

SAN MATEO COUNTY  
EMERGENCY MEDICAL SERVICES  
SYSTEM PLAN



San Mateo County  
Department of Health Services  
Emergency Medical Services  
725 West 17th Avenue  
San Mateo, CA 94403

# SECTION 1

## EXECUTIVE SUMMARY

**SAN MATEO COUNTY  
1995 EMS PLAN  
SECTION 1  
EXECUTIVE SUMMARY**

San Mateo County's EMS system meets the standards set forth in the EMS Authority's EMS Systems Guidelines in most categories. The system provides quality emergency medical response and care throughout the prehospital phase. The seamless services provided during this prehospital phase of the EMS system include emergency medical dispatch, fire service first response, and ground and air emergency ambulance transport. Nine emergency departments function as base hospitals and are also the receiving hospitals for the hospital phase of the emergency medical services system.

**Prehospital Phase:**

9-1-1 Access and Dispatch

There are 17 Public Service Answering Points (PSAPs) in the jurisdiction, most of which are based in city law enforcement dispatch centers. These PSAPs directly turn over medical calls to the San Mateo County Public Safety Dispatch Center (SMCPSDC) so that the caller speaks with the emergency medical dispatcher at the County Center. However, there is no mechanism in place to track the interval between call receipt and turnover.

Once the caller accesses the SMCPSDC, all events are timed and recorded on the computer-aided dispatch system (CAD) at the center. All emergency medical dispatchers are trained to the Medical Priority Dispatch, Inc. System (MPDS) level and provide expert caller interrogation, pre-arrival and post-dispatch instructions. This dispatch center directly dispatches the county-wide emergency ambulance units and the fire first responder's dispatch center. The County's dispatch center directly dispatches six (6) of the seventeen (17) fire first response agencies.

Data: No data is provided to the local EMS agency by PSAPs regarding call receipt or call turnover to the SMCPSDC. This Center's CAD data can be accessed directly by the EMS agency for purposes of time monitoring event/response times and the dispatcher medical documentation. Relevant CAD data is electronically downloaded into a centralized EMS database as part of the composite patient care record.

Fire Service First Response

There are 17 fire service agencies, all of which are active participants in the EMS system and provide medical first response. Early defibrillation, using semi-automatic defibrillators, is provided by every fire agency. A pilot project is underway in the central

portion of the county in which the EMT-I firefighters are trained to perform endotracheal intubation. Five fire service agencies now provide non-transport ALS (Woodside, Menlo Park, CDF, Millbrae, Burlingame). All five first responder ALS programs have signed agreements with the local EMS agency.

No response time standards are specified by the EMS agency for fire service ALS or BLS response. For the eleven fire service agencies that are not dispatched by the SMCPSCD, first responder dispatch data is not presently available to the EMS agency. However, it is probable that our first responders meet the response time standards specified in Standard 4.05 but we lack a mechanism to evaluate compliance. First responders follow medical protocols promulgated by the EMS medical director.

**Data:** First responder BLS programs provide medical information to the EMS agency only for early defibrillation cases and endotracheal intubation. Currently no mechanism currently exists to collect electronic data on first responder response times or patient treatment.

#### Emergency Ambulance (Ground)

The County is comprised of two emergency ambulance exclusive operating areas (EOAs). The largest EOA is countywide with the exception of the City of South San Francisco. This EOA has been awarded through periodic competitive processes beginning in 1976. The current provider is Baystar Medical Services and the contract term is 1990 - 1997. Two EMT-Ps staff each emergency ambulance. Ambulance deployment is according to the Provider's system status plan. The SMCPSCD dispatches Baystar's emergency ambulances. The response time standard is 8 minutes in urban/suburban areas, 20 minutes in rural areas, and 30 minutes in remote locations. The contract is response time performance-based with financial penalties for late responses. The service is supported entirely by user fees.

The City of South San Francisco has provided EMT-P service within its jurisdiction since 1975. Two EMT-Ps staff its ambulance. The South San Francisco ambulance is dispatched by the City's dispatch center. However, the caller is turned over to SMCPSCD for pre-arrival instructions. The zone receives backup service from Baystar when South San Francisco's ambulance is unavailable. South San Francisco turns over "BLS" calls to non-emergency ambulance personnel. There is no specified response time standard for South San Francisco.

**Data:** Baystar Medical Services provides patient care data electronically by disk to the local EMS agency. Data entry is done manually by a clerk using the EMT-P patient care record. Baystar also performs data entry for patients treated and/or transported by the City of South San Francisco and by air ambulance services.

Presently there is no mechanism to include first responder ALS patient data in the composite EMS database.

EMT-P medical direction is provided according to patient assessment and treatment protocols which include comprehensive "standing orders". All nine receiving hospitals are designated as base hospitals and EMT-Ps call the physician for consultation as needed. This model replaced the previous two-base hospital/mobile intensive care nurse model in January 1994.

### Air Ambulance

Two air ambulance providers, Lifeflight and CALSTAR, regularly respond into the County upon request. Both providers staff their units with a pilot and two registered nurses.

### **Hospital Phase**

Nine hospitals receive emergency ambulance patients. All nine hospitals are designated base hospitals and are active participants in the EMS system. Seven of these facilities are located in San Mateo County and are licensed basic emergency departments. One is a standby facility and is located on the sparsely populated coastside. One, Stanford University Hospital, is located just south of the county border and is a comprehensive emergency department. All hospitals, with the exception of the standby coastside facility, meet state standards for "Emergency Departments Able to Accept Pediatric Patients".

There are no "specialty centers" within San Mateo County. We are presently in the process of designating three out-of-county hospitals as "Pediatric Critical Care Centers". There are no burn or spinal cord injury centers within the county. Stanford is a Level I trauma center for Santa Clara County.

We are presently pursuing the development and implementation of a formal trauma system. A committee has been formed and a consultant hired. Several options are being considered including in-county and out-of-county centers.

**Data:** The only patient outcome information currently collected from hospitals is for early defibrillation cases. There is presently no mechanism in place for other data collection from hospitals.

### **Primary Areas for Improvements for Annual Update to the Plan**

Three primary areas are identified for improvement. These are outlined in detail within the plan and include:

- 1) tracking of PSAP call turnover and first responder response times
- 2) data retrieval and analysis
- 3) a trauma system plan.

## SAN MATEO COUNTY

### EMS PLAN 1995

#### OBJECTIVES

- 1.06.a. To complete update to the plan and submit to EMSA by requested due date (unknown).
- 1.07.a. To complete a trauma plan for San Mateo County.
- 1.07.b. To work with emergency ambulance provider to ensure complete and accurate EMS data entry on trauma patients.
- 1.10.a. To solicit information from the EMSA, other local EMS agencies, and the Division of Aging and Adult Services as to what type of services would be beneficial and for what populations they are intended.
- 1.11.a. To form an Action Team that includes representatives of each EMS component to assist the EMS staff in revising the EMS policy and procedure manual.
- 1.12.a. To form an EMS data action team to develop a system-wide data plan that includes all EMS components.
- 1.13.a. To continue to facilitate and host action teams and other committees.
- 1.13.b. To continue to create an atmosphere of open communication and trust.
- 1.13.c. To conduct customer surveys to determine the system needs/concerns/issues.
- 1.15.a. To establish an action team to specifically address issues pertaining to non-emergency ambulance services; to evaluate the current status; and to make recommendations.
- 1.18.a. To convene a Data Action Team to include computer programming experts, emergency ambulance providers, first responder ALS, first responder BLS, PSAPs, hospitals, emergency medical dispatchers, and non-emergency ambulance service providers to study data issues and recommend solutions.
- 1.18.b. To develop a strategy for development, acquisition, and implementation of electronic data linkages, data entry, and reporting.
- 1.18.c. To assist EMS system components to develop and implement QI/QA plans for

their services.

- 1.22.a. To form an action team to design and implement training programs for SIDS for all levels of prehospital personnel.
- 1.22.b. To form an action team to design and implement training programs for child abuse, elder abuse, and domestic violence.
- 1.22.c. To develop policies on SIDS, domestic violence, child abuse, and elder abuse in collaboration with the Division of Aging and Adult Services, the Medical Advisory Committee, EMCC, and EMS-C Committee.
- 1.23.a. To revise the interfacility transfer policy.
- 1.27.a. To complete the designation process for three pediatric critical care centers.
- 1.27.b. To re-evaluate San Mateo County receiving hospitals regarding their pediatric capabilities.
- 1.28.a. To complete an RFP process for emergency ambulance service to begin January 1998.
- 2.04.a. To establish an Action Team of non-emergency ambulance providers regarding non-emergency ambulance call taking and dispatch.
- 2.04.b. To ensure and implement standards for non-emergency ambulance providers call taking and dispatch and to monitor their compliance.
- 2.13.a. To formally request a waiver of the standard as it relates to radio communication training for physicians.
- 3.05.a. To encourage hospitals to develop transfer agreements and consultative relationships with tertiary specialty centers (e.g. pediatric critical care centers).
- 4.05.a. To obtain first responder dispatch and response time data.
- 4.05.b. To specify first responder (with early defibrillation capability) response time standard.
- 4.07.a. To convene an action team of industrial first aid representatives to determine needs, identify resources, and develop integrated medical response.
- 4.13.a. To begin dialogue on developing written medical mutual aid agreements with the counties of San Francisco, Alameda, Santa Clara, and Santa Cruz. Participants

should include EMS Administrators, County Counsels, and County Managers.

- 4.18.a. To reevaluate feasibility of non-emergency ambulance ordinance.
- 5.06.a. To form a task force comprised of San Mateo County hospitals, the SMCPSSDC, San Mateo County ambulance providers, San Mateo County non-medical transportation providers, and adjacent county EMS agencies to develop and implement a hospital evacuation plan.
- 5.08.a. To complete a trauma plan for San Mateo County.
- 5.08.b. To work with the countywide emergency ambulance provider to ensure complete and accurate EMS data entry on trauma patients.
- 5.09.a. To forward Hospital Consortium Trauma Committee recommendations regarding trauma system planning to EMCC.
- 5.09.b. To forward any trauma system recommendation to Board of Supervisors following EMCC review and recommendation.
- 5.10.a. To revisit emergency departments to determine progress and compliance with the standards.
- 5.10.b. To facilitate the development of pre-established transfer agreements between local acute care hospitals and PCCCs.
- 5.10.c. To develop criteria to identify patients who should be secondarily transferred to a designated center after initial evaluation and stabilization.
- 5.10.d. To identify tertiary care centers for pediatric critical care.
- 5.10.e. To develop a plan for monitoring and evaluation of the EMS-C system.
- 5.10.f. To develop standards for pediatric emergency equipment and training for BLS first responders.
- 5.11.a. To identify pediatric data to be collected from emergency departments.
- 5.11.b. To develop a mechanism for data collection from EDs and PCCCs.
- 5.12.a. To present the EMS for Children Program to the County Medical Society.
- 6.01.a. To establish an EMS Data Action Team to develop a strategic plan for a paperless comprehensive EMS database linking all EMS components and data into patient

medical records through a WAN.

- 6.01.b. To develop a funding method for WAN hardware and software development.
- 7.02.a. Seek funding sources for continuation of EMS injury prevention efforts.
- 8.07.a. Working with other San Francisco Bay Area local EMS agencies, develop a communications plan for intercounty interagency communication during disaster operations.
- 8.08.a. Assist local hospitals to develop plans and agreements for disaster medical supply procurement.
- 8.08.b. Assist Baystar Medical Services to establish a disaster supply packaging system.
- 8.08.a. Assist local hospitals to develop plans and agreements for disaster medical supply procurement.
- 8.16.a. Review each acute care hospital's guidelines for management of significant medical incidents and associated personnel training programs.
- 8.16.b. Review emergency ambulance provider's internal disaster plan and MCI/disaster training plans.
- 8.17.a. Expand current policy regarding ALS intervention for EMT-Ps in medical mutual aid incidents to include all counties adjacent to San Mateo.
- 8.17.b. Develop policy regarding ALS intervention for EMT-Ps responding into San Mateo County upon request in response to a significant medical incident.
- 8.17.a. Incorporate specialty centers into the disaster medical response plan at such time that specialty centers are designated.
- 8.19.a. Add a statement to the disaster medical response plan and all corresponding EMS policies, and to future emergency ambulance Request for Proposals and ensuing written agreements, waiving exclusivity during large-scale significant medical incidents.

**SECTION 2**  
**ASSESSMENT OF SYSTEM**

**TABLE I.**

**COUNTY OF SAN MATEO**

**EMS PLAN**

**TABLE OF CONTENTS**

**SECTION 2. ASSESSEMENT OF SYSTEM**

**A. SYSTEM ORGANIZATION AND MANAGEMENT . . . . . 1**

1.01 LEMSA Structure . . . . . 1

1.02 LEMSA Mission . . . . . 3

1.03 Public Input . . . . . 4

1.04 Medical Director . . . . . 5

1.05 System Plan . . . . . 7

1.06 Annual Plan Update . . . . . 9

1.07 Trauma Planning . . . . . 10

1.08 ALS Planning . . . . . 12

1.09 Inventory of Resources . . . . . 13

1.10 Special Populations . . . . . 14

1.11 System Participants . . . . . 15

1.12 Review and Monitoring . . . . . 17

1.13 Coordination . . . . . 17

1.14 Policy and Procedures Manual . . . . . 19

1.15 Compliance with Policies . . . . . 20

1.16 Funding Mechanism . . . . . 22

1.17 Medical Direction . . . . . 23

1.18 QA/QI . . . . . 25

1.19 Policies, Procedures, Protocols . . . . . 27

1.20 DNR Policy . . . . . 28

1.21 Determination of Death . . . . . 29

1.22 Reporting of Abuse . . . . . 30

1.23 Interfacility Transfers . . . . . 32

1.24 ALS Systems . . . . . 33

1.25 On-Line Medical Direction . . . . . 35

1.26 Trauma System Plan . . . . . 36

1.27	Pediatric System Plan .....	38
1.28	EOA Plan .....	40
<b>B. STAFFING/TRAINING .....</b>		<b>42</b>
2.01	Assessment of Needs .....	42
2.02	Approval of Training .....	43
2.03	Personnel .....	44
2.04	Dispatch Training .....	45
2.05	First Responder Training .....	47
2.06	First Responder Response .....	48
2.07	First Responder Medical Control .....	49
2.08	EMT-I Training .....	50
2.09	CPR Training (Hospital) .....	51
2.10	Advanced Life Support (Hospital) .....	52
2.11	Accreditation Process .....	56
2.12	Early Defibrillation .....	57
2.13	Base Hospital Personnel .....	58
<b>C. COMMUNICATIONS EQUIPMENT .....</b>		<b>59</b>
3.01	Communications Plan .....	59
3.02	Radios .....	61
3.03	Interfacility Transfer .....	61
3.04	Dispatch Center .....	63
3.05	Hospitals .....	64
3.06	MCI/Disasters .....	65
3.07	9-1-1 Planning/Coordination .....	66
3.08	9-1-1 Public Education .....	67
3.09	Dispatch Triage .....	68
3.10	Integrated Dispatch .....	69
<b>D. RESPONSE/TRANSPORTATION .....</b>		<b>70</b>
4.01	Service Area Boundaries .....	70
4.02	Monitoring .....	71
4.03	Classifying Medical Requests .....	72
4.04	Prescheduled Responses .....	73

4.05	Response Time Standards	74
4.06	Staffing	77
4.07	First Responder Agencies	78
4.08	Medical & Rescue Aircraft	79
4.09	Air Dispatch Center	81
4.10	Aircraft Availability	82
4.11	Specialty Vehicles	83
4.12	Disaster Response	85
4.13	Intercounty Response	86
4.14	Incident Command System	87
4.15	MCI Plans	88
4.16	ALS Staffing	89
4.17	ALS Equipment	90
4.18	Compliance	91
4.19	Transportation Plan	92
4.20	"Grandfathering"	93
4.21	Compliance	94
4.22	Evaluation	95

E. FACILITIES/CRITICAL CARE . . . . . 96

5.01	Assessment of Capabilities	96
5.02	Triage & Transfer Protocols	97
5.03	Transfer Guidelines	98
5.04	Specialty Care Facilities	100
5.05	Mass Casualty Management	101
5.06	Hospital Evacuation	102
5.07	Base Hospital Designation	103
5.08	Trauma System Design	104
5.09	Public Input	107
5.10	Pediatric Emergency Medical and Critical Care System	108
5.11	Emergency Departments	112
5.12	Public Input	114
5.13	Specialty System Design	115
5.14	Public Input	117

F. DATA COLLECTION/SYSTEM EVALUATION .....	118
6.01 QA/QI Program .....	118
6.02 Prehospital Records .....	120
6.03 Prehospital Care Audits .....	121
6.04 Medical Dispatch .....	122
6.05 Data Management System .....	123
6.06 System Design Evaluation .....	125
6.07 Provider Participation .....	126
6.08 Reporting .....	127
6.09 ALS Audit .....	128
6.10 Trauma System Evaluation .....	129
6.11 Trauma Center Data .....	130
G. PUBLIC INFORMATION AND EDUCATION .....	131
7.01 Public Information Materials .....	131
7.02 Injury Control .....	132
7.03 Disaster Preparedness .....	134
7.04 First Aid & CPR Training .....	135
H. DISASTER MEDICAL RESPONSE .....	136
8.01 Disaster Medical Planning .....	136
8.02 Response Plans .....	137
8.03 HazMat Training .....	138
8.04 Incident Command System .....	139
8.05 Distribution of Casualties .....	140
8.06 Needs Assessment .....	141
8.07 Disaster Communications .....	142
8.08 Inventory of Resources .....	144
8.09 DMAT Teams .....	145
8.10 Mutual Aid Agreements .....	146
8.11 CCP Designation .....	147
8.12 Establishment of CCPs .....	148
8.13 Disaster Medical Training .....	149
8.14 Hospital Plans .....	150
8.15 Interhospital Communications .....	151

8.16	Prehospital Agency Plans .....	152
8.17	ALS Policies .....	154
8.18	Specialty Care Roles .....	155
8.19	Waiving Exclusivity .....	156

## **A. SYSTEM ORGANIZATION AND MANAGEMENT**

### **STANDARD: 1.01 LEMSA Structure**

**MINIMUM STANDARD:** Each local EMS agency shall have a formal organizational structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

**RECOMMENDED STANDARD:** NONE SPECIFIED

### **CURRENT STATUS: STANDARD MET**

The County of San Mateo has designated its Department of Health Services as its local EMS agency. The EMS program reports directly to the Director of Health Services.

The EMS program staff includes an:

- 1 F.T.E. EMS Administrator who is a registered nurse with over 20 years experience in emergency medical services (clinical and administrative)
- 1 F.T.E. Assistant EMS Administrator who is an EMT-P with over 9 years experience in EMS (clinical and administrative)
- 1 F.T.E. EMS Program Specialist who has 4 years administrative experience in EMS and who possesses a baccalaureate degree in health care administration with a specialty in emergency medical services
- 1 F.T.E. Administrative Secretary who has worked in the EMS agency over 10 years
- 0.25 F.T.E. EMS Medical Director who is a board certified emergency physician having over 20 years experience in emergency medical services in a variety of capacities (physician, EMT-I, volunteer firefighter, flight physician)

The local EMS agency is assisted in its duties by excellent resources within the Department of Health Services and through the liaison and participation of outside resources including:

- SMCPSDC
- Office of Emergency Services (a Joint Powers Agency of the County and all Cities within the County)
- County-wide Emergency Ambulance Provider (administrative, clinical, and field personnel)
- 17 Fire Service Agencies (administrative, training, and line personnel)
- Hospital Consortium of San Mateo
- 9 Receiving Hospitals (emergency department physicians and nurses)
- 2 Air Ambulance Providers
- EMT-P Training Program
- EMT-I Training Programs
- Emergency Medical Care Committee
- Medical Advisory Committee
- Operations Committee
- Ad Hoc Action Teams

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

Continued collaboration, support, cooperation, and participation of the above entities.

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

**STANDARD: 1.02 LEMSA Mission**

**MINIMUM STANDARD:** Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement and evaluation processes to identify needed system changes.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS:** STANDARD MET

The local EMS agency has identified the following mission statement:

**TO ENSURE THE HIGHEST QUALITY  
EMERGENCY MEDICAL CARE  
TO THE PEOPLE OF SAN MATEO COUNTY  
THROUGH AN INTEGRATED  
AND COORDINATED SYSTEM OF SERVICES.**

The EMS agency carries out these activities by providing leadership, facilitation, mediation, and evaluation. Most activities involve the active participation of the EMS components listed in 1.01.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

Continued collaboration, support, cooperation, and participation of the entities described in 1.01.

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 1.03 Public Input**

**MINIMUM STANDARD:** Each local EMS agency shall have a mechanism (including the emergency medical care committee(s) and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies, and procedures, as described throughout this document.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

There are numerous sources used to seek and obtain appropriate input including, but not limited to:

- Emergency Medical Care Committee
- Medical Advisory Committee
- Operations Committee
- Ad-hoc Action Teams
- Other Department of Health Services Divisions
- EMS Forum (ambulance EMT-Ps, ambulance EMT-Is, fire service EMT-Ps, fire service EMT-Is, emergency medical dispatchers, flight nurses, hospital emergency physicians and nurses)
- Fire Chiefs Association

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEEDS:**

Continued collaboration, support, cooperation, and participation of the above entities.

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

**STANDARD: 1.04 Medical Director**

**MINIMUM STANDARD:** Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

**RECOMMENDED STANDARD:** The local EMS agency medical director should have administrative experience in emergency medical services systems. Each local EMS medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and prehospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

**CURRENT STATUS: RECOMMENDED STANDARD MET**

The EMS Medical Director is a board certified emergency physician having over 20 years experience in emergency medical services in a variety of capacities (physician, EMT-I, volunteer firefighter, flight physician). The EMS Medical Director also possesses EMS administrative experience in his capacity as Director of an Emergency Physicians Group practice. He joined the San Mateo EMS Agency over five years ago.

Physicians and other non-physician providers, with expertise in many specialties, are active and valuable contributors in our EMS system. Examples include:

- Medical Advisory Committee includes an emergency physician and nurse manager from each receiving/base hospital, ALS provider management, first responder and emergency ambulance EMT-Ps.
- Operations Committee includes fire service EMT-Is and EMT-Ps, ambulance service EMT-Ps, emergency medical dispatchers, emergency department nurses, fight nurses.
- EMS for Children Committee includes emergency physicians, emergency pediatricians(combined), pediatric intensivists, PCCC nurses, EMT-Ps.
- Trauma Planning Committee (at Hospital Consortium) includes an administrator, surgeon, and emergency physician from each hospital.
- Clinical Review Committee includes the quality improvement coordinators of each ALS provider and their medical directors, the EMS medical director, and EMS agency assistant administrator.

- 5150 Action Team includes psychiatrists, emergency physicians, mental health division staff, emergency department nurses, psychiatric nurses, EMT-Is, EMT-Ps, law enforcement personnel, emergency medical dispatchers.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

**SAN MATEO COUNTY**  
**EMERGENCY MEDICAL SERVICES**  
**SYSTEM PLAN**  
**March 1995**

**EMS Agency**  
**Department of Health Services**  
**225 W. 37th Avenue**  
**San Mateo, 94403**

**STANDARD: 1.05 System Plan**

MINIMUM STANDARD: Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority. The plan shall:

- a) assess how the current system meets these guidelines,
- b) identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
- c) provide a methodology and timeline for meeting those needs

RECOMMENDED STANDARD: NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

An EMS Plan was completed in 1986 and remains on file. The 1995 plan is the entire document contained herein. The 1995 plan will be reviewed and by the EMCC and Board of Supervisors prior to its final adoption.

EMS targeted categories (as identified in the Guidelines) are addressed within the plan (see 5.13)

Acute Cardiopulmonary Emergencies

Multisystem Trauma (1.09)

Burns

Craniospinal Injuries

Poisonings

Neonatal and Pediatric Emergencies

Acute Psychiatric and Behavioral Emergencies

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

**STANDARD: 1.06 Annual Plan Update**

**MINIMUM STANDARD:** Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS:** STANDARD MET

See 1.05.

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEED(S):**

- 1.06.a. To complete update to the plan and submit to EMSA by requested due date (unknown).

**TIMEFRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

**STANDARD: 1.07 Trauma Planning**

**MINIMUM STANDARD:** The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

**RECOMMENDED STANDARD:** The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

**CURRENT STATUS: STANDARD MET**

All receiving hospitals receive trauma patients who are taken to the closest hospital. A trauma study conducted before 1988 recommended that San Mateo County not pursue designation of trauma centers. The study made other recommendations including shorter trauma surgeon response times and ATLS training for all trauma surgeons and emergency physicians.

One receiving hospital, Stanford University Hospital, is located in Santa Clara County and is designated as a Level I Trauma Center by Santa Clara. This hospital receives a significant number of trauma patients from the southern portion of San Mateo County. San Francisco General Hospital, to the north, is also a designated Level 1 Trauma Center. San Francisco General Hospital currently receives a small number of San Mateo trauma patients; patients are transported there when it is the closest facility to the incident.

The EMS Medical Director conducted a second trauma study in 1991 using retrospective data (1989-1990). It concluded that of the 39 trauma deaths occurring in a one year period, two were possibly preventable and two were probably preventable (although one of these occurred prior to transport of the patient). The study showed a fairly low frequency of major trauma in the system; 1,328 trauma patients with 328 having a major injury.

In September 1994, a receiving hospital located in Redwood City notified the EMS Agency that its surgeons were no longer willing to take "trauma call". Transport of major trauma patients to that facility was discontinued immediately. Closure of this facility to major trauma has not significantly impacted the system due to the relatively small number of major trauma patients and number of other receiving hospitals continuing to accept trauma patients.

The change to the system has provided an opportunity to reconsider the formal designation of trauma centers. A consultant has been hired and several options are being considered. These options include: 1) status quo; 2) designation of trauma centers located outside the County; 3) designation of a San Mateo County hospital as a trauma center; and 4) establishing a San Mateo County hospital as a satellite of an existing trauma center located outside the County.

One problem encountered by the Committee is the quality of trauma patient data available from within the EMS database. The county-wide emergency ambulance provider agreed to provide electronic data to our agency within its contract. The data for the time period of the above study proved to be incomplete and inaccurate.

**COORDINATION WITH OTHER EMS AGENCIES:**

Should an option for trauma care be selected that involves trauma centers located in either San Francisco or Santa Clara counties, we will coordinate our activities with them.

**NEED(S):**

1. In order for a trauma plan to be developed and implemented we will need the support and cooperation of San Mateo County receiving hospitals (administration and medical staffs).
2. Should an option be selected that involves trauma centers outside of San Mateo County, we will need the cooperation and participation of those trauma centers and the EMS agencies in whose jurisdiction the centers are located.
3. In order to complete planning for the possible designation of trauma centers we will need accurate, complete, and reliable data regarding the number and type of trauma patients.

**OBJECTIVE:**

- 1.07.a. To complete a trauma plan for San Mateo County.
- 1.07.b. To work with emergency ambulance provider to ensure complete and accurate EMS data entry on trauma patients.

**TIMEFRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

**STANDARD: 1.08 ALS Planning**

**MINIMUM STANDARD:** Each local EMS Agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

Advanced life support services (ALS) have been available throughout our jurisdiction for almost two decades. Two EMT-Ps staff each emergency ambulance.

A new type of ALS provider was added to several areas of the County this year: fire service ALS first responders (non transport). Areas currently having this level of service are the Woodside Fire Protection District, Menlo Park Fire Protection District, and unincorporated portions of the County served by the California Department of Forestry. In October 1995, the cities of Burlingame and Millbrae will also begin ALS first response. We anticipate a first responder ALS non-transport program this fall at the San Francisco International Airport provided by the City and County of San Francisco Department of Public Health.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

Continued participation, collaboration, and support of ambulance providers and fire service agencies.

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 1.09 Inventory of Resources**

**MINIMUM STANDARD:** Each local EMS agency shall develop a detailed inventory of EMS resources (e.g. personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS:**

See tables 3, 6, 8, 11, and 11a.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 1.10 Special Populations**

**MINIMUM STANDARD:** Each EMS agency shall identify population groups served by the EMS system which require specialized services (e.g. elderly, handicapped, children, non-English speakers).

**RECOMMENDED STANDARD:** Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g. elderly, handicapped, children, non-English speakers).

**CURRENT STATUS: STANDARD NOT MET**

No formal identification of population groups requiring specialized services has been undertaken, although we are aware of some existing programs (e.g. language listings). Some work had been accomplished with the Division of Aging and Adult Services in developing a registry of disabled persons throughout the jurisdiction.

It would be helpful to learn what special population specialized services are envisioned by the EMSA and what work other local EMS systems have done in this area.

**COORDINATION WITH OTHER EMS AGENCIES:**

Survey other local EMS agencies to determine what work they have done in this area.

**NEED(S):**

Information from other local EMS agencies and the EMSA. Assistance from the Division of Aging and Adult Services.

**OBJECTIVE:**

- 1.10 To solicit information from the EMSA, other local EMS agencies, and the Division of Aging and Adult Services as to what type of services would be beneficial and for what populations they are intended.

**TIMEFRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

**STANDARD: 1.11 System Participants**

**MINIMUM STANDARD:** Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

**RECOMMENDED STANDARD:** Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

**CURRENT STATUS: MINIMUM STANDARD MET**

Roles of system participants are generally identified through written agreements and in policies and procedures. These documents describe roles and responsibilities of system participants, facility designation, and exclusive operating areas. Better clarity and detail regarding these topics will be incorporated into the EMS Policy and Procedure Manual as it is revised this year.

Clarity is also needed in the form of an executed agreement with the City of South San Francisco as an approved EMT-P Service Provider.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

1. Participation of representatives of all system components to participate in the development and review of a revised EMS Policy and Procedure Manual.
2. Cooperation of the City of South San Francisco to enter into a written agreement with the local EMS agency.

**OBJECTIVE:**

- 1.11.a. To form an Action Team that includes representatives of each EMS component to assist the EMS staff in revising the EMS policy and procedure manual.
- 1.11.b. To establish a written agreement with the City of South San Francisco as an approved ALS service provider.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 1.12 Review and Monitoring**

**MINIMUM STANDARD:** Each local EMS agency shall provide for review and monitoring of EMS system operations.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

The local EMS agency continually provides for review and monitoring of EMS system operations. This occurs in a variety of ways such as:

- Provider based QI/QA programs approved by the local EMS agency
- Investigation of incidents reported to the local EMS agency
- System-wide QI activities such as performed by the Medical Advisory Committee
- Ad Hoc Action Teams
- Certification/Accreditation Activities
- Educational programs
- Collection and analysis of data

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

1. Accurate and complete data.
2. Continued collaboration, cooperation, and participation of all EMS components.

**OBJECTIVE:**

- 1.12.a. To form an EMS Data Action Team to develop a system-wide data plan that includes all EMS components.

**TIMEFRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

**STANDARD: 1.13 Coordination**

**MINIMUM:** Each local EMS agency shall coordinate EMS system operations.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

This function is carried out continually by the EMS staff through open communications with system participants, action teams, and on-going committees such as the EMCC, Medical Advisory Committee, Operations Committee, EMS for Children, etc.

**COORDINATION WITH OTHER EMS AGENCIES:**

Frequent and open communication occurs between Bay Area EMS agencies.

**NEED(S):**

Continued collaboration, cooperation, and participation of all EMS components.

**OBJECTIVE:**

- 1.13.a. To continue to facilitate and host action teams and other committees.
- 1.13.b. To continue to create an atmosphere of open communication and trust.
- 1.13.c. To conduct customer surveys to determine the system needs/concerns/issues.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 1.14 Policy and Procedures Manual**

**MINIMUM:** Each local EMS agency shall develop a policy and procedures manual which includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all providers (including public safety agencies, ambulance services, and hospitals) within the system.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

There is an existing EMS policy and procedure manual. The manual is provided to all agencies and to EMT-Ps at the time of accreditation. The manual is also available to anyone requesting the document. A mailing list is used to send updated policies to manual holders.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

Participation of individuals representing system components on an Action Team responsible for updating the Policy and Procedures Manual.

**OBJECTIVE:**

- 1.14.a. To recruit and implement an Action Team comprised of appropriate representatives of our EMS system components to revise the existing EMS Policy and Procedure Manual.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 1.15 Compliance with Policies**

**MINIMUM STANDARD:** Each EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

The local EMS agency is able to review, monitor, and enforce compliance with system policies primarily through written agreements with system components (e.g. county-wide emergency ambulance provider, first responder ALS programs, and base hospitals). It is somewhat more difficult to carry out these activities with components either not required to have written agreements (e.g. non-emergency ambulance services, PSAPs).

The local EMS agency, in cooperation with each EMS system component's QI personnel, continually reviews performance of the components for compliance with standards.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

1. An improved mechanism for mandating compliance with standards, policies, and procedures for those components not having written agreements with the local EMS agency.
2. Improved state legislation in these areas.

**OBJECTIVE:**

- 1.15.a. To establish an Action Team to specifically address issues pertaining to non-emergency ambulance services; to evaluate the current status; and to make recommendations.

See 1.11.b

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 1.16 Funding Mechanism**

**MINIMUM STANDARD:** Each local EMS agency shall have a funding mechanism which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

Minimal county general funds (\$5,312) are contained in the EMS program FY 1995-96 budget. The program budget is relatively small due to the small staff and our reliance on the participation of system component participants. The total program expense for FY 1995-96 is projected to be \$561,864 (which includes \$36,919 of grant funded activity). The total revenues for FY 1995-96 are projected as follows:

Fees (EMT-I certification, EMT-P Accreditation, etc.)	\$ 7,000
EMS Fund (10% administration and portion of 17% "other")	\$412,726
Contractor Ambulance Fines	\$ 98,211
Grant Funds	\$ 36,919

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

Continued funding mechanism as above.

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

**STANDARD: 1.17 Medical Direction**

**MINIMUM STANDARD:** Each local EMS agency shall plan for medical direction with the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of prehospital and hospital providers.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

Prior to January 1994, San Mateo County had two base hospitals conforming to the usual California model for on-line medical control. Mobile intensive care nurses provided most on-line medical direction to EMT-Ps. In 1993, one of the two base hospitals informed the EMS agency that it wished to withdraw its base hospital designation. The remaining base hospital stated that it was not willing to be the single base hospital for the entire system.

This situation offered an opportunity to use the "Plan, Do, Study, Act" continuous quality improvement model to address the issue. An Action Team was formed, surveys conducted, data collected, and evaluated. As a result a new model for on-line medical control was implemented. We are presently in the process of evaluating this model.

Prospective medical control is provided through written policies and patient treatment protocols. These are developed by a subcommittee of the Medical Advisory Committee comprised of emergency physicians and paramedics. The patient treatment protocols permit paramedic practice according to "standing orders" detailed in the protocols.

Immediate medical control, or "on-line" medical control, is provided by the emergency physician who will receive the patient. All nine San Mateo County receiving hospitals are designated base hospitals. Paramedics are encouraged to contact the physician for "consultation" on an as needed basis rather than calling for "permission" to treat. This on-line communication is conducted via cellular telephone from the prehospital setting. Feedback to date has been very positive with paramedics citing improved and more timely patient treatment as well as an improved quality of medical direction as compared to the previous system. The new model is generally well received by the hospital physicians and nurses.

Retrospective medical control is provided at several different levels. This occurs at the receiving hospitals through their evaluation of prehospital care, by the provider's QI program, by the EMS agency staff and medical director as needed, and via system-wide multidisciplinary committee review.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

Continued collaboration, cooperation, and participation of EMT-Ps and receiving hospital physicians.

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

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**STANDARD: 1.18 QA/QI**

**MINIMUM STANDARD:** Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of prehospital and hospital providers.

*Wrong Stan; see next page, which was faxed upon request w/correct std. cited.*

**RECOMMENDED STANDARD:** Prehospital care providers should be encouraged to establish in-house procedures which identify methods of improving the quality of care provided.

**CURRENT STATUS: RECOMMENDED STANDARD MET**

We have spent considerable time over the last four years planning and developing approaches to agency and system quality improvement (QI). Many of these activities are explained in detail in the EMS Quality Improvement Users' Manual published through our state grant funded EMS Quality Improvement Project.

Key players from EMS components have received substantial training in QI philosophy and methods. Our Medical Advisory Committee uses a QI approach in its meeting process and in studying medical issues and systems problems. A number of action teams have utilized the QI Model to study a process, alter it, and study the effects. These teams include Base Hospital Alternatives, 5150, ALS First Responder Implementation, and Multicasualty Incident Debriefing.

Each EMS component provider is responsible for developing and implementing its own internal QI plan. These plans are reviewed and approved by the local EMS agency. The emergency ambulance providers and the SMCPSDC currently have plans in place.

The EMS system database is useful in obtaining certain system information (e.g. CAD data for emergency ambulance response times). However, certain information is either not available, not easily accessed, incomplete, or inaccurate. Plans are in place to replace current software with software that is more "user friendly". Certain system components do not currently provide electronic data (first responder ALS, first responder BLS, PSAPs, hospitals, non-emergency ambulance).

**COORDINATION WITH OTHER EMS AGENCIES:**

Continue to liaison with other local EMS agencies regarding database development and experience.

**NEED(S):**

San Mateo County EMS Agency  
EMS Plan - 1995  
Appendix I  
Page 25

**STANDARD: 1.18 QA/QI**

**MINIMUM STANDARD:** Each local EMS agency shall establish a quality assurance/quality improvement program. This may include use of provider based programs which are approved by the local EMS agency and which are coordinated with other system participants.

**RECOMMENDED STANDARD:** Prehospital care providers should be encouraged to establish in-house procedures which identify methods of improving the quality of care provided.

**CURRENT STATUS: RECOMMENDED STANDARD MET**

We have spent considerable time over the last four years planning and developing approaches to agency and system quality improvement (QI). Many of these activities are explained in detail in the EMS Quality Improvement Users' Manual published through our state grant funded EMS Quality Improvement Project.

Key players from EMS components have received substantial training in QI philosophy and methods. Our Medical Advisory Committee uses a QI approach in its meeting process and in studying medical issues and systems problems. A number of action teams have utilized the QI Model to study a process, alter it, and study the effects. These teams include Base Hospital Alternatives, 5150, ALS First Responder Implementation, and Multicasualty Incident Debriefing.

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The EMS system database is useful in obtaining certain system information (e.g. CAD data for emergency ambulance response times). However, certain information is either not available, not easily accessed, incomplete, or inaccurate. Plans are in place to replace current software with software that is more "user friendly". Certain system components do not currently provide electronic data (first responder ALS, first responder BLS, PSAPs, hospitals, non-emergency ambulance).

**COORDINATION WITH OTHER EMS AGENCIES:**

Continue to liaison with other local EMS agencies regarding database development and experience.

**NEED(S):**

Improved database software, electronic data linkages, computer hardware at remote locations, support, cooperation, and collaboration of emergency ambulance provider, first responder ALS, first responder BLS, PSAPs, hospitals, and non-emergency ambulance providers.

**OBJECTIVE:**

- 1.18.a. To convene a Data Action Team to include computer programming experts, emergency ambulance providers, first responder ALS, first responder BLS, PSAPs, hospitals, emergency medical dispatchers, and non-emergency ambulance service providers to study data issues and recommend solutions.
- 1.18.b. To develop a strategy for development, acquisition, and implementation of electronic data linkages, data entry, and reporting.
- 1.18.c. To assist EMS system components to develop and implement QI/QA plans for their services.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 1.19 Policies, Procedures, Protocols**

**MINIMUM STANDARD:** Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to,

- a) triage
- b) treatment
- c) medical dispatch protocols
- d) transport
- e) on-scene treatment times
- f) transfer of emergency patients
- g) standing orders
- h) base hospital contact
- i) on-scene physicians and other medical personnel, and
- j) local scope of practice for prehospital personnel

**RECOMMENDED STANDARD:** Each local EMS agency should develop (or encourage the development of) pre-arrival/post dispatch instructions.

**CURRENT STATUS: RECOMMENDED STANDARD MET**

Written policies, procedures, and protocols exist for all standards listed above including pre-arrival/post dispatch instructions.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 1.20 DNR Policy**

**MINIMUM STANDARD:** Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the prehospital setting, in accordance with the EMS Authority's DNR Guidelines.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

A DNR policy is in place that meets the above standard.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 1.21 Determination of Death**

**MINIMUM STANDARD:** Each local EMS agency, in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS:** STANDARD MET

There is a policy on the determination of death that meets the above standard.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

**STANDARD: 1.22 Reporting of Abuse**

**MINIMUM STANDARD:** Each local EMS agency, shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

San Mateo County have recently developed a single uniform reporting form for violence reporting to include all forms of domestic violence including spousal abuse, child abuse, elder abuse, and sexual assault. Training in using the form and how to report suspected abuse is ongoing. Each childhood deaths is reviewed by a Pediatric Death Committee under the auspices of the Division of Public Health.

EMT-Ps and EMT-Is employed by the county-wide emergency ambulance provider have received training to recognize and report elder abuse. This training was conducted by the Department of Health Services Aging and Adult Services Division. We frequently receive positive feedback from that Division on the excellent elder abuse reporting done by EMT-Ps. The Division also provided training for medical dispatchers at the SMCPSDC with similar positive results.

Last year San Mateo County General Hospital provided SIDS training for the EMS community. Subsequently the county-wide emergency ambulance provider provided similar training for its employees.

The local EMS agency is presently conducting a survey of first responders and emergency ambulance personnel to determine their familiarity with and experience related to child abuse, elder abuse, and domestic violence.

**Note:** We believe that the EMSA should revise the guidelines for this standard to place SIDS in a separate category since it is not a form of abuse. There exists a need to address all prehospital care personnel's (medical and public safety) sensitivity in dealing with these tragic occurrences so that these personnel are able to provide appropriate and caring interaction to SIDS' families. We also believe it would be appropriate for the EMSA to add a reporting requirement for domestic violence.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

Support, cooperation, and collaboration of the Division of Aging and Adult Services, EMT-P and EMT-I personnel, hospitals, the Coroner, and law enforcement agencies.

**OBJECTIVE:**

- 1.22.a. To form an action team to design and implement training programs for SIDS for all levels of prehospital personnel.
- 1.22.b. To form an action team to design and implement training programs for child abuse, elder abuse, and domestic violence.
- 1.22.c. To develop policies on SIDS, domestic violence, child abuse, and elder abuse in collaboration with the Division of Aging and Adult Services, the Medical Advisory Committee, the EMCC, and EMS-C Committee.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 1.23 Interfacility Transfers**

**MINIMUM STANDARD:** The local EMS medical director shall establish policies and protocols for scope of practice of prehospital medical personnel during interfacility transfers.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

There are policies and protocols for scope of practice of prehospital medical personnel during interfacility transfers that meet the above standard. The existing policy is scheduled for revision this fall.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

1. Participation of emergency department physicians and nurse managers, EMT-I and EMT-P personnel.

**OBJECTIVE:**

1.23.a. To revise the interfacility transfer policy.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 1.24 ALS Systems**

**MINIMUM STANDARD:** Advanced life support services shall be provided only as an approved part of a local EMS System and all ALS providers shall have written agreements with the local EMS agency.

**RECOMMENDED STANDARD:** Each local EMS agency, based on state approval should, when appropriate, develop exclusive operating areas for ALS providers.

**CURRENT STATUS: RECOMMENDED STANDARD MET**

San Mateo County is in compliance with both the minimum and recommended standard, except for the City of South San Francisco. This City has provided ALS service since 1975 and, therefore, appears to qualify as a Health and Safety Code Section 1797.201 City. To date, the City of South San Francisco has not executed the local EMS agency's written agreement to be a provider of ALS services with the EMS agency.

All other providers of ALS including the county-wide emergency ambulance provider and first responder (non-transport) fire service ALS programs have signed written agreements with the EMS agency.

The County established an exclusive operating area for emergency ambulance service in 1976. This exclusive zone includes all of the County with the exception of the City of South San Francisco, although the county-wide provider provides backup service to that City when the City ambulance is not available. The current county-wide contract expires in December 1997.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

The City of South San Francisco's cooperation to enter into a written agreement with the local EMS Agency.

**OBJECTIVE:**

See 1.11.b.

**TIMEFRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

**STANDARD: 1.25 On-Line Medical Direction**

**MINIMUM STANDARD:** Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

**RECOMMENDED STANDARD:** Each EMS system should develop a medical control plan which determines:

- a) the base hospital configuration for the system,
- b) the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and
- c) the process for determining the need for in-house medical direction for provider agencies.

**CURRENT STATUS: RECOMMENDED STANDARD MET**

See Section 1.17.

Each receiving hospital is designated as a base hospital. All hospitals agreed to participate at this level and signed written agreements with the County.

We do not require provider agencies to have in-house medical direction. Two ALS provider agencies have in-house medical directors.

**COORDINATION WITH OTHER EMS AGENCIES:**

One hospital, Stanford University Hospital, serves as a base hospital for both San Mateo and Santa Clara Counties.

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 1.26 Trauma System Plan**

**MINIMUM STANDARD:** The local EMS agency shall develop a trauma system plan, based on community needs and utilization of appropriate resources, which determines:

- a) the optimal system design for trauma care in the EMS area, and
- b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD NOT MET**

See Section 1.07.

A Trauma Study is in progress. A Trauma Plan will be done at the conclusion of the study.

**COORDINATION WITH OTHER EMS AGENCIES:**

Should an option for trauma care be selected that involves trauma centers located in either San Francisco or Santa Clara counties, we will coordinate our activities with them.

**NEED(S):**

1. In order for a trauma plan to be developed and implemented we will need the support and cooperation of San Mateo County receiving hospitals (administration and medical staffs).
2. Should an option be selected that involves trauma centers outside of San Mateo County, we will need the cooperation and participation of those trauma centers and the EMS agencies in whose jurisdiction they are located.
3. In order to complete planning for the possible designation of trauma centers we need accurate, complete, and reliable data regarding the number and type of trauma patients.

**OBJECTIVE:** See 1.07

**TIMEFRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

**STANDARD: 1.27 Pediatric System Plan**

**MINIMUM STANDARD:** The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:

- a) optimal system design for pediatric emergency medical and critical care in the EMS area, and
- b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

An EMS for Children Program has been in progress over the last three years. Progress to date is as follows:

- An EMS-Children Committee has been active for four years. It is multidisciplinary and includes emergency physicians, pediatricians, nurses, and paramedics.
- Standards for emergency ambulance pediatric equipment and supplies are established.
- All ambulance EMT-Ps are trained and certified in Pediatric Advanced Life Support (PALS). All fire service first responder EMT-Ps are scheduled to be PALS trained by next year.
- Some fire service ALS first responders are trained and certified in Pediatric Advanced Life Support.
- Standards for pediatric capability for receiving hospitals were developed that met, or exceeded, EMSA guidelines.
- Eight of nine receiving hospitals have had consultative site visits for the purpose of evaluating their emergency department's pediatric capabilities.
- Standards for pediatric critical care centers have been adopted, meeting or exceeding EMSA guidelines.
- Hospitals with pediatric critical care capabilities were asked if they were interested in being designated as pediatric critical care centers for San Mateo County. Three out-

of-county hospitals made such requests (no in-county hospital has pediatric critical care capability). By August 1, 1995, two pediatric critical care center site visits had been conducted and one more are scheduled.

**COORDINATION WITH OTHER EMS AGENCIES:**

During the planning phases for the system, we were provided with extremely useful materials by local EMS agencies which had implemented EMS-C systems, including Fresno/Kings, Sierra-Sacramento Valley, Santa Cruz, and Los Angeles. We are working with the San Francisco and Santa Clara County local EMS agencies as we evaluate and designate pediatric critical care centers since it is probable that all our pediatric critical centers will be located in these two counties.

**NEED(S):**

Continued collaboration, support, cooperation, and participation from the EMS-C Committee, San Mateo County receiving hospitals, EMS providers, San Francisco and Santa Clara County pediatric critical care centers, and the San Francisco and Santa Clara County EMS agencies.

**OBJECTIVE:**

- 1.27.a. To complete the designation process for three pediatric critical care centers.
- 1.27.b. To re-evaluate San Mateo County receiving hospitals regarding their pediatric capabilities.

**TIMEFRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

**STANDARD: 1.28 EOA Plan**

**MINIMUM STANDARD:** The local EMS agency shall develop and submit for state approval, a plan, based on community needs and utilization of appropriate resources, for granting an exclusive operating area which determines:

- a) the optimal system design for ambulance service and advanced life support services in the EMS area, and
- b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

San Mateo County established an exclusive operating area (EOA) for advanced life support services in 1976 prior to the enactment of Health and Safety Code Section 1797.224. The zone contains all of San Mateo County with the exception of the City of South San Francisco.

The exclusive operating area was included in the 1986 San Mateo County EMS Plan and was approved by the EMSA. The language for the service was amended in 1990 to "emergency ambulance service" in place of "advanced life support". The amended language was approved by the Emergency Medical Care Committee (EMCC), the Board of Supervisors, and the EMSA.

EOA contracts have always been awarded through a competitive process. The last competitive process occurred in 1990. The Request for Proposal document was approved by the EMCC, the Board of Supervisors, and EMSA.

The current contract, for which Baystar Medical Services is the contractor, expires at the end of 1997. We anticipate that the Request for Proposal document will be ready for distribution during the summer of 1996. It will be reviewed by the EMCC, the Board of Supervisors, and EMSA.

**COORDINATION WITH OTHER EMS AGENCIES:**

The competitive process will be submitted for review to the EMSA.

**NEED(S):**

**OBJECTIVE:**

- 1.28.a. To complete an RFP process for emergency ambulance service to begin January 1998.

**TIMEFRAME FOR OBJECTIVE:**

- Annual Implementation Plan  
 Long-range Plan

## **B. STAFFING/TRAINING**

### **STANDARD: 2.01 Assessment of Needs**

The local EMS agency shall routinely assess personnel and training needs.

RECOMMENDED STANDARD: NONE SPECIFIED

### **CURRENT STATUS: STANDARD MET**

The local EMS agency routinely assesses personnel and training needs. Examples of recent activities include:

- We surveyed our local fire service agencies and determined that there were insufficient EMT-P training programs locally available to meet the needs for firefighter first responder ALS training. We were instrumental in starting a new EMT-P training program through the Hospital Consortium of San Mateo County.
- We are currently conducting a survey to determine EMT-I and EMT-P training levels regarding child and elder abuse and domestic violence.
- We hold an open forum every six months for all levels of EMS personnel and providers. At these forums we discuss perceived training needs.
- A clinical review group comprised of EMS agency clinical staff, the EMS medical director, the medical directors of paramedic provider entities, and paramedic liaison personnel review cases, identify any deficiencies, and design a training plan targeting any problem areas.

### **COORDINATION WITH OTHER EMS AGENCIES:**

N/A

### **NEED(S):**

### **OBJECTIVE:**

#### **TIMEFRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

**STANDARD: 2.02 Approval of Training**

**MINIMUM STANDARDS:** The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs which require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

We have mechanisms in place to approve and monitor for compliance the following:

- a) EMT-I initial training programs, refresher courses, and continuing education.
- b) Early defibrillation programs (EMT-I and first responder)
- c) EMT-P initial training programs and continuing education.
- d) EMT-P optional scope of practice skills within the orientation for accreditation to practice.
- e) Emergency medical dispatcher initial and continuing education.
- f) Early endotracheal intubation by first responder EMT-Is (pilot program)

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 2.03 Personnel**

**MINIMUM STANDARD:** The local EMS agency shall have mechanisms to accredit, authorize, and certify prehospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for prehospital providers to identify and notify the local EMS agency of unusual occurrences which could impact EMS personnel certifications.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

Mechanisms are in place that conform to the above standard.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 2.04 Dispatch Training**

**MINIMUM STANDARD:** Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with EMS Authority's Emergency Medical Dispatch Guidelines.

**RECOMMENDED STANDARD:** Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

**CURRENT STATUS: RECOMMENDED STANDARD MET**

There are 17 primary PSAPs within the jurisdiction. These PSAPs are instructed to immediately turn over medical calls to the SMCPSSDC which dispatches all emergency medical calls (exception: City of South San Francisco). The SMCPSSDC also dispatches six of the 17 fire service agencies. The Center provides call triage, pre-arrival and post dispatch instructions. All medical dispatchers have been trained to the recommended level via Medical Priority Dispatch, Inc. System (MPDS) format. Dispatch protocols are MPDS.

The City of South San Francisco dispatch center dispatches the fire department ambulance for that city. However, medical calls are also turned over to the SMCPSSDC for pre-arrival instructions to callers. The City of South San Francisco dispatchers do not have any special medical training.

Standards for medical call taking and 9-1-1 turnover procedures for non-emergency ambulance providers are developed.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

Cooperation and participation of non-emergency ambulance providers.

**OBJECTIVE:**

2.04.a. To establish an Action Team of non-emergency ambulance providers

regarding non-emergency ambulance call taking and dispatch.

2.04.b. To ensure and implement standards for non-emergency ambulance providers call taking and dispatch and to monitor their compliance.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 2.05 First Responder Training**

**MINIMUM STANDARD:** At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.

**RECOMMENDED STANDARD:** At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

At least one person on each non-transporting EMS first response unit should be currently certified at the EMT-I level and have available equipment commensurate with such scope of practice.

**CURRENT STATUS: MINIMUM STANDARD MET**

Fire service provides first response throughout the county. First responders countywide meet the minimum standard or better. Several areas of the system receive ALS first responders. All fire service agencies provide early defibrillation using semi-automatic defibrillators. All fire service agencies, with exception of the California Department of Forestry (CDF), provide EMT-I first response personnel. CDF currently provides EMT-P level service at its Pescadero station. This service level will be provided at all CDF stations within the next two years.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 2.06 First Responder Response**

**MINIMUM STANDARD:** Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

Fire service first response is available throughout the jurisdiction. All metro/urban/suburban areas receive defibrillation capable EMT-I first responders through their local fire service. The rural/wilderness portions of the jurisdiction receive, at a minimum, defibrillation capable advanced first aid responders. However, within one year all rural/wilderness areas will be served by non-transporting ALS responders provided by the California Department of Forestry. In addition many metro/urban/suburban areas either currently receive an ALS first response or will receive this service level in the near future.

Presently a fire service first responder EMT-I pilot endotracheal intubation is underway for the central county departments. EMT-I personnel have been trained to perform endotracheal intubation on apneic, pulseless, adult patients.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

**STANDARD: 2.07 First Responder Medical Control**

**MINIMUM STANDARD:** Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

Medical direction policies and protocols are in place for first responder personnel.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 2.08 EMT-I Training**

**MINIMUM STANDARD:** All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.

**RECOMMENDED STANDARD:** If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

**CURRENT STATUS: RECOMMENDED STANDARD MET**

All emergency ambulances are staffed by two EMT-Ps. Non-emergency ambulances are staffed by EMT-Is.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 2.09 CPR Training (Hospital)**

**MINIMUM STANDARD:** All allied health personnel who provide direct emergency patient care shall be trained in CPR.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

All allied health personnel who provide direct emergency patient care are trained in CPR.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 2.10 Advanced Life Support (Hospital)**

**MINIMUM STANDARD:** All emergency physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support.

**RECOMMENDED STANDARD:** All emergency physicians should be certified by the American Board of Emergency Medicine.

**CURRENT STATUS: MINIMUM STANDARD MET**

All emergency physicians and registered nurses who provide direct emergency patient care are trained in advanced life support. The majority of emergency physicians are Board Certified in Emergency Medicine. The specific details of their status is:

San Mateo County General Hospital

ED physicians = 9

7 Board Certified in Emergency Medicine

2 Board Certified in other Specialties

7 Total Board Certified

7 ACLS Certified

7 ATLS Certified

ED registered nurses = 25

25 are ACLS Certified

Kaiser Hospital Redwood City

ED physicians = 20

9 Board Certified in Emergency Medicine

7 Board Certified in Other Specialties

11 Total Board Certified

14 ACLS Certified

ED registered nurses = 38

38 ACLS Certified

**STANDARD: 2.10 Advanced Life Support (Hospital)**

**MINIMUM STANDARD:** All emergency physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support.

**RECOMMENDED STANDARD:** All emergency physicians should be certified by the American Board of Emergency Medicine.

**CURRENT STATUS: MINIMUM STANDARD MET**

All emergency physicians and registered nurses who provide direct emergency patient care are trained in advanced life support. The majority of emergency physicians are Board Certified in Emergency Medicine. The specific details of their status is:

San Mateo County General Hospital

ED physicians = 8

- 7 Board Certified in Emergency Medicine
- 2 Board Certified in other Specialties
- 7 Total Board Certified
- 7 ACLS Certified
- 7 ATLS Certified

ED registered nurses = 25

25 are ACLS Certified

Kaiser Hospital Redwood City

ED physicians = 20

- 9 Board Certified in Emergency Medicine
- 7 Board Certified in Other Specialties
- 11 Total Board Certified
- 14 ACLS Certified

ED registered nurses = 38

38 ACLS Certified

Kaiser South San Francisco

ED physicians = 18

14 Board Certified in Emergency Medicine

4 Board Certified in Other Specialties

18 Total Board Certified

4 ACLS Certified

2 ATLS Certified

ED registered nurses = 50

50 ACLS Certified

Sequoia District Hospital

ED physicians = 9

9 Board Certified in Emergency Medicine

2 Board Certified in Other Specialties

9 Total Board Certified

9 ACLS Certified

9 ATLS Certified

ED registered nurses = 26

26 ACLS Certified

Seton Coastside

ED physicians = 10

3 Board Certified in Emergency Medicine

1 Board Certified in Other Specialties

3 Total Board Certified

10 ACLS Certified

10 ATLS Certified

ED registered nurses = 7

7 ACLS Certified

Mills/Peninsula Hospitals

ED physicians = 13  
13 Board Certified in Emergency Medicine  
1 Board Certified in Other Specialties  
13 Total Board Certified  
6 ACLS Certified  
3 ATLS Certified

ED registered nurses = 35  
35 ACLS Certified

Seton Medical Center Daly City

ED physicians = 12  
12 Board Certified in Emergency Medicine  
12 Board Certified in Other Specialties  
12 Total Board Certified  
0 ACLS Certified  
0 ATLS Certified

ED registered nurses = 33  
33 ACLS Certified

Stanford University Hospital

ED physicians = 18  
16 Board Certified in Emergency Medicine  
4 Board Certified in Other Specialties  
18 Total Board Certified  
10 ACLS Certified  
10 ATLS Certified

ED registered nurses = 41  
41 ACLS Certified

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 2.11 Accreditation Process**

**MINIMUM STANDARD:** The local EMS agency shall establish a procedure for accreditation of advanced life support personnel which includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the local EMS agency's quality assurance/quality improvement process.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

There are EMT-P accreditation procedures conforming to the above standard. The orientation and testing in optional scope of practice is carried out by the employer according to a process approved by the local EMS agency. Processes are standardized for all EMT-P service providers. The local EMS agency monitors the processes for compliance to the standard.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 2.12 Early Defibrillation**

**MINIMUM STANDARD:** The local EMS agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

All fire service agencies currently provide early defibrillation using semi-automatic defibrillators. A standardized training and proficiency testing standard is used throughout the county. The EMS Medical Director functions as the medical director for the defibrillation programs and provides the QA review for every call.

Non-emergency ambulance EMT-Is are not authorized to perform the skill. The entire county is served by ALS personnel which makes this skill unnecessary for non-emergency ambulance providers.

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 2.13 Base Hospital Personnel**

**MINIMUM STANDARD:** All base hospital/alternative base station personnel who provide medical direction to prehospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

**CURRENT STATUS: STANDARD NOT MET - WAIVER REQUESTED**

The current base hospital standard is described in detail in other sections of this assessment (see 1.17 and 1.25). EMT-Ps provide medical care according to standing orders and contact the receiving hospital physician for "consultation" as needed. Physicians are kept informed of any changes to the system or treatment protocols by the physician who represents their facility on the Medical Advisory Committee. A listing of all approved EMT-P medications and skills is provided to the physicians in writing. We believe that emergency physicians do not need additional training for their role as the provider of medical consultation to EMT-Ps. Field to hospital communication for medical consultation occurs via telephone (cellular in the field). Therefore, there is no need for the physician to have training in "radio communication techniques".

All receiving hospital registered nurses are trained by their facilities in radio communications techniques for "Blue Channel" which is the method for receiving report from the EMT-Ps regarding incoming patients.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

A waiver from the EMSA deleting the requirement to train all base hospital personnel who provide medical direction to prehospital personnel in radio communications techniques.

**OBJECTIVE:**

2.13.a. To formally request a waiver of the standard as it relates to radio communication training for physicians.

**TIMEFRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

## **C. COMMUNICATIONS EQUIPMENT**

### **STANDARD: 3.01 Communications Plan**

**MINIMUM STANDARD:** The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.

**RECOMMENDED STANDARD:** The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.

### **CURRENT STATUS: RECOMMENDED STANDARD MET**

EMS radio communications utilize two radio channels. These same two channels have been used since the mid-1970s. Frequency 482.3125 (Red Channel) is used for dispatch/ambulance communications. Red Channel radios are located at the SMCPSSDC, in emergency ambulances (mobile and portable), on EMT-P staffed fire service response vehicles, at each fire service agency dispatch center, and at the EMS office. Frequency 482.7625 (Blue Channel) is used for ambulance/hospital communications and as a tactical channel. Blue Channel radios are located at the SMCPSSDC, in each emergency ambulance (mobile and portable), in each receiving hospital's emergency department, and at the EMS office. The original radio system "backbone" was installed in 1975. This equipment was replaced this year with new equipment. The County is currently developing a long range radio system plan for all county/city services and is considering implementation of a trunked system in this plan.

EMT-Ps contact base hospital physicians for medical consultation via cellular telephone. Previously Med-channels were used for this purpose. These Med-channels are no longer used in the San Mateo County system. All emergency ambulances and non-transporting ALS first responders have cellular telephones.

A digital paging system is in place. All EMT-Ps, EMS staff, and fire services that use the dispatch services carry these pagers. These pagers are linked to the computer aided dispatch center which can send alpha-numeric messages directly off the CAD. Ambulance and first responder dispatch information is communicated via pager as well as audibly over the Red Channel.

All hospitals, the SMCPSSDC, and the local EMS agency office are linked by a computer. The Computerized Hospital On-line Resource Allocation Link (CHORAL) system has been in place for several years. The computers continually display each hospital's status regarding its ability to

accept ambulance patients (e.g. operating room available for trauma patient). The CHORAL system is also used for hospital polling in multicasualty incidents.

The SMCPSSDC, all PSAPs, all hospital emergency departments, and the EMS office are linked by microwave.

The County Office of Emergency Services has installed an Oasis Satellite communications system. This system has a line to the SMCPSSDC and to the EMS Agency office.

### **COORDINATION WITH OTHER EMS AGENCIES:**

We are working with other Bay Area local EMS agencies (Santa Clara, San Francisco, Alameda, and Contra Costa) toward implementing an electronic linkage between our hospitals and dispatch centers. It was envisioned that CHORAL might provide the framework for this linkage. However, it is possible that another method of linkage will be used.

### **NEED(S):**

### **OBJECTIVE:**

### **TIMEFRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

**STANDARD: 3.02 Radios**

**MINIMUM STANDARD:** Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.

**RECOMMENDED STANDARD:** Emergency medical transport vehicles should have two-way radio communications equipment which complies with the local EMS communications plan and which provides for vehicle-to-vehicle (including ambulances and non-transporting first responder units) communication.

**CURRENT STATUS: RECOMMENDED STANDARD MET**

All ground and air emergency ambulance transport vehicles, non-transporting ALS responders, and the SMCPSDC have two-way radios with the Red and CALCORD Channels. All ground and air emergency ambulance transport vehicles, non-transporting ALS responders, and the SMCPSDC have two-way radios with the Blue and CALCORD Channels. All fire service vehicles have CALCORD. All hospitals have Blue Channel radios.

The Red Channel is used for dispatch communications and can also be used car-to-car non repeated. The Blue Channel is used for field to receiving hospital, hospital to hospital, dispatch to hospital, and as a tactical channel. CALCORD is used car-to-car for emergency ambulance/fire first responder communications.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 3.03 Interfacility Transfer**

**MINIMUM STANDARD:** All ground and air emergency medical transport vehicles used for interfacility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS:** STANDARD MET

All emergency medical transport vehicles used for interfacility transfers have the Blue Channel radios and cellular telephones.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 3.04 Dispatch Center**

**MINIMUM STANDARD:** All emergency medical transport vehicles where physically possible, (based upon geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

All ground and air ambulance transport vehicles, as well as all fire service ALS first responders, are able to communicate with the SMCPSDC via the Red and Blue Channels.

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 3.05 Hospitals**

**MINIMUM STANDARD:** All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.

**RECOMMENDED STANDARD:** All hospitals should have direct communication access to relevant services in other hospitals within the system (e.g. poison information, pediatric and trauma consultation).

**CURRENT STATUS: RECOMMENDED STANDARD MET**

All hospitals are able to directly communicate with other hospitals within the system via Blue Channel radio, the microwave, standard land line telephone, or FAX. In addition hospitals are linked by the CHORAL computer system.

All hospitals telephone the San Francisco Poison Control Center for consultation. While it presently is possible for hospitals to call other hospitals for consultation (e.g. pediatric critical care), we hope to establish formal transfer agreements between hospitals and tertiary specialty centers in the future.

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEED(S):**

**OBJECTIVE:**

- 3.05.a. To encourage hospitals to develop transfer agreements and consultative relationships with tertiary specialty centers (e.g. pediatric critical care centers).

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 3.06 MCI/Disasters**

**MINIMUM STANDARD:** The local EMS agency shall review communications linkages among providers (prehospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

Communication linkages are reviewed continually. The Red and Blue Channels, microwave, CHORAL, OASIS, and Races radio all have a role in MCIs and disasters.

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 3.07 9-1-1 Planning/Coordination**

**MINIMUM STANDARD:** The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

**RECOMMENDED STANDARD:** The local EMS agency should promote the development of enhanced 9-1-1 systems.

**CURRENT STATUS: RECOMMENDED STANDARD MET.**

There is countywide enhanced 9-1-1 service. The EMS agency participates in 9-1-1 system development as needed.

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 3.08 9-1-1 Public Education**

**MINIMUM STANDARD:** The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

9-1-1 education to the public is provided in a variety of ways:

- Baystar EMT-Ps and EMT-Is conduct public education for school children and the elderly.
- Fire service agencies conduct public education within their communities.
- EMS agency staff participates in educational presentations to the public.

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 3.09 Dispatch Triage**

**MINIMUM STANDARD:** The local EMS agency shall establish guidelines for proper dispatch triage which identifies appropriate medical response.

**RECOMMENDED STANDARD:** The local EMS agency should establish an emergency medical priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

**CURRENT STATUS: RECOMMENDED STANDARD MET**

The emergency medical dispatchers utilize the MPDS which includes systemized caller interrogation, dispatch triage policies, and pre-arrival instructions. This system is reviewed and updated regularly by the EMS medical director, Medical Advisory Committee, and Operations Committee.

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 3.10 Integrated Dispatch**

**MINIMUM STANDARD:** The local EMS system shall have a functionally integrated dispatch with system wide emergency services coordination, using standardized communications frequencies.

**RECOMMENDED STANDARD:** The local EMS agency should develop a mechanism to ensure appropriate systemwide coverage during periods of peak demand.

**CURRENT STATUS: RECOMMENDED STANDARD MET**

The SMCPSCDC dispatches all emergency medical responses within the county; both emergency ambulance and first response (except within the City of South San Francisco).

The SMCPSCDC uses the system status plan provided by the countywide contractor to position and dispatch emergency ambulances. The computer aided dispatch system (CAD) assists the dispatcher to determine the closest vehicle to emergency calls.

The mechanism used by the EMS agency to ensure appropriate systemwide coverage during periods of demand is contract compliance and late response fines as specified within the exclusive operating area contract.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

## **D. RESPONSE/TRANSPORTATION**

### **STANDARD: 4.01 Service Area Boundaries**

**MINIMUM:** The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

**RECOMMENDED:** The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas (e.g. ambulance response zones).

### **CURRENT STATUS: RECOMMENDED STANDARD MET**

There is a county-wide emergency ambulance response zone that includes all of the County's jurisdiction with the exception of the City of South San Francisco. The county-wide zone conforms to the requirements set forth in Health and Safety Code 1797.224. An EMS agency policy restricts non-emergency ambulance providers (BLS) from responding to and/or transporting patients with emergency medical conditions.

The City of South San Francisco provides its own emergency ambulance service with its fire department. However, the county-wide emergency ambulance provider responds to calls within that City when the City ambulance is not available. Presently this occurs over 300 times a year.

### **COORDINATION WITH OTHER EMS AGENCIES:**

N/A

### **NEED(S):**

### **OBJECTIVE:**

### **TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 4.02 Monitoring**

**MINIMUM STANDARD:** The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

**RECOMMENDED STANDARD:** The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other ambulance regulatory programs within the EMS area.

**CURRENT STATUS: RECOMMENDED STANDARD MET**

The EOA is for emergency ambulance service and is county-wide. The contract serves as an excellent basis for ensuring compliance with all state and local EMS statutes, regulations, standards, policies, and procedures.

It is difficult to institute a similar mechanism for non-emergency ambulance services as there is no authority to require them to enter into a contract with the local EMS agency.

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 4.03 Classifying Medical Requests**

**MINIMUM STANDARD:** The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS:** STANDARD MET.

Medical requests are classified as Priority 1, Priority 2, or Priority 3 by the emergency medical dispatcher at the SMCPSDC. The classification is made using the MPDS. The priority level for the system is determined by the EMS Medical Director.

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 4.04 Prescheduled Responses**

**MINIMUM STANDARD:** Service by emergency medical transport vehicles which can be pre-scheduled without negative medical impact shall be provided only at levels which permit compliance with local EMS agency policy.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS:** STANDARD MET

The emergency ambulance providers (Baystar Medical Services and South San Francisco Fire Department) do not use their emergency ambulances for non-emergency transports.

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 4.05 Response Time Standards**

**MINIMUM STANDARD:** Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of the call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch intervals and driving time.

**RECOMMENDED STANDARD:** Emergency medical service areas (response zones) shall be designated so that for ninety percent of emergent responses:

- a. the response time for a basic life support and CPR capable first responder does not exceed:  
Metro/urban - 5 minutes  
Suburban/rural - 15 minutes  
Wilderness - as quickly as possible
- b. the response time for an early defibrillation-capable responder does not exceed:  
Metro/urban - 5 minutes  
Suburban/rural - as quickly as possible  
Wilderness - as quickly as possible
- c. the response time for an advanced life support capable responder (not functioning as the first responder) does not exceed:  
Metro/urban - 8 minutes  
Suburban/rural - 20 minutes  
Wilderness - as quickly as possible

**CURRENT STATUS: MINIMUM STANDARD MET**

**PSAP Time to Turnover Medical Calls**

Because we do not have access to dispatch data from PSAPs (other than the SMCPSPDC) we cannot attest to the times for PSAP turnover to the SMCPSPDC. All PSAPs turnover medical calls to the SMCPSPDC which dispatches emergency ambulances directly, dispatches six (6) of our seventeen (17) fire departments directly, and indirectly dispatches the remaining eleven (11) fire departments for medical calls only.

### BLS First Response

Since we do not have access to fire service response time data (other than for the six departments dispatched by the SMCPSDC) we cannot attest to the response times for this service level. It is our belief that the recommended standards specified for this service level are met within our system. We have not specified the response time levels as a standard for our system.

### Early Defibrillation Capable Response

All portions of our County are served by first responders with early defibrillation capability. However, since we do not have access to fire service response time data (other than for the six departments dispatched by the SMCPSDC) we cannot attest to the response times for this service level. It is our belief that the recommended standards specified for this service level are met within our system. We have not specified the response time levels as a standard for our system.

### ALS Capable Response (not functioning as first response)

We do not understand this standard. Since it is medically important to get an ALS level of care to the patient quickly, we do not understand why the EMSA Systems Guidelines exclude first responder ALS providers from meeting this standard, at least in some way. Several areas of our jurisdiction are now providing fire service ALS first responder services as an adjunct to our emergency ambulance ALS service. These areas include Woodside, Menlo Park, East Palo Alto, Atherton, and the area served by the California Department of Forestry's Pescadero station. Within the next few months this service level will also be provided at the San Francisco International Airport, and by the cities of Millbrae and Burlingame.

In addition to the above ALS first response, the county-wide emergency ambulance ALS service meets the standards set forth in the Guidelines. Since we do not have access to fire service response data (other than for the six departments dispatched by the SMCPSDC) we cannot attest to the response times for ALS service in the City of South San Francisco. It is our belief that the recommended standards specified for this service level are met within that City. We have not specified the response time levels as a standard for that City.

### EMS Transportation

The county-wide emergency ambulance provider, using ambulances staffed by two EMT-Ps, meets the standards specified.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

N/A

#### **NEED(S):**

The cooperation and participation of fire service agencies and their dispatch centers.

#### **OBJECTIVE:**

4.05.a. To obtain first responder dispatch and response time data.

4.05.b. To specify first responder (with early defibrillation capability) response time standard.

#### **TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 4.06 Staffing**

**MINIMUM STANDARD:** All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: MINIMUM STANDARD MET**

All emergency ambulances and ALS fire apparatus are staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided. As stated earlier, it is difficult to ensure such compliance by non-emergency ambulance providers.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

A better legal mechanism for ensuring standard compliance by non-emergency ambulance providers.

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 4.07 First Responder Agencies**

**MINIMUM STANDARD:** The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD NOT MET**

Fire service first response is provided system-wide and is integrated with the emergency ambulance service. The service is defibrillation capable at a minimum and in many areas is now ALS capable.

To date, there has been no effort to integrate or to identify industrial first aid teams.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

Participation and cooperation of industry.

**OBJECTIVE:**

4.07.a. To convene an Action Team of industrial first aid representatives to determine needs, identify resources, and develop integrated medical response.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 4.08 Medical & Rescue Aircraft**

**MINIMUM STANDARD:** The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:

- a) authorization of aircraft to be utilized in prehospital patient care
- b) requesting of EMS aircraft
- c) dispatching of EMS aircraft
- d) determination of EMS aircraft patient destination
- e) orientation of pilots and medical flight crews to the local EMS system, and
- f) addressing and resolving formal complaints regarding EMS aircraft

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

Processes are in place meeting the above standard. Two EMS medical aircraft services are used routinely (Lifeflight and CALSTAR). There are written agreements between the County and these two providers. The Coast Guard routinely provides air rescue services, particularly related to water incidents.

The SMCPSPDC requests an aircraft response based upon initial information received or upon the request of on-scene public safety or medical personnel. Three San Mateo County receiving hospitals have licensed helipads; Seton Medical Center, Peninsula Hospital, and Stanford University Hospital. Patients are taken to the closest helipad hospital, weather permitting.

Both medical aircraft providers are active participants in the EMS system. Joint training takes place frequently with medical aircraft pilots and medical flight crews, ground ambulance EMT-Ps, first responder EMT-Is and EMT-Ps, and public safety personnel.

In the past, some formal complaints generated problem identification and resolution workgroups. In the last few years there have not been any formal complaints regarding aircraft incidents.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 4.09 Air Dispatch Center**

**MINIMUM STANDARD:** The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS:** STANDARD MET

The SMCPSDC coordinates the use of air ambulances and rescue aircraft.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 4.10 Aircraft Availability**

**MINIMUM STANDARD:** The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS area.

**CURRENT STATUS: STANDARD MET**

There are written agreements with the two medical air ambulance providers (Lifeflight and CALSTAR) that routinely respond into our jurisdiction. Staffing and equipment standards are specified in those agreements and in EMS policies and procedures. Both providers staff their air ambulances with a pilot and two registered nurses.

The Coast Guard regularly provides air rescue services. It is staffed with a pilot and an EMT-I. When a medical emergency exists, in addition to the rescue needs, medical care is provided by San Mateo County accredited EMT-Ps who accompany the patient in the aircraft.

**COORDINATION WITH OTHER EMS AGENCIES:**

Although both air ambulance providers are based outside of San Mateo County, we have not had need to coordinate air medical response activities with those other counties.

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 4.11 Specialty Vehicles**

**MINIMUM STANDARD:** Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snow mobiles, and water rescue and transportation vehicles.

**RECOMMENDED STANDARD:** The local EMS agency should plan for response by and use of all-terrain vehicles, snow mobiles, and water rescue vehicles in areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

**CURRENT STATUS: STANDARD NOT MET**

San Mateo County contains a large percentage of mountainous terrain serviced by unpaved roads. In addition, both the western and eastern boundaries of the County are bodies of water. While we believe that there are appropriate ground and water vehicles available to provide access to these areas for emergency medical purposes, the EMS agency has not undertaken an inventory of these vehicles.

We believe that other agencies of local government likely have this inventory of specialty vehicles.

**COORDINATION WITH OTHER EMS AGENCIES:**

Will need to coordinate inventory with Santa Cruz County since we will be sharing resources provided by the California Department of Forestry between our jurisdictions.

**NEED(S):**

Cooperation and participation of the Sheriff's Office, State Parks, California Department of Forestry, Coast Guard, Half Moon Bay Harbor Master, the San Francisco International Airport, Menlo Park Fire District's Urban Search and Rescue Team, and local fire service agencies.

**OBJECTIVE:**

- 4.11.a To request information from appropriate local agencies regarding their inventory of all-terrain vehicles, water rescue and transportation vehicles available within the County's jurisdiction.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 4.12 Disaster Response**

**MINIMUM STANDARD:** The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

The local EMS agency works closely with OES in developing and implementing the medical component of the County's Disaster Plan. A plan addressing mobilizing response and transport vehicles is included.

**COORDINATION WITH OTHER EMS AGENCIES:**

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 4.13 Intercounty Response**

**MINIMUM STANDARD:** The local EMS agency shall develop agreements permitting intercounty response of emergency medical transport vehicles and EMS personnel.

**RECOMMENDED STANDARD:** The local EMS agency should encourage and coordinate development of mutual aid agreements which identify financial responsibility for mutual aid responses.

**CURRENT STATUS: STANDARD NOT MET.**

There is a written policy regarding intercounty response of emergency medical transport vehicles and procedures for requesting medical mutual aid but it is not an "agreement". When appropriate, such as when a planned event is likely to require medical mutual aid, we work with affected counties to coordinate a planned medical mutual aid response.

We do not have signed agreements between counties specifically addressing medical mutual aid. However, the agreement with the EOA emergency ambulance provider does mandate that they provide medical mutual aid outside of this County if so requested by San Mateo County. The County abides by the California Master Mutual Agreement and this agreement is contained in its Emergency Plan (Basic Plan, Management Annex).

**COORDINATION WITH OTHER EMS AGENCIES:**

In order to accomplish the recommended standard we would need to establish agreements with adjacent counties (San Francisco, Alameda, Santa Clara, and Santa Cruz).

**NEED(S):**

Cooperation, participation, and agreement of the above counties.

**OBJECTIVE:**

- 4.13.a. To begin dialogue on developing written medical mutual aid agreements with the counties of San Francisco, Alameda, Santa Clara, and Santa Cruz. Participants should include EMS Administrators, County Counsels, and County Managers.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 4.14 Incident Command System**

**MINIMUM STANDARD:** The local EMS agency shall develop multi-casualty response plans and procedures which include provisions for on-scene medical management, using the Incident Command System (ICS).

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

Multi-casualty response plans and procedures including on-scene medical management use the ICS. ICS is used county-wide by all emergency medical and public safety personnel.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 4.15 MCI Plans**

**MINIMUM STANDARD:** Multi-casualty response plans and procedures shall utilize state standards and guidelines.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

The MCI plans and procedures conform to state standards and guidelines.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 4.16 ALS Staffing**

**MINIMUM STANDARD:** All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-I level.

**RECOMMENDED STANDARD:** The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew member. On any emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be training to provide defibrillation, using available defibrillator.

**CURRENT STATUS: RECOMMENDED STANDARD MET**

All emergency ambulances are ALS staffed with two currently licensed and locally accredited EMT-Ps. In addition, the entire county is served by early-defibrillation capable first responders. A significant portion of the county has EMT-P first responders. As part of the upcoming RFP process we will reevaluate the emergency ambulance staffing levels.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 4.17 ALS Equipment**

**MINIMUM STANDARD:** All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

All emergency ALS ambulances are equipped to the above standard.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 4.18 Compliance**

**MINIMUM STANDARD:** The local EMS agency shall have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS:** STANDARD MET

A written agreement is established with the county-wide emergency ambulance provider that effectively ensures compliance. Written agreements also exist for all non-transporting ALS first responder programs.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

4.18.a. To reevaluate feasibility of non-emergency ambulance ordinance.

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan  
 Long-range Plan

**STANDARD: 4.19 Transportation Plan**

**MINIMUM STANDARD:** Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&SC, shall develop an EMS transportation plan which addresses:

- a) minimum standards for transportation services
- b) optimal transportation system efficiency and effectiveness, and
- c) use of a competitive process to ensure system optimization

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

San Mateo County created an exclusive operating area (EOA) for ALS in 1976. The EOA consists of the entire jurisdiction with the exception of the City of South San Francisco. This EOA, and the competitive process through which it was awarded, was contained within the County's 1986 EMS Plan and was approved by the EMS Authority.

In 1990, the EMS plan language on the EOA was amended to replace "ALS" with "emergency ambulance service". The competitive process used for awarding the EOA in 1990 was also approved by the EMSA.

Through our experience to date, we have found that the design of the zone permits optimal transportation system efficiency and effectiveness. Ambulance deployment is by system status management. Creating smaller zones would negatively affect the system's efficiency and cost effectiveness.

Minimum standards for transportation include an all ALS system for emergency medical patients, an urban/suburban 8 minute response time standard, and a rural/wilderness response time standard of 20-30 minutes.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

**STANDARD: 4.20 "Grandfathering"**

**MINIMUM STANDARD:** Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grandfathering") under Section 1797.224, H&SC.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

The City of South San Francisco has provided advanced life support services using EMT-P personnel since 1975. As such, we believe it meets the criteria for "grandfathering" in Section 1797.224, H&SC although it has yet to sign a current contract with the County.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 4.21 Compliance**

**MINIMUM STANDARD:** The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operation and patient care.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

A written agreement is established with the county-wide emergency ambulance provider that effectively ensures compliance. Written agreements also exist for all non-transporting ALS first responder programs.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

Cooperation and participation by the City of South San Francisco.

**OBJECTIVE:**

- 4.21.a. To obtain a written agreement with the City of South San Francisco to be an approved ALS Service Provider and to comply with applicable policies and procedures regarding system operation and patient care.

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 4.22 Evaluation**

**MINIMUM STANDARD:** The local EMS agency shall periodically evaluate the design of exclusive operating areas.

**RECOMMENDED STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

Each time that an RFP process is conducted the design of the exclusive operating area is evaluated. This evaluation phase will occur this Fall/Winter in preparation for an RFP which should be issued in Summer 1996. The evaluation phase will provide for input from the EMCC, the Medical Advisory Committee, city and county government. Input will be solicited from private ambulance services, fire service agencies, hospital personnel, field paramedics, and emergency medical dispatchers.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

- 4.22.a. To provide for input from the San Mateo EMS community, EMCC, city and county government within the emergency ambulance RFP process.

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

## **E. FACILITIES/CRITICAL CARE**

### **STANDARD: 5.01 Assessment of Capabilities**

**MINIMUM STANDARD:** The local EMS agency shall assess and periodically reassess the EMS related capabilities of acute care facilities in its service area.

**RECOMMENDED STANDARD:** The local EMS agency should have written agreements with acute care facilities in its service area.

### **CURRENT STATUS: RECOMMENDED STANDARD MET**

The local EMS agency assesses the EMS related capabilities of acute care facilities in its service area. The most recent assessment activity consisted of consultative site visits to each local hospital's emergency department to assess its capabilities regarding emergency medical care for children.

There are written agreements between the County and all nine acute care facilities in the form of Base Hospital Agreements.

### **COORDINATION WITH OTHER EMS AGENCIES:**

N/A

### **NEED(S):**

### **OBJECTIVE:**

### **TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 5.02 Triage & Transfer Protocols**

**MINIMUM STANDARD:** The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

**STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

There are current policies regarding triage and transport of patients in the prehospital setting. There is also a policy describing interfacility transfer protocols. We are working with local hospitals to establish written transfer agreements between these facilities and pediatric critical care centers.

**COORDINATION WITH OTHER EMS AGENCIES:**

We are working with the counties of San Francisco and Santa Clara regarding the designation of pediatric critical care centers.

**NEED(S):**

Support and participation of receiving hospitals and tertiary specialty centers.

**OBJECTIVE:**

See 3.05.a.

**TIME FRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

**STANDARD: 5.03 Transfer Guidelines**

**MINIMUM STANDARD:** The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

**STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD NOT MET**

We have been formulating strategies to facilitate the early recognition of pediatric patients needing transfer to a pediatric critical care center (PCCC). This is being done through our EMS for Children Committee. Committee membership includes physicians, nurses, and paramedics. The state guidelines for interfacility pediatric critical care consultation/transfer have been made available to local emergency departments but have not been formally adopted by the EMS agency.

Presently, local acute care hospitals do not have pre-established transfer agreements with tertiary specialty care facilities. We are currently in the process of designating pediatric critical care centers (PCCCs) and are working with both our community hospitals and the PCCCs to develop written transfer agreements. We plan to assist in the development of an agreement boilerplate.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

Cooperation and participation of local acute care hospitals and out-of-county tertiary specialty care centers.

**OBJECTIVE:**

- 5.03.a. To assist local acute care hospitals to establish written transfer agreements with pediatric critical care centers approved by San Mateo County's local EMS agency. (Short term - will be done for Annual Implementation Plan)
- 5.03.b. To assist EMS-C Committee to adopt the EMSA guidelines for interfacility pediatric critical care consultation/transfer. (Long term)

5.03.c. Facilitate development of written transfer agreements between local acute care hospitals, burn and spinal cord injury centers. (Long term)

5.03.d. Work with physicians and nurses from local acute facilities and regional tertiary centers to identify patients that should be transferred to a burn or spinal cord injury center. (Long term)

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 5.04 Specialty Care Facilities**

**MINIMUM STANDARD:** The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

**STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

We are presently designating pediatric critical care centers and are also considering the designation of trauma centers. There are no burn or spinal cord injury centers within our county.

**COORDINATION WITH OTHER EMS AGENCIES:**

We are presently coordinating our out-of-county PCCC designation activities with San Francisco and Santa Clara counties. Should out-of-county trauma center designation be pursued during the development of a trauma plan for San Mateo County, we will coordinate our activities with the other local EMS agencies.

**NEEDS:**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 5.05 Mass Casualty Management**

**MINIMUM STANDARD:** The local EMS agency shall encourage hospitals to prepare for mass casualty management.

**RECOMMENDED STANDARD:** The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.

**CURRENT STATUS: RECOMMENDED STANDARD MET**

The local EMS agency and the Office of Emergency Services work closely with local hospitals to assist them in preparing for their role related to mass casualty management. This is done through a disaster subcommittee which includes the participation of hospitals. Table-top and field exercises are also conducted.

Within the immediate future, the local EMS agency and Office of Emergency Services will be hosting SEMS training for hospital representatives.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 5.06 Hospital Evacuation**

**MINIMUM STANDARD:** The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

**STANDARD:** NONE SPECIFIED

**CURRENT STATUS:** STANDARD NOT MET

We do not have a local EMS agency plan for evacuation of hospitals.

**COORDINATION WITH OTHER EMS AGENCIES:**

We will coordinate hospital evacuation plan development with our adjacent counties (San Francisco, Alameda, Santa Clara, and Santa Cruz).

**NEED(S):**

Cooperation and participation of San Mateo county hospitals, San Mateo County ambulance providers, San Mateo County non-medical transportation providers, adjacent county EMS agencies.

**OBJECTIVE:**

- 5.06.a. To form a task force comprised of San Mateo County hospitals, the SMCPSPDC, San Mateo County ambulance providers, San Mateo County non-medical transportation providers, and adjacent county EMS agencies to develop and implement a hospital evacuation plan.

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 5.07 Base Hospital Designation**

**MINIMUM STANDARD:** The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of prehospital personnel.

**STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

Prior to January 1994, San Mateo County had two base hospitals. The usual California model for on-line medical control, using mobile intensive care nurses to provide most on-line medical direction to EMT-Ps, was in place. In 1993, one of the two base hospitals informed the EMS agency that it wished to withdraw its base hospital designation. The remaining base hospital informed us that it was not willing to be the single base hospital for the San Mateo County EMS system. This situation offered an opportunity to use the "Plan, Do, Study, Act" continuous quality improvement model to address the issue. An action team was formed, surveys conducted, data collected, and evaluated. As a result a new model for on-line medical control was implemented. We are presently in the process of evaluating the model.

All nine San Mateo County receiving hospitals agreed to be designated as base hospitals. One of these hospitals, Seton Coastside, is licensed as a Standby Emergency Department, and therefore, we needed to get EMSA approval in order to designate it as a base hospital. Such approval was obtained. Each of the nine hospitals has a written agreement with the local EMS agency.

**COORDINATION WITH OTHER EMS AGENCIES:**

One hospital, Stanford University Hospital, serves as a base hospital for both San Mateo and Santa Clara Counties.

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

**STANDARD: 5.08 Trauma System Design**

**MINIMUM STANDARD:** Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:

- a) the number and level of trauma centers (including the use of trauma centers in other counties),
- b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
- e) a plan for monitoring and evaluation of the system

**STANDARD: NONE SPECIFIED**

**CURRENT STATUS: STANDARD NOT MET**

All receiving hospitals receive trauma patients according to a policy in place since 1988. Major trauma patients are taken to the closest hospital. A trauma study conducted prior to that date recommended that San Mateo County not pursue designation of trauma centers. The study made other recommendations including shorter trauma surgeon response times and ATLS training for all trauma surgeons and emergency physicians.

One receiving hospital, Stanford University Hospital, is located in Santa Clara County and is a designated as a Level I Trauma Center by Santa Clara. This hospital receives a significant number of trauma patients from the southern portion of San Mateo County. San Francisco General Hospital, to the north, is also a designated Level I Trauma Center. San Francisco General Hospital currently receives a small number of San Mateo trauma patients; patients are transported there when it is the closest facility to the incident.

The EMS Medical Director conducted a second trauma study in 1991 using retrospective data (1989-1990). It concluded that of the 39 trauma deaths occurring in a one year period, two were possibly preventable and two were probably preventable (although one of these occurred prior to transport of the patient). The study showed a fairly low frequency of major trauma in the system: 1,328 trauma patients with 328 having a major injury.

Several months ago, a receiving hospital located in Redwood City notified the EMS Agency that its surgeons were no longer willing to take "trauma call". Transport of major trauma patients to that facility was discontinued immediately. Closure of this facility to major trauma has not significantly impacted the system due to the relatively low number of major trauma patients and number of other receiving hospitals continuing to accept trauma patients.

This change to the system's status has provided an opportunity to evaluate whether it is time to pursue formal designation of trauma centers. A consultant has been hired and several options are being considered. These options include: 1) status quo; 2) designation of trauma centers located outside the county; 3) designation of a San Mateo County hospital as a trauma center; and 4) establishing a San Mateo County hospital as a satellite of an existing trauma center located outside the County. We anticipate that a new plan for trauma care should exist by the end of 1996. One problem encountered is the quality of trauma patient data available from within the EMS database. The county-wide emergency ambulance provider agreed to provide electronic data to our agency within its contract. The data for the time period of the above study proved to be incomplete and inaccurate.

If San Mateo County elects to develop a trauma care system all of the design issues described in a) - e) will be addressed.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Should an option for trauma care be chosen that involves trauma centers located in either San Francisco or Santa Clara counties, we will coordinate our activities with them.

#### **NEED(S):**

1. In order for a trauma plan to be developed and implemented we will need the support and cooperation of San Mateo County receiving hospitals (administration and medical staffs).
2. Should an option be selected that involves trauma centers outside of San Mateo County, we will need the cooperation and participation of those trauma centers and the EMS agencies in whose jurisdiction the centers are located.
3. In order to complete planning for the possible designation of trauma centers we need accurate, complete, and reliable data regarding the number and type of trauma patients.

**OBJECTIVE:**

- 5.08.a. To complete a trauma plan for San Mateo County.
- 5.08.b. To work with the county-wide emergency ambulance provider to ensure complete and accurate EMS data entry on trauma patients.

**TIME FRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

**STANDARD: 5.09 Public Input**

**MINIMUM STANDARD:** In planning its trauma care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

**STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

A Trauma Committee functions under the auspices of the Hospital Consortium of San Mateo County. The Committee includes representatives of each local hospital's administration as well as two physicians from each facility. The EMCC will be reviewing the Committee's recommendations. The EMCC includes five consumer members. Any trauma plan recommendation will be forwarded to the Board of Supervisors for their review and approval. The Board of Supervisors provides a forum for public comment.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

- 5.09.a. To forward Hospital Consortium Trauma Committee recommendations regarding trauma system planning to EMCC.
- 5.09.b. To forward any trauma system recommendation to Board of Supervisors following EMCC review and recommendation.

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 5.10 Pediatric Emergency Medical and Critical Care System**

**MINIMUM STANDARD:** Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:

- a) the number and role of system participants, particularly of emergency departments,
- b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- c) identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- d) identification of providers who are qualified to transport such patients to a designated facility,
- e) identification of tertiary care centers for pediatric critical care and pediatric trauma,
- f) the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
- g) a plan for monitoring and evaluation of the system.

**STANDARD: NONE SPECIFIED**

**CURRENT STATUS: STANDARD NOT MET**

An EMS-Children project has been underway for two years. We have made significant progress in attaining the above standards. However, some objectives are not yet complete. The status of all objectives is as follows:

- a) The number and role of system participants, particularly of emergency departments

Eight acute care hospitals are located within the county. A ninth hospital, located just across the County's southern border is also a receiving hospital. Several of the hospitals do not have in-hospital pediatric units. The out-of-county receiving hospital, Stanford University Hospital, has a pediatric critical care center (PCCC) at its Lucile Packard Children's Hospital.

The EMS-C Committee recognized that critically ill children very often arrive at emergency departments in parent's arms, rather than by ambulance. This was one reason that we selected an inclusive emergency department for children model rather than a restrictive one.

We have conducted emergency department consultative site visits to each receiving hospital, except Stanford. Its site visit will be done concurrently with its PCCC survey.

Other participants in the EMS system include emergency ambulance personnel, fire service first responders (ALS and BLS), and air ambulance services. Pediatric training standards for emergency ambulance personnel and ALS first responders have been established as Pediatric Advanced Life Support (PALS). Pediatric equipment standards are also established using the state EMSA Guidelines. Pediatric training and equipment standards for BLS first responder personnel have not been established. We have not established pediatric equipment or personnel training standards for non-emergency ambulance providers since we do not believe that they should be transporting these patients. Air ambulance personnel more than meet state guidelines for pediatric training and equipment.

- b) The design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix

We do not plan to design specific catchment areas for emergency departments or for pediatric critical care centers at this time. Presently all emergency departments receive pediatric patients. Presently there are no plans to transport pediatric patients directly to PCCCs. We will be designating out-of-county PCCCs but do not plan to establish catchment areas for them. Instead we will encourage our local hospitals to have pre-established transfer agreements in place with one or more PCCC.

- c) Identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers

EMSA guidelines for this standard have been provided to all emergency department but the standard has not been formally adopted by the EMS agency.

- d) Identification of providers who are qualified to transport such patients to a designated facility

Each PCCC being considered for designation by our county has its own transport service for interfacility transfer. We have not established standards for these services but are confident that they would meet state guidelines.

e) Identification of tertiary care centers for pediatric critical care and pediatric trauma

Three centers have been designated as PCCCs; 1) University of San Francisco Medical Center (UCSF) in San Francisco County, 2) California Pacific Medical Center (CPMC) in San Francisco County, and 3) Stanford's Lucile Packard Childrens Hospital in Santa Clara County.

At the present time no plans are underway to identify pediatric trauma care centers. However, this may be addressed if a trauma system plan is developed (see 1.07).

f) The role of non-pediatric specialty care hospitals including those which are outside of the primary triage area

We are not sure what is intended by this objective. No plans are underway for other non-pediatric specialty care hospitals (burns, spinal cord).

g) A plan for monitoring and evaluation of the system

The EMS-C committee will be developing this component over the next two years.

**COORDINATION WITH OTHER EMS AGENCIES:**

We are presently working with the Counties of San Francisco and Santa Clara for site visits and designation out-of-county pediatric critical care centers.

**NEED(S):**

Continued participation and cooperation of the EMS-C Committee, local acute care hospital administration, medical and nursing staffs, and pediatric critical care centers.

**OBJECTIVE:**

- 5.10.a. To revisit emergency departments to determine progress and compliance with the standards.
- 5.10.b. To facilitate the development of pre-established transfer agreements between local acute care hospitals and PCCCs.
- 5.10.c. To develop criteria to identify patients who should be secondarily transferred to a designated center after initial evaluation and stabilization.

5.10.d. To identify tertiary care centers for pediatric critical care.

5.10.e. To develop a plan for monitoring and evaluation of the EMS-C system.

5.10.f. To develop standards for pediatric emergency equipment and training for BLS first responders.

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 5.11 Emergency Departments**

**MINIMUM STANDARD:** Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:

- a) staffing
- b) training
- c) equipment
- d) identification of patients for whom consultation with a pediatric critical care center is appropriate
- e) quality assurance/quality improvement, and
- f) data reporting to the local EMS agency

**RECOMMENDED STANDARD:** Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

**CURRENT STATUS: RECOMMENDED STANDARD MET**

San Mateo County has developed Pediatric Guidelines for EMS Receiving Hospitals. These guidelines are based upon the State EMSC Project document *Administration, Personnel and Policy Guidelines for the Care of Pediatric Patients in the Emergency Department*. The San Mateo document addresses items a-c, and e. All emergency departments (EDs) have been reviewed for compliance with the guidelines. All EDs have received a copy of the State document addressing guidelines for pediatric critical care consultation and transfer for reference. San Mateo has not identified pediatric ED data for collection.

San Mateo County has adopted the State EMSC Project document *Guidelines for Pediatric Critical Care Centers*. Three tertiary care centers have applied for Pediatric Critical Care Center designation. These facilities will be reviewed based upon the standards listed in the Guidelines.

**COORDINATION WITH OTHER EMS AGENCIES:** Santa Clara and San Francisco Counties have been notified of our plan to designate Pediatric Critical Care Centers in their respective counties, since there are no tertiary care facilities located in San Mateo County. These agencies will have representatives present during site reviews but will not be co-designating these facilities as PCCCs.

**NEED(S):**

Guidelines for pediatric ED and PCCC data collection

**OBJECTIVE:**

5.11.a. To identify pediatric data to be collected from emergency departments.

5.11.b. To develop a mechanism for data collection from EDs and PCCCs.

**TIME FRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

**STANDARD: 5.12 Public Input**

**MINIMUM STANDARD:** In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

**STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

The EMS for Children Program in San Mateo County has actively sought and used input from prehospital personnel, hospitals, and consumers throughout the planning process. The EMS for Children Committee is chaired by a community hospital emergency physician who is also a board certified pediatrician. The committee includes other emergency/pediatric physicians, emergency physicians, emergency nurses, and paramedics. The EMCC, which includes five consumer members, has reviewed and commented on the plan from its outset. Prior to adopting standards we also convened an open meeting for medical and nursing staffs of all local hospitals. Plans are now underway to make a presentation on the program to the County Medical Society.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

5.12.a. To present the EMS for Children Program to the County Medical Society.

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 5.13 Specialty System Design**

**MINIMUM STANDARD:** Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved including:

- a) the number and role of system participants,
- b) the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix, identification of patients who should be triaged or transferred to a designated center,
- c) identification of patients who should be triaged or transferred to a designated center,
- d) the role of non-designated hospitals including those which are outside of the primary triage area, and
- e) a plan for monitoring and evaluation of the system.

**STANDARD: NONE SPECIFIED**

**CURRENT STATUS: STANDARD MET**

EMS Targeted Conditions (source: EMS Systems Standards and Guidelines 1993, EMS Authority)

1. Acute Cardiopulmonary Emergencies:

All receiving hospitals provide care to patients in this category.

2. Multisystem Trauma:

Currently multisystem trauma patients are cared for in local hospitals (including one that is a Level I trauma center for an adjacent county). As described in numerous other sections of this plan, we are currently studying the possibility of developing a trauma system plan.

3. Burns:

There is no burn center located within the county. Burn centers are located in the counties immediately north and south. Patients are transported to those facilities after initial stabilization in emergency departments of local hospitals.

4. Craniospinal Injuries:

One hospital does not have neurosurgical capabilities. Patients with head/spinal trauma are not taken to that facility by ambulance. A spinal cord injury center is located in Santa Clara County. Patients with this type of injury are transferred to that facility after initial stabilization in the emergency department.

5. Poisonings

The San Francisco Bay Area Regional Poison Control Centers serves our county. It provides services to private citizens, community physicians, 9-1-1 emergency medical dispatchers, EMT-Ps, and emergency department physicians. Patients needing emergency department care for poisoning are cared for in all receiving hospital emergency departments.

6. Neonatal and Pediatric Emergencies

Several hospitals do not have obstetrical services. Patients with obstetrical emergencies are not transported to those facilities.

There are no neonatal or pediatric critical care units within the county. For information related to transport and transfer of these patients see 5.10 and 5.11.

7. Acute Psychiatric and Behavioral Emergencies

Two hospitals are designated "5150" receiving hospitals, San Mateo County General Hospital and Peninsula Hospital.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

**STANDARD: 5.14 Public Input**

**MINIMUM STANDARD:** In planning other specialty care systems, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

**STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

Any planning for specialty care systems ensures input from both prehospital and hospital providers and consumers. These processes are described throughout this document. Examples of input points for providers and consumers include the Emergency Medical Care Committee, Medical Advisory Committee, and Operations Committee.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

## **F. DATA COLLECTION/SYSTEM EVALUATION**

### **STANDARD: 6.01 QA/QI Program**

**MINIMUM STANDARD:** The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all prehospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols and identification of preventable morbidity and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.

**RECOMMENDED STANDARD:** The local EMS agency should have the resources to evaluate the response to, and the care provided to, specific patients.

### **CURRENT STATUS: MINIMUM STANDARD MET**

The EMS agency has an internal QI plan. There are also numerous external measures of quality that the EMS agency monitors (e.g. emergency ambulance response times, emergency medical dispatch time). The agency also performs investigation of incidents on an as needed basis. Other tools used by the EMS agency include customer surveys, a wide variety of data collection and analysis, interviews, and complaint investigations.

Emergency ambulance providers, the SMCPSPDC, and air ambulance providers have QA/QI plans approved by the local EMS agency. Emergency department QA/QI plans for pediatric patients have been reviewed as part of the EMS for Children program.

The lack of an efficient and complete prehospital EMS database has been an on-going problem and one for which remedy is a very high priority. Presently the database does not permit easy access or reliably accurate information. As a result, it has been difficult to develop a QA focused audit process to evaluate care provided to specific patients. The present database does not include first responder or hospital data fields. Hospital and first responder services should have the ability to supply a central EMS data system with electronic data on their services.

### **COORDINATION WITH OTHER EMS AGENCIES:**

N/A

### **NEED(S):**

An improved EMS system database. Support, cooperation, and collaboration with emergency ambulance providers, first responder agencies, hospitals, and the SMCPSSDC. Computer hardware and software to form a wide area network (WAN) between all EMS components. The preferred method of prehospital data entry is direct entry by field personnel.

**OBJECTIVE:**

6.01.a. To establish an EMS Data Action Team to develop a strategic plan for a paperless comprehensive EMS database linking all EMS components and data into patient medical records through a WAN.

6.01.b. To develop a funding method for WAN hardware and software development.

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 6.02 Prehospital Records**

**MINIMUM STANDARD:** Prehospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

**STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

A prehospital record (PCR) is completed by the EMT-P for every patient contact. If the patient is transported to a hospital, a copy of the PCR is retained by the receiving hospital. Copies of all PCRs (transported and non-transported patients) are retained by the emergency ambulance service provider. PCR information for all ground and air emergency ambulance patient contacts and transports is entered into an EMS database by a data-entry clerk at Baystar Medical Services. This data is electronically downloaded via floppy disk into the master database at the EMS agency.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 6.03 Prehospital Care Audits**

**MINIMUM STANDARD:** Audits of prehospital care, including both system response and clinical aspects, shall be conducted.

**RECOMMENDED STANDARD:** The local EMS agency should have a mechanism to link prehospital records with dispatch, emergency department, in-patient and discharge records.

**CURRENT STATUS: MINIMUM STANDARD MET**

Audits of emergency ambulance response and emergency medical dispatch are conducted routinely. There are no mechanisms in place to audit first responder response or PSAP turnover to the SMCPSSDC.

Audit for clinical aspects of prehospital care is more difficult due to the database problems described in 6.01. There is a 100% audit of all early defibrillation cases. The emergency ambulance providers audit calls internally as part of their internal QA/QI plans. Currently the EMS agency is conducting a hard copy of the patient care record (PCR) audit for four months of trauma cases.

The PCR records are linked to dispatch by a unique identifier which is used to link records in the computerized EMS database. There is no electronic linkage to emergency department, in-patient, or discharge records.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

An improved EMS system database. Support, cooperation, and collaboration with emergency ambulance providers, first responder agencies, hospitals, and the SMCPSSDC. Computer hardware and software to form a WAN between all EMS components.

**OBJECTIVE:**

See 6.01.

**TIME FRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

**STANDARD: 6.04 Medical Dispatch**

**MINIMUM STANDARD:** The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of prearrival/post dispatch directions.

**STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

While the emergency medical dispatch provider (SMCPSDC) is responsible for the on-going review of emergency medical dispatcher performance, the local EMS agency does review cases routinely. The EMS agency is connected to the SMCPSDC's computer-aided dispatch system (CAD) and therefore can review the CAD notes of any case desired. Tape review of emergency medical dispatch calls are also performed frequently. In addition, the EMS medical director reviews emergency medical dispatch calls as requested.

The SMCPSDC uses the MPDS. The ProQA computer system, also developed by MPDS was purchased at the time the Center's CAD was installed two years ago. ProQA is designed to track dispatcher compliance to MPDS protocols. Unfortunately problems with ProQA and its installation with the particular CAD (PRC) necessitated the removal of ProQA from the CAD system and this valuable QA tool cannot be utilized at this time. However, we are working with MPDS to remedy the problem and expect this problem to be resolved very soon.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 6.05 Data Management System**

**MINIMUM STANDARD:** The local EMS agency shall establish a data management system which supports its system wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

**RECOMMENDED STANDARD:** The local EMS agency should establish an integrated data management system which includes system response and clinical (both prehospital and hospital data).

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

**CURRENT STATUS: MINIMUM STANDARD MET**

As stated previously in this plan, the local EMS agency implemented an EMS data system four years ago. This database, designed by the Alpine, Mother Lode, San Joaquin EMS Agency system, has now been loaded with prehospital patient care record information. The data consists of downloaded SMCPSSDC computer-aided-dispatch (CAD) data and PCR information manually entered by the countywide emergency ambulance provider's data entry clerk.

This present data system meets the minimum standard above. However, it lacks relational databases for the some essential EMS components, such as first response and hospital.

The implementation of a comprehensive and "user friendly" EMS database is a high priority. Hospital and first responder services need to have the ability to supply a central EMS data system with electronic data on their services. We want a database that electronically links all EMS components to create a seamless system of data entry and retrieval.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

An improved EMS system database. Support, cooperation, and collaboration with emergency ambulance providers, first responder agencies, hospitals, and the SMCPSSDC. Computer hardware and software to form a wide area network between all EMS components.

**OBJECTIVE:**

See 6.01.a. and 6.01.b.

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 6.06 System Design Evaluation**

**MINIMUM STANDARD:** The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

**STANDARD: NONE SPECIFIED**

**CURRENT STATUS: STANDARD MET**

This standard includes all structures and processes for planning and evaluation of an EMS system. For information regarding how this standard is met, see this document 1.01 - 8.19.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 6.07 Provider Participation**

**MINIMUM STANDARD:** The local EMS agency shall have the resources and authority to require provider participation in the system wide evaluation program.

**STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

The county-wide emergency ambulance provider, first responder ALS providers, air ambulance providers, and base/receiving hospitals are required to participate in system evaluation in accordance with written agreements with the County. Although no written agreement exists for the South San Francisco Fire Department emergency ambulance service, this provider participates in system evaluation activities. The first responder providers and the San Mateo County Public Safety Communications Center also participate in system evaluation. Non-emergency ambulance providers do not participate in system evaluation and there is no mechanism currently in place to require non-emergency ambulance providers to participate.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 6.08 Reporting**

**MINIMUM STANDARD:** The local EMS agency shall, at least annually report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

**STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

The local EMS agency reports to the Emergency Medical Care Committee regularly at its bi-monthly meetings. Provider agencies are represented on this Committee. The agency reports on evaluation of EMS system design and operations to the Board of Supervisors at least annually.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 6.09 ALS Audit**

**MINIMUM STANDARD:** The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and prehospital activities.

**RECOMMENDED STANDARD:** The local EMS agency's integrated data management system should include prehospital, base hospital, and receiving hospital data.

**CURRENT STATUS: MINIMUM STANDARD NOT MET**

Currently prehospital ALS is audited regularly by the provider agencies and by the EMS agency. A survey is being conducted to determine the EMT-Ps' subjective evaluation of the quality of medical direction being provided by the base hospitals. Presently there is no mechanism established to collect the hospital information. Plans are underway to expand the database to include this information and to develop a strategy regarding the procurement and implementation of a WAN that will include dispatch, first response, emergency ambulance (ground and air), and base/receiving hospitals (see 6.05)

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

See 6.05

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 6.10 Trauma System Evaluation**

**MINIMUM STANDARD:** The local EMS agency, with participation of acute care providers shall develop a trauma system evaluation and data collection program, including:

- a) a trauma registry,
- b) a mechanism to identify patients whose care fell outside of established criteria,  
and
- c) a process of identifying potential improvements to the system design and operation.

**STANDARD: NONE SPECIFIED**

**CURRENT STATUS: STANDARD NOT MET**

As described elsewhere in this plan, we are presently considering implementing a trauma system (see 1.07, 5.08, and 5.13). Currently we do not have a trauma registry or an effective mechanism to identify patients whose care falls outside of established criteria. We are able to evaluate the prehospital phase of trauma care but not the in-hospital phase. For these reasons it is difficult to identify potential improvements to the system design and operation. An improved EMS data system that incorporates in-hospital information would be helpful in meeting the standard (see 6.01).

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

See 1.07, 5.08, 5.13, and 6.01.

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 6.11 Trauma Center Data**

**MINIMUM STANDARD:** The local EMS agency shall ensure that designated trauma centers provide required data to the EMS agency, including specific information which is required for quality assurance/quality improvement and system evaluation.

**RECOMMENDED STANDARD:** The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their quality assurance/quality improvement and system evaluation program.

**CURRENT STATUS: STANDARD NOT MET**

We do not currently have designated trauma centers. Therefore, we do not technically meet this standard. The law does not mandate trauma care systems (see Section 1797.162 of the Health & Safety Code). If we do implement a trauma system as discussed in Sections 1.07, 5.08, and 5.13, we will ensure that the designated trauma centers provide required data to the EMS agency, including specific information which is required for quality assurance/quality improvement and system evaluation.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

## **G. PUBLIC INFORMATION AND EDUCATION**

### **STANDARD: 7.01 Public Information Materials**

**MINIMUM STANDARD:** The local EMS agency shall promote the development and dissemination of information materials for the public which addresses:

- a) understanding of EMS system design and operation,
- b) proper access to the system,
- c) self help (e.g. CPR, first aid, etc.),
- d) patient and consumer rights as they relate to the EMS system,
- e) health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- f) appropriate utilization of emergency departments

**RECOMMENDED STANDARD:** The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area.

### **CURRENT STATUS: MINIMUM STANDARD MET**

The local EMS agency promotes the development and dissemination of information materials for the public as described above, primarily requiring the countywide emergency ambulance provider to conduct public education programs. We also provide referrals to the American Heart Association and American Red Cross to the public for self help training. Under the auspices of the Managed Care Childhood Injury Prevention Project the local EMS agency has provided the public with information on preventing childhood injuries.

### **COORDINATION WITH OTHER EMS AGENCIES:**

N/A

### **NEED(S):**

### **OBJECTIVE:**

### **TIME FRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

**STANDARD: 7.02 Injury Control**

**MINIMUM STANDARD:** The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventative medicine.

**RECOMMENDED STANDARD:** The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

**CURRENT STATUS: RECOMMENDED STANDARD MET**

The local EMS agency works closely with other health education programs on injury control and prevention. San Mateo County EMS, with the assistance of Maternal Child Health grant funding, has developed and instituted infant and child car restraint education and distribution programs at three San Mateo County Comprehensive Pre-Natal Services Programs (CPSP). We are currently working with the San Mateo County Women Infants and Children Program (WIC) to implement a similar program. A bicycle helmet distribution program was implemented in conjunction with the San Mateo County Healthy Start Program. Home safety lectures are presented biannually to teenage parents enrolled in a county health education program.

San Mateo County EMS is an active participant in the Santa Clara/San Mateo Counties SAFE KIDS Coalition, whose mission is the prevention and reduction of childhood injuries. The agency is involved in San Francisco Poison Control Center's educational outreach at the local level and coordinates an annual poison poster contest in the San Mateo County school districts.

The agency is in the process of evaluating the "Accidents Aren't" injury prevention program developed for prehospital personnel. In addition, the Agency will be developing a module on violence for the "Accidents Aren't" curriculum. These two activities are funded through EMSA grant funding.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

Additional funding to maintain injury prevention coordinator position at completion of MCH and EMSA Grant Funding.

**OBJECTIVE:**

7.02.a. Seek funding sources for continuation of EMS injury prevention efforts.

**TIME FRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

**STANDARD: 7.03 Disaster Preparedness**

**MINIMUM STANDARD:** The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

**RECOMMENDED STANDARD:** The local EMS agency, in conjunction with the local office of emergency services (OES) should produce and disseminate information on disaster medical preparedness.

**CURRENT STATUS: MINIMUM STANDARD MET**

The local EMS agency works closely with the Office of Emergency Services (OES) on medical aspects of disaster preparedness and response. OES is a joint powers agency comprised of the County and its cities. OES conducts many citizen disaster preparedness services and programs. The EMS agency assists OES as requested.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 7.04 First Aid & CPR Training**

**MINIMUM STANDARD:** The local EMS agency shall promote the availability of first aid and CPR training for the general public.

**RECOMMENDED STANDARD:** The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high risk groups.

**CURRENT STATUS: STANDARD MET**

The local EMS agency promotes first aid and CPR training for the general public. The agency routinely refers the public to the American Heart Association and to the American Red Cross. Many local fire departments conduct citizen CPR and first aid programs. The county-wide emergency ambulance provider also conducts citizen CPR programs.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

## **H. DISASTER MEDICAL RESPONSE**

### **STANDARD: 8.01 Disaster Medical Planning**

**MINIMUM STANDARD:** In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

**STANDARD:** NONE SPECIFIED

### **CURRENT STATUS: STANDARD MET**

The local EMS agency develops the medical portion of the county disaster plan. This is accomplished by working with the Disaster Subcommittee of the Emergency Medical Care Committee which is chaired by the Director of OES. The Subcommittee includes representatives of the emergency ambulance provider, fire service, American Red Cross, mental health professionals, law enforcement, hospitals, and the San Francisco International Airport.

### **COORDINATION WITH OTHER EMS AGENCIES:**

N/A

### **NEED(S):**

### **OBJECTIVE:**

### **TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 8.02 Response Plans**

**MINIMUM STANDARD:** Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

**RECOMMENDED STANDARD:** The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

**CURRENT STATUS: RECOMMENDED STANDARD MET**

The medical response plan is applicable to incidents of all types including toxic substances. The OES multi-hazard functional plan is used as the model.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 8.03 HazMat Training**

**MINIMUM STANDARD:** All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

**STANDARD:** NONE SPECIFIED

**CURRENT STATUS: MINIMUM STANDARD MET**

One fire agency, South County Fire District, serves as the fire service HazMat Team for the entire county. The team is trained to the HazMat Specialist level and is very well equipped. The team is assisted by the Environmental Health Division of the Department of Health Services.

With the exception of an incident located within the City of South San Francisco, a countywide emergency ambulance provider supervisor responds to all HazMats needing a medical response regardless of whether ambulance transportation is required. The Baystar supervisor functions as the medical group leader for all such incidents.

Emergency ambulances are dispatched to all HazMats needing an ambulance response. All Baystar emergency ambulance personnel receive 24 hours of training at the First Responder Operations level. All Baystar emergency ambulances are equipped with Tyvek suits and appropriate reference materials including the NIOSH Guide, placard recognition book, and the text Emergency Response to Hazardous Materials Incidents.

For the City of South San Francisco, the emergency ambulance EMT-Ps function as the medical group supervisor at HazMat incidents. All fire service personnel, including the EMT-Ps have received 40 hours of training at the Incident Manager level. Level A supplies and equipment are carried on the fire truck.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

**STANDARD: 8.04 Incident Command System**

**MINIMUM STANDARD:** Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

**RECOMMENDED STANDARD:** The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

**CURRENT STATUS: RECOMMENDED STANDARD MET**

All medical disaster response plans and procedures use the Incident Command System (ICS). All fire service and emergency ambulance personnel are trained in ICS. The emergency department staff at San Mateo County General Hospital is trained and equipped to manage patients with radiation and chemical contamination and injuries. San Mateo County General Hospital works closely with the San Francisco Regional Poison Control Center.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 8.05 Distribution of Casualties**

**MINIMUM STANDARD:** The local EMS agency, using state guidelines, shall establish written procedures for distributing casualties to the most medically appropriate facilities in its service area.

**STANDARD:** NONE SPECIFIED

**CURRENT STATUS: MINIMUM STANDARD MET**

For multi-casualty incidents hospitals are polled by SMCPSPDC via the Computerized Hospital On-line Resource Allocation Line (CHORAL), or via radio if CHORAL is inoperable, to ascertain how many patients they can safely handle. This is done by patient type (immediate, delayed, minor). CHORAL also indicates the hospital's operating room and CT scanner status.

Policies exist identifying the capabilities of the hospitals within the county. For instance, some hospitals do not have obstetrical departments and patients with obstetrical emergencies are not taken to these facilities. Since there are no specialty centers presently designated within the county, written procedures do not address them within the multi-casualty plan.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 8.06 Needs Assessment**

**MINIMUM STANDARD:** The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

**RECOMMENDED STANDARD:** The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

**CURRENT STATUS: RECOMMENDED STANDARD MET**

The local EMS agency has established policies and procedures for assessing local needs at the time of disaster. There are a number of methods to communicate requests to the state and other jurisdictions. Hospitals may communicate their needs to the local EMS agency (or San Mateo County Public Safety Communications Center) via land line, microwave, radio frequency, RACES, FAX, or CHORAL. Cities may communicate to the county Emergency Operations Center (EOC) via land line, microwave, RACES, and via several governmental radio frequencies. The local EMS agency can communicate requests to neighboring jurisdictions via telephone to their county communications public safety dispatch center. The local EMS agency can use OASIS to communicate requests to the state either from the EMS agency office or from the EOC.

The county OES conducts an annual tabletop drill which includes the various communication methods described above.

**COORDINATION WITH OTHER EMS AGENCIES:**

The local EMS agency works with other San Francisco Bay Area counties on common approaches. Examples include CHORAL and the Bay Area Medical Mutual Aid Project (BAMMA).

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

**STANDARD: 8.07 Disaster Communications**

**MINIMUM STANDARD:** A specific frequency (e.g. CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

**STANDARD:** NONE SPECIFIED

**CURRENT STATUS: MINIMUM STANDARD MET**

CALCORD is used for interagency communication within the county. The following agencies all have CALCORD on each response vehicle:

- Baystar Medical Services emergency ambulances
- South San Francisco Fire Department ambulance
- Lifeflight Air Ambulance
- CALSTAR Air Ambulance
- All 17 fire service agencies
- California Highway Patrol

All emergency ambulances, air ambulances, and fire service dispatch centers have the EMS Red Channel. All emergency ambulances, air ambulances, and hospitals have the EMS Blue Channel. These channels could be used for disaster communications as needed and as operable. All hospitals and public safety dispatch centers have the county microwave which would also be used in a disaster.

All hospitals are linked via computer to each other and to the San Mateo County Public Safety Communications Center via the CHORAL. This system uses modems and direct telephone land lines.

In a localized disaster, other providers of disaster medical resources would probably be from other San Francisco Bay Area counties. In a disaster involving multiple San Francisco Bay Area counties, medical resources would be from outside this geographic area.

**COORDINATION WITH OTHER EMS AGENCIES:**

We are currently working with the counties of Santa Clara, San Francisco, Alameda and Contra Costa to develop an intercounty interagency communication plan. We will ask the EMSA to provide information regarding communication frequency plans for interagency communication involving disaster medical resource providers from outside the Bay Area.

**NEED(S):**

Cooperation and participation of San Francisco Bay Area local EMS agencies, the State EMS Authority, and local hospitals.

**OBJECTIVE:**

- 8.07.a. Working with other San Francisco Bay Area local EMS agencies, develop a communications plan for intercounty interagency communication during disaster operations.

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 8.08 Inventory of Resources**

**MINIMUM STANDARD:** The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

**RECOMMENDED STANDARD:** The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

**CURRENT STATUS: MINIMUM STANDARD NOT MET**

The local EMS agency and OES have not formally developed an inventory of disaster medical resources to respond to multi casualty incidents and disasters. Recently EMS and OES visited every local hospital to assess their disaster medical supply preparedness. Most hospitals keep only 72 hours of supplies stocked on site per their "just-in-time" supply procedures. In addition, most of the suppliers are located in the East Bay, across bridges. This could pose a serious problem in the event of a disaster such as an earthquake. We have communicated our concern to every hospital's C.E.O. We will be forming an action team to address this issue.

Baystar Medical Services keeps a substantial amount of medical supplies on site. However, these are not sorted or packaged in a manner to facilitate rapid distribution to a field disaster setting.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

8.08.a. Assist local hospitals to develop plans and agreements for disaster medical supply procurement.

8.08.b. Assist Baystar Medical Services to establish a disaster supply packaging system.

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 8.09 DMAT Teams**

**MINIMUM STANDARD:** The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

**RECOMMENDED STANDARD:** The local EMS agency should support the development and maintenance of DMAT teams in its area.

**CURRENT STATUS: STANDARD NOT MET**

We do not have a DMAT team located within the county. We believe that one exists in Santa Clara County. Since DMAT teams normally respond from areas far removed from the immediate disaster site, we do not understand the above minimum standard.

**COORDINATION WITH OTHER EMS AGENCIES:**

We will survey other Bay Area local EMS agencies to determine which jurisdictions have DMAT teams.

**NEED(S):**

**OBJECTIVE:**

- 8.09.a. Query other Bay Area local EMS agencies to determine the location of DMAT teams.

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 8.10 Mutual Aid Agreements**

**MINIMUM STANDARD:** The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

STANDARD: NONE SPECIFIED

**CURRENT STATUS: STANDARD NOT MET**

We do not currently have written medical mutual aid agreements with other counties. However, the contract with the EOA provider requires it to respond out of county for medical mutual purposes if so requested by San Mateo County.

Several years ago, at our request, the Bay Area Regional EMS Council established a Bay Area Medical Mutual Aid project (BAMMA). One of the goals of this committee was to establish medical mutual aid agreements between counties. This goal was not accomplished.

**COORDINATION WITH OTHER EMS AGENCIES:**

Work with other San Francisco Bay Area counties to develop medical mutual aid agreements.

**NEED(S):**

Support, cooperation, and participation of the Bay Area local EMS agencies including their legal counsels.

**OBJECTIVE:**

8.10.a. Re-establish BAMMA with the primary goal to be establishing written medical mutual aid agreements.

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 8.11 CCP Designation**

**MINIMUM STANDARD:** The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate casualty collection points (CCPs).

**STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

Primary CCPs have been designated in close proximity to local hospitals. Other CCPs (such as schools) are supplemental only. The primary CCP placement adjacent to hospitals was selected because:

1. Experience shows that the injured go to hospitals during a disaster.
2. Physicians, nurses, and other health professionals report to hospitals during a disaster.
3. It will be possible to have medical supplies available.
4. The public knows where hospitals are located; they do not usually know where a county has designated a CCP.
5. Immediately following a disaster, there will probably be insufficient medical personnel available to staff non-hospital CCPs.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 8.12 Establishment of CCPs**

**MINIMUM STANDARD:** The local EMS agency, in coordination with the local OES, shall develop plans for establishing CCPs and a means for communication with them.

**STANDARD:** NONE SPECIFIED

**CURRENT STATUS: MINIMUM STANDARD MET**

CCPs have been established as described in 8.11. Forms of communication, dependent on the operability of each, are: CHORAL, FAX, telephone land line, microwave, Blue Channel radio, and RACES.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

**STANDARD: 8.13 Disaster Medical Training**

**MINIMUM STANDARD:** The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

**RECOMMENDED STANDARD:** The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

**CURRENT STATUS: RECOMMENDED STANDARD MET**

All fire service first responders and emergency ambulance personnel are trained in the Incident Command System. Fire service first responders have received at least 40 hours of HazMat training at the Incident Manager level. All emergency ambulance personnel receive 24 hours of training at the First Responder Operations level.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 8.14 Hospital Plans**

**MINIMUM STANDARD:** The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

**RECOMMENDED STANDARD:** At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and prehospital medical care agencies.

**CURRENT STATUS: MINIMUM STANDARD MET**

All hospitals are encouraged to ensure that their internal and external disaster plans are fully integrated with the county's plan. Hospital representatives serve on the Disaster Subcommittee. San Mateo County General Hospital and the two Kaiser Hospitals have implemented a Hospital Emergency Incident Command System. The county is introducing SEMS to the hospitals this fall.

One large scale disaster drill is conducted annually. This drill involves all hospitals, prehospital care providers, and the local EMS agency.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 8.15 Interhospital Communications**

**MINIMUM STANDARD:** The local EMS agency shall ensure that there is an emergency system for interhospital communications, including operational procedures.

**STANDARD:** NONE SPECIFIED

**CURRENT STATUS: MINIMUM STANDARD MET**

There are several methods for interhospital communications including EMS Blue Channel, land line telephone, microwave, FAX, CHORAL, and RACES.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 8.16 Prehospital Agency Plans**

**MINIMUM STANDARD:** The local EMS agency shall ensure that all prehospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

**RECOMMENDED STANDARD:** The local EMS agency should ensure the availability of training in management of significant medical incidents for all prehospital medical response agencies and acute-care hospitals in its service area.

**CURRENT STATUS: MINIMUM STANDARD NOT MET**

Over the last year the local EMS staff, working with OES, has visited every acute care hospital in this jurisdiction. Issues such as equipment, and supply, location and storage were evaluated. Over the next year we will review each facility's guidelines for the management of significant medical incidents. We will also be encouraging SEMS training for hospital personnel.

Last March we conducted a site visit of the countywide emergency ambulance provider's plant and reviewed their internal disaster plan. A number of suggestions were provided including the development of an internal disaster plan, conducting internal disaster drills, and to consider alternate supply sites.

All emergency ambulance personnel receive training in the incident command system. We will be encouraging this provider to train its personnel in SEMS.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

Cooperation and participation of acute care hospitals and emergency ambulance providers.

**OBJECTIVE:**

8.16.a. Review each acute care hospital's guidelines for management of significant medical incidents and associated personnel training programs.

8.16.b. Review emergency ambulance provider's internal disaster plan and

MCI/disaster training plans.

**TIME FRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

**STANDARD: 8.17 ALS Policies**

**MINIMUM STANDARD:** The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

**STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD NOT MET**

A policy is in place outlining how ALS medical mutual aid is requested from out of county including authorization processes.

A policy is in place addressing medical mutual aid from Alameda and San Francisco Counties. This policy specifies that EMT-Ps responding into San Mateo County's jurisdiction for medical mutual aid would function according the medical protocols of their home county. No policy is currently in place specifying Santa Clara or Santa Cruz Counties. No policies exist addressing how ALS personnel from other counties outside the Bay area would provide ALS level care during significant medical incidents.

**COORDINATION WITH OTHER EMS AGENCIES:**

We will work with Santa Clara and Santa Cruz Counties to develop policies outlining how their personnel could function at an ALS level when responding into San Mateo County to provide medical mutual aid.

**NEED(S):**

Cooperation and participation of local EMS agencies and ALS providers from Santa Clara and Santa Cruz counties.

**OBJECTIVE:**

8.17.a. Expand current policy regarding ALS intervention for EMT-Ps in medical mutual aid incidents to include all counties adjacent to San Mateo.

8.17.b. Develop policy regarding ALS intervention for EMT-Ps responding into San Mateo County upon request in response to a significant medical incident.

**TIME FRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long-range Plan

**STANDARD: 8.18 Specialty Care Roles**

**MINIMUM STANDARD:** Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty care centers during a significant medical incident and the impact of such incidents on day-to-day triage procedures.

**STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD NOT MET**

We do not presently have a formal trauma system. We are presently in the process of designating pediatric critical care centers. As specialty centers are designated we will incorporate them into the disaster medical response plan.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

8.17.a. Incorporate specialty centers into the disaster medical response plan at such time that specialty centers are designated.

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD: 8.19 Waiving Exclusivity**

**MINIMUM STANDARD:** Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

**STANDARD:** NONE SPECIFIED

**CURRENT STATUS: STANDARD MET**

Although there is no statement to this effect in written policy, we believe there would be no conflict over the issue of emergency ambulance provider exclusivity during a significant medical incident. Policies are in place outlining how medical mutual aid would be requested and authorized.

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEED(S):**

**OBJECTIVE:**

- 8.19.a. Add a statement to the disaster medical response plan and all corresponding EMS policies, and to future emergency ambulance Request for Proposals and ensuing written agreements, waiving exclusivity during large-scale significant medical incidents.

**TIME FRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

# San Mateo County

**TABLE 1: Summary of System Status**

For items that are followed by an asterisk, describe on the Assessment form how resources and/or services are coordinated with other EMS agencies in meeting the stanards.

## A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
1.01 LEMSA Structure		X	N/A		
1.02 LEMSA Mission		X	N/A		
1.03 Public Input		X	N/A		
1.04 Medical Director		X	X		

### Planning Activities

1.05 System Plan		X	N/A		
1.06 Annual Plan Update		X	N/A		
1.07 Trauma Planning*		X		X	
1.08 ALS Planning*		X	N/A		
1.09 Inventory of Resources		X	N/A		
1.10 Special Populations	X			X	
1.11 System Participants		X	N/A		

<b>Regulatory Activities</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline</b>	<b>Annual Implementation</b>	<b>Long-range Plan</b>
1.12 Review & Monitoring		X	N/A		
1.13 Coordination		X	N/A		
1.14 Policy & Procedures Manual		X	N/A		
1.15 Compliance w/ Policies		X	N/A		

#### **System Finance**

1.16 Funding Mechanism		X	N/A		
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#### **Medical Direction**

1.17 Medical Direction*		X	N/A		
1.18 QA / QI		X	X		
1.19 Policies, Procedures, Protocols		X	X		
1.20 DNR Policy		X	N/A		
1.21 Determination of Death		X	N/A		
1.22 Reporting of Abuse		X		X	
1.23 Interfacility Transfer		X	N/A		

#### **Enhanced Level: Advanced Life Support**

1.24 ALS Systems	X			X	
1.25 On-Line Medical Direction		X	X		

<b>Enhanced Level: Trauma Care System</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline</b>	<b>Annual Implementation</b>	<b>Long-range Plan</b>
1.26 Trauma System Plan	X		N/A	X	

**Enhanced Level: Pediatric Emergency & Critical Care System**

1.27 Pediatric System Plan		X	N/A		
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**Enhanced Level: Exclusive Operating Areas**

1.28 EOA Plan		X	N/A		
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## B. STAFFING / TRAINING

Local EMS Agency	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
2.01 Assessment of Needs		X	N/A		
2.02 Approval of Training		X	N/A		
2.03 Personnel		X	N/A		

### Dispatchers

2.04 Dispatch Training		X	X		
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### First Responders (non-transporting)

2.05 First Responder Training		X	X		
2.06 Response		X	N/A		
2.07 Medical Control		X	N/A		

### Transporting Personnel

2.08 EMT-I Training		X	X		
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### Hospital

2.09 CPR Training		X	N/A		
2.10 Advanced Life Support		X	NOT MET		

<b>Enhanced Level: Advanced Life Support</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline</b>	<b>Annual Implementation</b>	<b>Long-range Plan</b>
<b>2.11 Accreditation Process</b>		X	N/A		
<b>2.12 Early Defibrillation</b>		X	N/A		
<b>2.13 Base Hospital Personnel</b>	X (request a waiver)			X	

## C. COMMUNICATIONS

Communications Equipment	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
3.01 Communication Plan*		X	X		
3.02 Radios		X	X		
3.03 Interfacility Transfer*		X	N/A		
3.04 Dispatch Center		X	N/A		
3.05 Hospitals		X	X		
3.06 MCI/Disasters		X	N/A		

### Public Access

3.07 9-1-1 Planning/Coordination		X	X		
3.08 9-1-1 Public Education		X	N/A		

### Resource Management

3.09 Dispatch Triage		X	X		
3.10 Integrated Dispatch		X	X		

## D. RESPONSE / TRANSPORTATION

<b>Universal Level</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline</b>	<b>Annual Implementation</b>	<b>Long-range Plan</b>
4.01 Service Area Boundaries*		X	X		
4.02 Monitoring		X	X		
4.03 Classifying Medical Requests		X	N/A		
4.04 Prescheduled Responses		X	N/A		
4.05 Response Time Standards*		X	NOT MET	X	
4.06 Staffing		X	N/A		
4.07 First Responder Agencies	X		N/A		X
4.08 Medical & Rescue Aircraft*		X	N/A		
4.09 Air Dispatch Center		X	N/A		
4.10 Aircraft Availability*		X	N/A		
4.11 Specialty Vehicles*	X		NOT MET	X	
4.12 Disaster Response		X	N/A		
4.13 Intercounty Response*	X		NOT MET		X
4.14 Incident Command System		X	N/A		
4.15 MCI Plans		X	N/A		

### Enhanced Level: Advanced Life Support

4.16 ALS Staffing		X	X		
4.17 ALS Equipment		X	N/A		

<b>Enhanced Level: Ambulance Regulation</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline</b>	<b>Annual Implementation</b>	<b>Long-range Plan</b>
4.18 Compliance		X	N/A	X	

**Enhanced Level: Exclusive Operating Permits**

4.19 Transportation Plan		X	N/A		
4.20 Grandfathering		X	N/A		
4.21 Compliance		X	N/A	X	
4.22 Evaluation		X	N/A		

### E. FACILITIES / CRITICAL CARE

	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
<b>Universal Level</b>					
5.01 Assessment of Capabilities		X	X		
5.02 Triage & Transfer Protocols*		X	N/A		
5.03 Transfer Guidelines*	X		N/A	X	X
5.04 Specialty Care Facilities*		X	N/A		
5.05 Mass Casualty Management		X	X		
5.06 Hospital Evacuation*	X		N/A		X

#### Enhanced Level: Advanced Life Support

5.07 Base Hospital Designation*		X	N/A		
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#### Enhanced Level: Trauma Care System

5.08 Trauma System Design	X		N/A	X	
5.09 Public Input		X		X	

#### Enhanced Level: Pediatric Emergency & Critical Care System

5.10 Pediatric System Design	X		N/A		X
5.11 Emergency Departments		X	X		
5.12 Public Input		X	N/A		

#### Enhanced Level: Other Speciality Care System

5.13 Speciality System Design		X	N/A		
5.14 Public Input		X	N/A		

## F. DATA COLLECTION / SYSTEM EVALUATION

	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
<b>Universal Level</b>					
6.01 QA/QI Program		X	NOT MET	X	
6.02 Prehospital Records		X	N/A		
6.03 Prehospital Care Audits		X	NOT MET		
6.04 Medical Dispatch		X	N/A		
6.05 Data Management System*		X	NOT MET	X	
6.06 System Design Evaluation		X	N/A		
6.07 Provider Participation		X	N/A		
6.08 Reporting		X	N/A		

### Enhanced Level: Advanced Life Support

6.09 ALS Audit	X		NOT MET	X	
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### Enhanced Level: Trauma Care System

6.10 Trauma System Evaluation	X		N/A	X	
6.11 Trauma Center Data	X		NOT MET	X	

## G. PUBLIC INFORMATION AND EDUCATION

	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline</b>	<b>Annual Implementation</b>	<b>Long-range Plan</b>
<b>Universal Level</b>					
7.01 Public Information Materials		X	NOT MET		
7.02 Injury Control		X	N/A		
7.03 Disaster Preparedness		X	NOT MET		
7.04 First Aid & CPR Training		X	NOT MET		

## H. DISASTER MEDICAL RESPONSE

Universal Level	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
8.01 Disaster Medical Planning*		X	N/A		
8.02 Response Plans		X	X		
8.03 HazMat Training		X	N/A		
8.04 Incident Command System		X	X		
8.05 Distribution of Casualties*		X	N/A		
8.06 Needs Assessment		X	X		
8.07 Disaster Communications*		X	N/A		
8.08 Inventory of Resources	X		NOT MET	X	
8.09 DMAT Teams	X		NOT MET	X	
8.10 Mutual Aid Agreements*	X		N/A		X
8.11 CCP Designation*		X	N/A		
8.12 Establishment of CCPs		X	N/A		
8.13 Disaster Medical Training		X	X		
8.14 Hospital Plans		X	NOT MET		
8.15 Interhospital Communications		X	N/A		
8.16 Prehospital Agency Plans	X		NOT MET	X	

**Enhanced Level: Advanced Life Support**

8.17 ALS Policies			X	X	
-------------------	--	--	---	---	--

<b>Enhanced Level: Specialty Care Systems</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline</b>	<b>Annual Implementation</b>	<b>Long-range Plan</b>
8.18 Specialty Center Roles	X		N/A		X
8.19 Waiving Exclusivity		X	N/A	X	

**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**  
**System Organization and Management**

EMS System: San Mateo County

Reporting Year: FY 1994-95

**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:

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

b. County Health Services Agency

3. The person responsible for day-to-day activities of EMS agency reports to

b. Health Services Agency Director/Administrator

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

Yes Implementation of exclusive operating areas (ambulance franchising)

No Designation of trauma centers/trauma care system planning

Yes Designation/approval of pediatric facilities

No Designation of other critical care centers

No Development of transfer agreements

No Enforcement of local ambulance ordinance

Yes Enforcement of ambulance service contracts

No Operation of ambulance service

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

- Yes Continuing education (approval of programs only)
- No Personnel training
- No Operation of oversight of EMS dispatch center
- No Non-medical disaster planning
- No Administration of critical incident stress debriefing (CISD) team
- No Administration of disaster medical assistance team (DMAT)
- Yes Administration of EMS Fund [Senate Bill (SB) 12/612]
- Other:
- Other:
- Other:

**5. EMS agency budget for FY**

**A. EXPENSES**

Salaries and benefits (all but contract personnel)	\$307,122
Contract Services (Note: includes medical director, grant funded projects, and other contracts)	\$291,114
Operations (e.g. copying, postage, facilities)	89,061
Travel (includes travel, meetings, training, including large amount for QI grant)	40,147
Fixed assets	
Indirect expenses (overhead)	105,365
Ambulance subsidy	
EMS Fund payments to physicians/hospital (not in EMS budget -see below)	
Dispatch center operations (non-staff)	
Training program operations	
<b>TOTAL EXPENSES</b>	<u><b>\$832,809</b></u>

**SB 12 Payments**

Physician Claims	397,776
Hospitals	164,558

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

**B. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$219,326
Office of Traffic Safety (OTS)	15,000
State general fund	
County general fund	5,312
Fund balance	33,445
Other local tax funds (e.g., EMS district)	
County contracts (e.g. multi-county agencies)	
Certification fees	7,000
Training program approval fees	
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	
Base hospital application fees	
Base hospital designation fees	
Trauma center application fees	
Trauma center designation fees	
Pediatric facility approval fees	
Pediatric facility designation fees	
Other critical care center application fees	
Type:	
Other critical care center designation fees	
Type:	
Ambulance service/vehicle fees (response time fines)	65,000
Contributions	
EMS Fund (SB 12/612)	412,726
Other grants: Maternal Child Health Branch, DHS	75,000
Other fees:	
Other (specify):	
<b>TOTAL REVENUE</b>	<b><u>\$832,809</u></b>

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

**6. Fee structure for FY**

We do not charge any fees	
X Our fee structure is:	
First responder certification	
EMS dispatcher certification	
EMT-I certification	\$ 20.00
EMT-I recertification	20.00
EMT-defibrillation certification	
EMT-defibrillation recertification	
EMT-II certification	N/A
EMT-II recertification	N/A
EMT-P accreditation	50
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	N/A
MICN/ARN recertification	N/A
EMT-I training program approval	
EMT-II training program approval	N/A
EMT-P training program approval	
MICN/ARN training program approval	
Base hospital application	
Base hospital designation	
Trauma center application	N/A
Trauma center designation	N/A
Pediatric facility approval	
Pediatric facility designation	

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

Other critical care center application

Type:

Other critical care center designation

Type:

Ambulance service license

Ambulance vehicle permits

Other:

Other:

Other:

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of FY 1995/96

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

EMS System:

Reporting Year: FY 1995-96

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./ Coord./Dir.	EMS Administrator	1.0	\$34.53	33%	
Asst. Admin./ Admin. Asst./ Admin. Mgr.	Assistant EMS Administrator	1.0	\$27.04	33%	
ALS Coord./ Field Coord./ Trng Coord.					
Program Coord./Field Liaison (Non- clinical)	EMS Program Specialist	1.0	\$22.07	28%	
Trauma Coord.					
Med. Director	EMS Medical Director	0.25 (contract)	\$69	0%	
Other MD/ Med. Consult./ Trng. Med. Dir.					
Disaster Med. Planner					

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

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

<b>CATEGORY</b>	<b>ACTUAL TITLE</b>	<b>FTE POSITIONS (EMS ONLY)</b>	<b>TOP SALARY BY HOURLY EQUIVALENT</b>	<b>BENEFITS (% of Salary)</b>	<b>COMMENTS</b>
Dispatch Supervisor					
Medical Planner					
Dispatch Supervisor					
Data Evaluator/ Analyst					
QA/QI Coordinator					
Public Info. & Ed. Coord.					
Ex. Secretary	Administrative Secretary II	1.0	\$15.56	28%	
Other Clerical	Office Assistant (extra help)	0.5	\$13.74	0%	
Data Entry Clerk					
Other					

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

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

EMS System: San Mateo County

Reporting Year: FY 1994-95

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total certified*	166	0		0	26
Number of newly certified this year	74	0		0	3
Number of recertified this year	50	0		0	20
Number of certificate reviews resulting in:					
a) formal investigations	0	N/A	2	N/A	1
b) probation	0	N/A	0	N/A	0
c) suspensions	0	N/A	0	N/A	0
d) revocations	0	N/A	0	N/A	0
e) denials	0	N/A	0	N/A	0
f) denials of renewal	0	N/A	0	N/A	0
g) no action taken	0	N/A	0	N/A	0

\*Does not include fire service EMT-Is since they are certified by State Fire Marshall. Does not necessarily include all EMT-Is working within San Mateo County

1. Number of EMS dispatchers trained to EMSA standards: 26
2. Early defibrillation:
  - a) Number of EMT-I (defib) certified 810
  - b) Number of public safety (defib) certified (non-EMT-I) 73
3. Do you have a first responder training program?
 

yes  
 no

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications**

EMS System: San Mateo

County: San Mateo

Reporting Year: FY 1994-95

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

1. Number of primary Public Service Answering Points (PSAP) 17
2. Number of secondary PSAPs 0
3. Number of dispatch centers directly dispatching ambulances 2
4. Number of designated dispatch centers for EMS Aircraft 2
5. Do you have an operational area disaster communication system? yes no
  - a. Radio primary frequency: 482.3125 (red channel) 482.7625 (blue channel)
  - b. Other methods: Microwave 21.8 - 22.4 Ghz and 23.0-23.6 GHz
  - c. Can all medical response units communicate on the same disaster communications system?  
yes no
  - d. Do you participate in OASIS? yes no
  - e. Do you have a plan to utilize RACES as a back-up communication system?  
yes no (No for ambulances, Yes for hospitals)
    - 1) Within the operational area? yes no
    - 2) Between the operational area and the region and/or state? yes no
6. Who is your primary dispatch agency for day-to-day emergencies?  
San Mateo County Public Safety Communications Center
7. Who is your primary dispatch agency for a disaster?  
San Mateo County Public Safety Communications Center

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

EMS System: San Mateo County

Reporting Year: 1/1/94 - 12/31/94

Note: Table 5 is to be reported by agency.

**TRANSPORTING AGENCIES**

1. Number of exclusive operating areas	2
2. Percentage of population covered by Exclusive Operating Areas (EOA)	100%
3. Total number responses	
a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	19,993
b) Number non-emergency responses (Code 1: normal)	Unknown
4. Total number of transports	
a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	18,557
b) Number non-emergency transports (Code 1: normal)	unknown

**Early Defibrillation Programs**

5. Number of public safety defibrillation programs	
a) Automated	1
b) Manual	
6. Number of EMT-Defibrillation programs	
a) Automated	18
b) Manual	

**Air Ambulance Services**

7. Total number of responses	
a) Number of emergency responses	120
b) Number of non-emergency responses	unknown
8. Total number of transports	
a) Number of emergency (scene) responses	79
b) Number of non-emergency responses	unknown

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS -- Response/Transportation (cont)**

**SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)**

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1. BLS and CPR capable first responder.	Unknown	Unknown	Unknown	Unknown
2. Early defibrillation capable responder.	Unknown	Unknown	Unknown	Unknown
3. Advanced life capable responder (we have several ALS first responder programs - non-transport).	Unknown	Unknown	Unknown	Unknown
4. EMS transport unit (All ALS).	8 minutes	8 minutes suburban 20 minutes rural	30 minutes	Unknown

\* Response standards are only set and mandated for county-wide emergency ambulance contractor.

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

EMS System: San Mateo County

Reporting Year: 1994

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

**Trauma care system**

1. Trauma patients:

- |  |         |
|--|---------|
| a) Number of patients meeting trauma triage criteria                                   | Unknown |
| b) Number of major trauma victims transported directly to a trauma center by ambulance | Unknown |
| c) Number of major trauma patients transferred to a trauma center                      | Unknown |
| d) Number of patients meeting triage criteria who weren't treated at a trauma center   | Unknown |

(Note - we attempted to collect data for 1.a. from our EMS database and discovered that data entry was not complete or accurate.)

**Emergency departments:**

2. Total number of emergency departments

- |   |   |
|---|---|
| a) Number of referral emergency services      | 0 |
| b) Number of standby emergency services       | 1 |
| c) Number of basic emergency services         | 7 |
| d) Number of comprehensive emergency services | 1 |

(Note: one receiving hospital is located outside San Mateo County [Stanford])

- |  |   |
|--|---|
| 3. Number of receiving hospitals with agreements<br>(Note: these are base hospital agreements) | 9 |
|--|---|

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

EMS System: San Mateo

County: San Mateo County

Reporting Year: 1994

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

### SYSTEM RESOURCES

#### 1. Casualty Collections Points (CCP)

- a. Where are your CCPs located?

These are located adjacent to each receiving hospital. Alternate sites are designated if needed.

- b. How are they staffed?

They will be staffed by hospital personnel and off-duty medical personnel.

- 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

There is a non-medical HazMat team that responds throughout the county.

- b. At what HazMat level are they trained?

County-wide emergency ambulance provider EMT-Ps are trained to the operations level (24 hours). The South San Francisco Fire Service EMT-Ps have 40 hours of training (Incident Manager Level).

- 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?
3. Have you tested your MCI Plan this year in a:
- a. real event?    yes             no
- b. exercise?     yes             no
4. List all counties with which you have a written medical mutual aid agreement.
- None.
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?            yes             no
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response?            yes             no
7. Are you part of a multi-county EMS system for disaster response?            yes             no
8. Are you a separate department or agency?            yes             no
9. If not, to whom do you report?
10. If not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?            yes             no

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: San Mateo County County: San Mateo Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Baystar Medical Services 1616 Rollins Road, Burlingame, CA 94010, (415) 259-6111			<b>Primary Contact:</b> Steve Athey, CEO		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [0] PS            [0] PS-Defib [139] BLS       [0] EMT-D [0] LALS        [119] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 87

<b>Name, address &amp; telephone:</b> Bayshore Ambulance PO Box 4622, Foster City, CA 94404, (415) 525-3855			<b>Primary Contact:</b> Dave Bockholt		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [32] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 10

<b>Name, address &amp; telephone:</b> Guardian Ambulance 1165 El Camino Real, So. San Francisco, CA 94080, (415) 589-6688			<b>Primary Contact:</b> Ed Foulcraft		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Unk	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [Ø] PS            [Ø] PS-Defib [12] BLS        [Ø] EMT-D [Ø] LALS        [Ø] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	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	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 4

<b>Name, address &amp; telephone:</b> Brisbane Fire Department 700 San Bruno Avenue, Brisbane, CA 94005, (415) 467-1216			<b>Primary Contact:</b> Scott Kenley, Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [Ø] PS            [Ø] PS-Defib <input type="checkbox"/> BLS            [9] EMT-D [Ø] LALS        [Ø] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: Ø

<b>Name, address &amp; telephone:</b> Burlingame Fire Department 1399 Rollins Road, Burlingame, CA 94010, (415) 343-4545			<b>Primary Contact:</b> Malcolm Towns, Chief		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [Ø] PS            [Ø] PS-Defib [42] BLS        [42] EMT-D [Ø] LALS        [Ø] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: Ø

<b>Name, address &amp; telephone:</b> California Department of Forestry PO Drawer F-2, Felton , CA 95018, (415) 345-1612			<b>Primary Contact:</b> Jim Asche		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [Ø] PS [Ø] PS-Defib [70] BLS        [140] EMT-D [Ø] LALS        [3] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	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 checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: Ø

<b>Name, address &amp; telephone:</b> Colma Fire Protection District 50 Reiner Street, Colma, CA 94019, (415) 755-5666			<b>Primary Contact:</b> Robert Benedetti, Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [Ø] PS            [Ø] PS-Defib [32] BLS        [32] EMT-D [Ø] LALS        [Ø] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	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 checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: Ø

<b>Name, address &amp; telephone:</b> Daly City Fire Department 10 Wembly Drive, Daly City, CA 94015, (415) 991-8138			<b>Primary Contact:</b> Mike Orloff, Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [Ø] PS            [Ø] PS-Defib [70] BLS        [70] EMT-D [Ø] LALS        [Ø] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: Ø

<b>Name, address &amp; telephone:</b> Foster City Fire Department 1040 East Hillsdale Blvd., San Mateo, CA 94404, (415) 286-3350			<b>Primary Contact:</b> William McDonald, Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [Ø] PS            [Ø] PS-Defib [31] BLS        [31] EMT-D [Ø] LALS        [Ø] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: Ø

<b>Name, address &amp; telephone:</b> Half Moon Bay Fire Protection District 210 San Maeo Road #101, Half Moon Bay, Ca 94109, (415) 726-5213			<b>Primary Contact:</b> Ron Delgado, Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [Ø] PS            [Ø] PS-Defib [21] BLS        [21] EMT-D [Ø] LALS        [Ø] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	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 checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: Ø

<b>Name, address &amp; telephone:</b> Hillsborough Fire Department 1600 Floribunda Avenue, Hillsborough, CA 94010, (415) 579-3822			<b>Primary Contact:</b> Dave Milanese, Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [Ø] PS            [Ø] PS-Defib [23] BLS        [23] EMT-D [Ø] LALS        [Ø] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: Ø

<b>Name, address &amp; telephone:</b> Menlo Park Fire Protection District 300 Middlefield Road, Menlo Park, CA 94025, (415) 688-8400			<b>Primary Contact:</b> Rick Tye		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [Ø] PS [Ø] PS-Defib [51] BLS        [83] EMT-D [Ø] LALS        [32] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	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 checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: Ø

<b>Name, address &amp; telephone:</b> Millbrae Fire Department 511 Magnolia Avenue, Millbrae, CA 94030, (415) 259-2400			<b>Primary Contact:</b> Brian Kelly		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [Ø] PS            [Ø] PS-Defib [21] BLS        [21] EMT-D [Ø] LALS        [Ø] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: Ø

<b>Name, address &amp; telephone:</b> Pacifica Fire Department 170 Santa Maria Avenue, Pacifica, CA 94044, (415) 738-7360			<b>Primary Contact:</b> Gary Stofan		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [Ø] PS            [Ø] PS-Defib [23] BLS        [23] EMT-D [Ø] LALS        [Ø] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: Ø

<b>Name, address &amp; telephone:</b> Point Montara Fire 601 Stetson, Moss Beach, CA 94038, (415) 728-3022			<b>Primary Contact:</b> Dave Efusia		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [Ø] PS            [Ø] PS-Defib [13] BLS        [13] EMT-D [Ø] LALS        [Ø] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: Ø

<b>Name, address &amp; telephone:</b> Redwood City Fire Department 755 Marshall Street, Redwood City, CA 940643, (415) 780-7400			<b>Primary Contact:</b> Anthony Fink, Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [Ø] PS            [Ø] PS-Defib [60] BLS        [60] EMT-D [Ø] LALS        [Ø] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: Ø

<b>Name, address &amp; telephone:</b> San Bruno Fire Department 555 El Camino Real, San Bruno, CA 94066, (415) 877-8996			<b>Primary Contact:</b> Thomas Ott, Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [Ø] PS            [Ø] PS-Defib [30] BLS        [30] EMT-D [Ø] LALS        [Ø] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: Ø

<b>Name, address &amp; telephone:</b> San Mateo Fire Department 120 So. Ellsworth Avenue, San Mateo, CA 94401, (415) 377-4662			<b>Primary Contact:</b> James Nantell, Acting Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [Ø] PS            [Ø] PS-Defib [77] BLS        [77] EMT-D [Ø] LALS        [Ø] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: Ø

<b>Name, address &amp; telephone:</b> San Francisco International Airport Fire House #1, San Francisco, CA 94128-1099, (415) 876-2139			<b>Primary Contact:</b> Arthur Citron		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [Ø] PS            [Ø] PS-Defib [63] BLS        [63] EMT-D [Ø] LALS        [Ø] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: Ø

<b>Name, address &amp; telephone:</b> South County Fire Department 666 Elm Street, San Carlos, CA 94070, (415) 593-8016			<b>Primary Contact:</b> Charles Lowden, Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [Ø] PS            [Ø] PS-Defib [45] BLS        [45] EMT-D [Ø] LALS        [Ø] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: Ø

<b>Name, address &amp; telephone:</b> South San Francisco Fire Department 33 Arroyo Drive, So. San Francisco, CA 94080, (415) 877-8950			<b>Primary Contact:</b> Andrew Stark, Chief		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [Ø] PS [Ø] PS-Defib [57] BLS [70] EMT-D [Ø] LALS [13] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 1

<b>Name, address &amp; telephone:</b> Woodside Fire Protection District 3111 Woodside Road, Woodside, CA 94062, (415) 851-1594			<b>Primary Contact:</b> Mike Fuge, Chief		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [Ø] PS [Ø] PS-Defib [27] BLS [30] EMT-D [Ø] LALS [Ø] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	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 checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: Ø

<b>Name, address &amp; telephone:</b> CALSTAR 20876 Corsair Blvd., Hayward, CA 94545, (510) 887-3063			<b>Primary Contact:</b> Joseph Cook		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: [Ø] PS      [Ø] PS-Defib [Ø] BLS      [Ø] EMT-D [Ø] LALS      [30] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> Life Flight 300 Pasteur Drive, Palo Alto, CA 94305, (415) 723-5578			<b>Primary Contact:</b> Susan Lockman		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS      [12] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	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	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

## TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System:            County:            Reporting Year:

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address		Contact Person telephone no.
College of San Mateo 1700 West Hillsdale Blvd., San Mateo, CA 94402-3784		Kim Roderick (415) 574-6347
Student Eligibility: *	Cost of Program [basic/refresher]:	**Program Level: <u>EMT-1</u>
Open	Basic 6 Units    \$13/Unit    \$120 Materials	Number of students completing training per year:
	Refresher 2 Units    \$13/Unit	Initial training: <u>50</u>
		Refresher: <u>200</u>
		Cont. Education: <u>N/A</u>
		Expiration Date: <u>N/A; STATE FIRE MARSHALL</u>
Refresher = 1.5 units		Number of courses: <u>5</u>
		Initial training: <u>2</u>
		Refresher: <u>3</u>
		Cont. Education: <u>N/A</u>

Training Institution Name / Address		Contact Person telephone no.
Skyline Community College 3300 College Drive, San Bruno, CA 94066		Angelica Grasso-Hotti (415) 355-7000
Student Eligibility: *	Cost of Program [basic/refresher]:	**Program Level: <u>EMT-1</u>
Open	Basic 6 Units    \$13/Unit    Approx. \$250 fees/materials	Number of students completing training per year:
	Refresher 2 Units    \$13/Unit    \$120 Materials	Initial training: <u>120</u>
		Refresher: <u>40</u>
		Cont. Education: <u>Unknown</u>
		Expiration Date: <u>Unknown</u>
		Number of courses: <u>4</u>
		Initial training: <u>2</u>
		Refresher: <u>2</u>
		Cont. Education: <u>N/A</u>

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

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

## TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System:

County:

Reporting Year:

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address		Contact Person telephone no.
Hospital Consortium Education Network 1600 Trousdale Avenue, Burlingame, CA 94010		Rebecca Farmer-Peterson (415) 696-7861
Student Eligibility: *	Cost of Program	**Program Level: <u>EMT-P</u>
First class restricted	Basic <u>\$4000</u>	Number of students completing training per year:
	Refresher <u>N/A</u>	Initial training: <u>Unknown: new program</u>
		Refresher: <u>N/A</u>
		Cont. Education: <u>N/A</u>
		Expiration Date: <u>June 8, 1998</u>
		Number of courses: <u>1</u>
		Initial training: <u>1</u>
		Refresher: <u>N/A</u>
		Cont. Education: <u>N/A</u>

Training Institution Name / Address		Contact Person telephone no.
Hospital Consortium 1600 Trousdale Avenue, Burlingame, CA 94010		Gayle Simons (415) 696-7861
Student Eligibility: *	Cost of Program	**Program Level: <u>EMT-1</u>
Open	Basic <u>N/A</u>	Number of students completing training per year:
	Refresher <u>\$175.00</u>	Initial training: <u>N/A</u>
		Refresher: <u>60-40</u>
		Cont. Education: <u>60</u>
		Expiration Date: <u>August 1, 1998</u>
		Number of courses: <u>(3 - 4)</u>
		Initial training: <u>N/A</u>
		Refresher: <u>(3 - 4)</u>
		Cont. Education: <u>(30)</u>

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

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

EMS System: SAN MATEO

County: SAN MATEO

Reporting Year: 1995

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

<b>Name, address &amp; telephone:</b> Kaiser Hospital -RWC (415) 299-2000		1150 Veterans Blvd., Redwood City, CA 94063		<b>Primary Contact:</b> George Bulloch M.D. Director Emergency Services	
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<u>Basic/Comp</u> EMS Permit H&SC Section 1798.101: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
					Pediatric Critical Care Center:*
					<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:**	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<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:**** N/A

<b>Name, address &amp; telephone:</b> Kaiser Hospital - So. San Francisco (415) 742-2200		1200 El Camino Real, So. San Francisco, CA 94080		<b>Primary Contact:</b> David Witt, M.D. Director Emergency Services	
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<u>Basic/Comp</u> EMS Permit H&SC Section 1798.101: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
					Pediatric Critical Care Center:*
					<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:**	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
				Trauma Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> n
					If Trauma Center what Level:**** N/A

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

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

EMS System: SAN MATEO

County: SAN MATEO

Reporting Year: 1995

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

<b>Name, address &amp; telephone:</b> Mills Hospital (415) 696-4400		100 South San Mateo Drive, San Mateo, CA 94402		<b>Primary Contact: Bob Merwin, C.E.O.</b>	
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Basic/Comp EMS Permit H&amp;SC Section 1798.101:</b>	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
					Pediatric Critical Care Center:*
					<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:**	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<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:**** N/A

<b>Name, address &amp; telephone:</b> Peninsula Hospital (415) 696-4043		1783 El Camino Real, Burlingame, CA 94010		<b>Primary Contact: Bob Merwin, C.E.O.</b>	
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Basic/Comp EMS Permit H&amp;SC Section 1798.101:</b>	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
					Pediatric Critical Care Center:*
					<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:**	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<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:**** N/A

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

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

EMS System: SAN MATEO

County: SAN MATEO

Reporting Year: 1995

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

<b>Name, address &amp; telephone:</b> Sequoia Hospital (415) 367-5561		Whipple & Alameda, Redwood City, CA 94062			<b>Primary Contact:</b> Art Faro, C.E.O.	
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:*
EDAP:**	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<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:**** N/A

<b>Name, address &amp; telephone:</b> Seton Coastside (415) 723-3921		Marine Blvd. & Etheldore, Moss Beach, CA 94038			<b>Primary Contact:</b> Debbie Stebbins, C.E.O.	
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:*
EDAP:**	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<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:**** N/A

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

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

EMS System: SAN MATEO

County: SAN MATEO

Reporting Year: 1995

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

<b>Name, address &amp; telephone:</b> <b>Seton Medical Center</b> (415) 992-4000 1900 Sullivan Avenue, Daly City, CA 94015		<b>Primary Contact:</b> <b>Debbie Stebbins, C.E.O.</b>		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<u>Basic/Comp</u> EMS Permit H&SC Section 1798.101: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:*  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <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:**** N/A

<b>Name, address &amp; telephone:</b> <b>Stanford Hospital</b> (415) 723-4000 300 Pasteur Drive, Palo Alto, CA 94305		<b>Primary Contact:</b> <b>Ken Bloem, C.E.O.</b>		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<u>Basic/Comp</u> EMS Permit H&SC Section 1798.101: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:*  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:**** 1

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



**TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders**

EMS System: San Mateo County County: San Mateo Reporting Year: 1994

**County Office of Emergency Services (OES) Coordinator:**

Kent Paxton  
 Work Telephone No.: (415) 363-4790  
 Home Telephone No.: (415)361-8900  
 Office Pager No.: (415) 367-6023 #1975  
 FAX No.: (415) 363-1868  
 24HR No.: (415) 363-4915

**Alternate's Name:**

Neal Doten  
 Work Telephone No.: (415) 363-4790  
 Home Telephone No.: (415) 366-3912  
 Office Pager No.: (415) 367-6023 #1974  
 FAX No.: (415) 363-1868  
 24HR No.: (415) 363-4915

**County EMS Disaster Medical Services(DMS) Coordinator:**

Barbara Pletz  
 Work Telephone No.: (415) 573-2564  
 Home Telephone No.: (415) 864-2728  
 Office Pager No.: (415) 371-2273  
 FAX No.: (415) 573-2029  
 24HR No.: (415) 363-4915

**Alternate's Name**

	<u>Crystal Wright</u>	<u>EllenMcFarren</u>
Work Telephone No.:	<u>(415) 573-2564</u>	<u>(415) 573-2564</u>
Home Telephone No.:	<u>(415) 258-8227</u>	<u>(415) 548-9496</u>
Office Pager No.:	<u>(415) 371-9085</u>	<u>(415) 371-1914</u>
FAX No.:	<u>(415) 573-2029</u>	<u>(415) 573-2029</u>
24HR No.:	<u>(415) 363-4915</u>	<u>(415) 363-4915</u>

**County Health Officer:**

Scott Morrow,MD  
 Work Telephone No.: (415) 573-2757  
 Home Telephone No.: (415) 726-4322  
 Office Pager No.: (415) 377-8767  
 FAX No.: (415) 573-2397  
 24HR No.: (415) 573-2222

**Alternate's Name:**

Frank Alvarez, M D  
 Work Telephone No.: \_\_\_\_\_  
 Home Telephone No.: \_\_\_\_\_  
 Office Pager No.: \_\_\_\_\_  
 FAX No.: \_\_\_\_\_  
 24HR No.: \_\_\_\_\_

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

EMS System: San Mateo County County: San Mateo Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Public Safety Communications Division 401 Marshall Street, Redwood City, CA 94063			<b>Primary Contact:</b> Jaime Young, Manager		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: [27] EMD Training <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: & EMS	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of ambulances: 14	

<b>Name, address &amp; telephone:</b> So. San Francisco Police Department 33 Arroyo Drive, So. San Francisco, CA 94080, (415) 873-3333			<b>Primary Contact:</b> Heather Glehn		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel providing services: N/A <input type="checkbox"/> EMD Training <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Public Ambulance	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of ambulances: 2	

## **SECTION 5**

### **DESCRIPTION OF PLAN DEVELOPMENT PROCESS**

## **Section 5. Description of Plan Development Process**

The EMS staff, working with various advisory committees, developed the draft EMS Plan. Examples of these advisory groups include the Medical Advisory Committee, Operations Committee, Disaster Committee, EMS for Children Committee, and Emergency Medical Care Committee.

The Emergency Medical Care Committee voted unanimously to approve the Plan at its January 24, 1996 meeting.

The San Mateo County Board of Supervisors formally approved the plan on April 16, 1996. A copy of the Resolution is attached. It is unsigned in this document because the signed one will not be available for approximately thirty days.

RESOLUTION NO. \_\_\_\_\_

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

\* \* \* \* \*

RESOLUTION APPROVING THE EMERGENCY MEDICAL SERVICES SYSTEM PLAN

RESOLVED, by the Board of Supervisors of the County of San Mateo, State of California, the Emergency Medical Services System Plan is approved;

WHEREAS, there has been presented to this Board of Supervisors for its consideration and acceptance an EMS System Plan, reference to which is hereby made for further particulars; and

WHEREAS, this Board has been presented with a form of the Plan and has examined and approved it as to both form and content and desires to approve the Plan:

NOW, THEREFORE, IT IS HEREBY DETERMINED AND ORDERED that this Board of Supervisors, is hereby authorized and directed to approve said plan for and on behalf of the County of San Mateo.

## EXCLUSIVE OPERATING AREAS

### EMS PLAN - ZONE SUMMARY

LOCAL EMS AGENCY:  San Mateo County
AREA OR SUBAREA ZONE NAME OR TITLE:  San Mateo County (Exception City of South San Francisco)
NAME OF CURRENT PROVIDER:  Baystar Medical Services, a division of Laidlaw Medical Transportation, Inc.
STATEMENT OF EXCLUSIVITY, EXCLUSIVE OR NON-EXCLUSIVE (HS 1797.6):  Emergency ambulance service - all emergencies. Until 1989 exclusivity language contained in the plan was "advanced life support". Language in plan was amended to "emergency ambulance service" in 1989 with the approval of the EMS Authority.
METHOD OF EXCLUSIVITY:  Grandfathering: The City of South San Francisco  It appears that the City of South San Francisco meets the specifications of Section 1797.201 and Section 1797.224. As such, we believe it meets the criteria for "grandfathering" in Section 1797.224, H&SC and as such qualifies for exclusivity within its jurisdiction although it has yet to sign a current contract with the County as an approved ALS service provider.  Competitively determined: County-wide with the exception of the City of South San Francisco.  Zone has been awarded through a competitive process occurring at periodic intervals since 1976. Current contract term with Baystar Medical Services is 1/1/90 - 12/31/97. Copy of last Request for Proposal attached.

## EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9TH STREET, SUITE 100  
SACRAMENTO, CA 95814-7043  
(916) 322-4336  
FAX (916) 324-2875



January 30, 1997

Barbara Pletz  
EMS Administrator  
San Mateo County EMS  
225 West 37th Avenue  
San Mateo, CA 94403

Dear Ms. Pletz:

We have completed our review of *San Mateo County's Emergency Medical Services Plan*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*.

It was noted by our reviewers that under Section 6.02 - Prehospital Records, your agency only receives patient care reports from BayStar Medical Services. In your annual update, please address the issue of receiving PCRs for the other patients in your county. This should include objectives for obtaining these records. In addition, it was noted that Table 5 and 6 are incomplete. Please send us these completed tables at your earliest convenience.

If you have any questions regarding the plan review, please call Michele Rains at (916) 322-4336, extension 315.

Sincerely,

A handwritten signature in cursive script that reads "Maureen McNeil".

Maureen McNeil  
Chief, EMS Division