Area or subarea (Zone) Name or Title:
<i>Paramedic Service Area C</i>
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
<i>Ross Valley Paramedic Authority, 1984+</i>
Area or subarea (Zone) Geographic Description:
<i>Unchanged from previous submission, zone map included.</i>
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.
<i>Non-exclusive area as described in 2001 correspondence between Marin EMS and California EMS Authority. History unchanged, no Board action taken.</i>
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.).
<i>Not applicable.</i>
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.
<i>Not applicable.</i>

**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.

Table 9: Resources Directory

Facilities

County: MARIN

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

Facility: MARIN GENERAL HOSPITAL **Telephone Number:** (415) 925-7000
Address: 250 Bon Air Rd.
Greenbrae, CA

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency </div> <div> <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency </div> </div>	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<div style="display: flex; justify-content: space-between;"> <div> <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 </div> </div>	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level III </div> <div> <input type="checkbox"/> Level II <input type="checkbox"/> Level IV </div> </div>
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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
Address: 99 Montecillo Rd.
San Rafael, CA 94903

Telephone Number: (415) 444-2000

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center⁴ EDAP⁵ PICU⁶	<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	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center what level: * <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
STEMI Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Stroke Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁷ EDAP⁸ PICU⁹ <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	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: 2016

Training Institution Name

Contact Person

Rosalind Hartman

Address

College of Marin
835 College Ave.
Kentfield, CA 94904

telephone no.

415-485-9326

Student Eligibility: * Open to Public	Cost of Program Basic <u> n/a </u> Refresher <u> n/a </u>	**Program Level: <u>Training Program</u> Number of students completing training per year: Initial training: 30-40 per semester Refresher: 10-20 per semester Cont. Education <u> </u> Expiration Date: <u>1-31-18</u> Number of courses: <u> </u> Initial training: <u>2 </u> Refresher: <u>2 </u> Cont. Education: <u> </u>
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Training Institution**Name**Marin County Fire Department**Address**P.O. Box 518
Woodacre, CA 94973**Contact Person**Bret McTigue**telephone no.**415-499-2975

Student Eligibility: * Restricted to Fire Personnel	Cost of Program	**Program Level: <u>Training Program</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>25</u> Cont. Education <u>Unk</u> Expiration Date: <u>12-31-18</u> Number of courses: <u> </u> Initial training: <u> </u> Refresher: <u> </u> Cont. Education: <u>On-going</u>
	Basic <u>n/a</u> Refresher <u>n/a</u>	

Training Institution**Name**Novato Fire Protection District**Address**95 Rowland Way
Novato, CA 94945**Contact Person**Deputy Chief Jeff Veliquette**telephone no.**415-878-2690

Student Eligibility: * Restricted to Fire Personnel	Cost of Program	**Program Level: <u>Training Program</u> Number of students completing training per year: Initial training: <u>None</u> Refresher: <u>Unk</u> Cont. Education <u>Unk</u> Expiration Date: <u>12-31-18</u> Number of courses: <u> </u> Initial training: <u> </u> Refresher: <u> </u> Cont. Education: <u>On-going</u>
	Basic <u>n/a</u> Refresher <u>n/a</u>	

Training Institution**Name****Address**

San Rafael Fire Department

1039 C Street

San Rafael, CA 94901

Contact Person

Chief Christopher Gray

telephone no.

415-485-3304

Student Eligibility: *

Restricted to Fire Personnel

Cost of ProgramBasic n/aRefresher n/a****Program Level:** CE Provider

Number of students completing training per year:

Initial training: NoneRefresher: UnkCont. Education UnkExpiration Date: 12-31-18Number of courses: Initial training: Refresher: Cont. Education: On-going**Training Institution****Name****Address**

Southern Marin Emergency Medical

Paramedic System

1679 Tiburon Blvd.

Tiburon, CA 94920

Contact Person

Chief Richard Pearce

telephone no.

415-435-7200

Student Eligibility: *

Restricted to Fire Personnel

Cost of ProgramBasic n/aRefresher n/a****Program Level:** Training Program

Number of students completing training per year:

Initial training: NoneRefresher: UnkCont. Education UnkExpiration Date: 5-30-18Number of courses: Initial training: Refresher: Cont. Education: On-going

Training Institution**Name****Address**Marin County Sheriff's Search & Rescue1600 Los Gamos Dr.San Rafael, CA 94903**Contact Person**Battalion Chief Michael St. John**telephone no.**415-838-3168

Student Eligibility: * Restricted to SAR team members	Cost of Program Basic <u>n/a</u> Refresher <u>n/a</u>	**Program Level: <u>CE Provider</u> Number of students completing training per year: Initial training: <u>None</u> Refresher: <u>Unk</u> Cont. Education <u>Unk</u> Expiration Date: <u>8-31-18</u> Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: <u>On-going</u>
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Training Institution**Name****Address**Otis Guy Teaching Services115 Ridge Rd.Fairfax, CA 94930**Contact Person**Otis Guy**telephone no.**415-250-2585

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

Farmhouse Teaching Services
5149 Nicasio Valley Rd.
Nicasio, CA 94946

Contact Person

Michael Seybold

telephone no.

Student Eligibility: *
Unrestricted

Cost of Program

Basic n/a

Refresher n/a

**Program Level: CE Provider

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
Address

CPR Etc.
199 Marin Valley Dr.
Novato, CA 94949

Contact Person

Carole Gathman

telephone no.

415-884-2720

Student Eligibility: *
Unrestricted

Cost of Program

Basic n/a

Refresher n/a

**Program Level: CE Provider

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

Chief Tom Roach

telephone no.

415-479-0122

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

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

Training Institution
Name
Address

Marin County EMS Agency
1600 Los Gamos Dr., Suite 220
San Rafael, CA 94903

Contact Person

Miles Julihn

telephone no.

415-473-6833

Student Eligibility: *
Unrestricted

Cost of Program

Basic n/a

Refresher n/a

****Program Level: CE Provider**

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
Address

Kaiser Permanente Medical Center
99 Montecillo Rd.
San Rafael, CA 94903

Contact Person

Kazz McDonald, RN

telephone no.

Student Eligibility: *
Unrestricted

Cost of Program

Basic n/a

Refresher n/a

****Program Level: CE Provider**

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
Address

Marin General Hospital
250 Bon Air Dr.
Greenbrae, CA 94939

Contact Person

Michelle Tracy, RN

telephone no.

415-925-7000

Student Eligibility: *
Unrestricted

Cost of Program

Basic n/a

Refresher n/a

****Program Level: CE Provider**

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: 2018

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:	<u>1600 Los Gatos Dr.</u> <u>San Rafael, CA 94903</u>			
Telephone Number:	<u>(415) 473-4123</u>			
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>24</u> EMD Training <u> </u> EMT-D <u> </u> ALS <u> </u> BLS <u> </u> LALS <u> </u> Other	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: <u> </u>	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
Ownership:				
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private				