

**COUNTY OF MARIN  
EMERGENCY MEDICAL SERVICES PROGRAM  
DIVISION OF PUBLIC HEALTH  
HEALTH AND HUMAN SERVICES DEPARTMENT**

**EMS PLAN UPDATE**

**JULY 2004**

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**MARIN COUNTY EMERGENCY MEDICAL SERVICES SYSTEM: 2004  
EMERGENCY MEDICAL SERVICES PLAN UPDATE**

**EXECUTIVE SUMMARY**

The Marin County EMS system currently services a resident population of 250,000 persons, with substantial tourist influx into the western region of the county during the summer months. The majority of the population remains focused along the 101 North/South corridor. The county presents major geographical challenges in providing EMS care. The county is surrounded by water on three sides with two major urban bridges the only transportation routes by ground into San Francisco and the east bay area. A large mountainous ridge divides the major urban areas from the western county; all three Marin County hospitals lie east of the ridgeline in the more urban area of the county. Heavy fog, particularly in the western county, presents transportation challenges, limiting the ability to fly more isolated patients from the western shore into more populated areas. These challenges, as well as heightened awareness of disaster planning and bioterrorism events have prompted the program to focus on a strategic planning process means of improving self-sufficiency, particularly as related to planning and enhancement of the Marin County Trauma System.

The configuration of the EMS system has been relatively stable since the plan's first inception in 1995. There remain five principle geopolitical zones in which fire departments provide 9-1-1 emergency ambulance service (ALS/BLS). Exclusive Operating Areas are noted in four of the five zones. There are currently two private ambulance companies providing contract services to San Quentin and Ross Valley. Ambulance availability has expanded since the plan's beginning and includes the following:

- Public Fire Department ALS ambulances: 16
- Public Fire Department BLS ambulances: 2
- Private ALS ambulances: 10
- Private BLS ambulances: 8

Since the last update in 1999, Sausalito Fire has entered the Joint Powers Agreement with the Southern Marin Emergency Medical Association of Paramedics (SMEMPS). Ross Valley Paramedic Authority (RVPA) has added an ALS ambulance transport unit, and now contracts for provision of ALS services with Marin County Fire Department, Corte Madera Fire Department; and St. Joseph's Ambulance for back-up ALS.

In 2003, over 14,000 EMS 911 calls occurred, with the majority of those calls resulting in transport to a hospital. Of the call volume, 6,360 were ALS transports; 3,059 were BLS transports, resulting in the transportation of 9,419 patients. The ALS response capacity in all county areas is present and approaches 99%. Marin County is blessed with an Electronic Patient Care Information System (EPCIS) whereby detailed statistics and quality improvement functions can be performed, trended and monitored. The 2003 Annual Report, based on EPCIS information, follows as an attachment.

Over 170 paramedics are certified in Marin. Over 300 EMT-Is were certified in Marin last year; many EMT-Is come from other California counties to acquire their certification.

Hospital services in Marin County are provided by three receiving facilities: Marin General Hospital, a designated Level III trauma center with enhanced capacity for neurosurgical care; Kaiser Hospital San Rafael, designated as an Emergency Department Approved for Trauma (EDAT); and Novato Community Hospital. Since the last plan update, Novato Community Hospital has physically relocated along the north

east 101 corridor to a brand new, state of the art facility. All three hospitals provide on-line medical control and participate in all ems system related activities.

### **Local Congruence with the Statewide EMS Plan**

Consistent with the California State EMS Plan, Marin County incorporates the eight functional elements into system planning:

- Manpower and training
- Communications
- Transportation
- Assessment of hospitals and critical care centers
- System organization and management
- Data collection and evaluation
- Public information and education
- Disaster response

As noted in the following discussion regarding major changes in the Marin County EMS Plan, the most significant changes are reflected in the Communications; System Organization and Management; and Data Collection and Evaluation components.

## SECTION 1: Summary of Changes

There are four significant and notable changes to report in the Marin County EMS Plan Update:

- **SYSTEM ORGANIZATION AND MANAGEMENT:** Approval and implementation of the Marin County Trauma System Plan; EMS Program Personnel Changes;
- **DATA COLLECTION AND EVALUATION:** Marin County Quality Improvement Plan revision;
- **COMMUNICATIONS:** Implementation of a new communication system (4600 truncated radio system).

Short and long term objectives identified in the 1999 EMS Plan Update will be addressed in Section III (goals and objectives).

- **Approval and implementation of the Marin County Trauma System Plan**

The Marin County Trauma System Plan was approved in the fall of 1999. Full trauma system implementation occurred in January 2001, marked by the designation of Marin General Hospital as a Level III Trauma Center with Neurosurgical coverage and Kaiser Hospital as an Emergency Department Approved for Trauma, or EDAT.

During 2003 and 2004 extensive evaluation of the trauma system has occurred that included system evaluation by the American College of Surgeons Committee on Trauma and a Bishop & Associates consultation through the summer 2004. Plan re-design will ensue, with local approval sought in the fall of 2004.

The Annual Trauma Reports for 2001—2003 may be found on our website: [www.co.marin.ca.us\\ems](http://www.co.marin.ca.us\\ems) under the “Reports and Publications” link.

- **Marin County Quality Improvement Plan Revision**

The Marin Quality Improvement Plan is under revision, consistent with anticipated regulatory changes, effective July 2004. The new state guidelines are being utilized for the revision. A CQI/T&E (Training and Education) Committee has been formed per state guidelines and will fulfill the role as the technical advisory body on EMS system CQI activities. There is wide system participation and interest in this process. All EMS hospital and prehospital stakeholder groups are represented. The current status of progress includes review of all provider CQI plans presently in place, and revision of the county-wide CQI system plan, following the EMSA suggested guidelines, indicators, and process.

- **Communications Systems**

In March—April 2004 a new communications system was implemented county wide that included a twenty five million dollar upgrade in radio status to a 460 range trunk digital system. In May 2004 our dispatch center began receiving direct 9-1-1 calls from cell phones with anticipated full conversion to 100% reception by December 2004.

- **EMS Program Personnel Changes**

The EMS Program personnel changed effective February 2004. Diane Claytor RN MS is the EMS Administrator; Dr. Russ Braun is the EMS Medical Director; and Randy Saxe is the EMS Specialist. The Trauma Coordinator position is currently vacant. An organizational chart is included.

## SECTION 2: Updates of Specific Information

### A. SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Agency Administration:</b>						
1.01	LEMSA Structure		x		Trauma Coordinator position currently vacant.	
1.02	LEMSA Mission		x			
1.03	Public Input		x			
1.04	Medical Director			x		
<b>Planning Activities:</b>						
1.05	System Plan		x			
1.06	Annual Plan Update	X (LATE)				Compliance with annual reporting requirements
1.07	Trauma Planning*			x		
1.08	ALS Planning*			x		
1.09	Inventory of Resources		x			
1.10	Special Populations					X (EMSC)
1.11	System Participants			x		

<b>Regulatory Activities:</b>					
1.12	Review & Monitoring			X	
1.13	Coordination			X	
1.14	Policy & Procedures Manual			X	
1.15	Compliance w/Policies			X	
<b>System Finances:</b>					
1.16	Funding Mechanism	X			X

**SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

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

**B. STAFFING/TRAINING**

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

**C. COMMUNICATIONS**

		<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<b>Communications Equipment:</b>						
3.01	Communication Plan*		x			
3.02	Radios			x		
3.03	Interfacility Transfer*		x			
3.04	Dispatch Center		x			
3.05	Hospitals		x			
3.06	MCI/Disasters		x			
<b>Public Access:</b>						
3.07	9-1-1 Planning/Coordination		x		May 2004 began integration of wireless 9-1-1 calls direct to our dispatch via Verizon, Metro PCS, with full status by end of 2004	
3.08	9-1-1 Public Education		x			
<b>Resource Management:</b>						
3.09	Dispatch Triage			x		
3.10	Integrated Dispatch		x			

## D. RESPONSE/TRANSPORTATION

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

**RESPONSE/TRANSPORTATION (continued)**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Enhanced Level: Ambulance Regulation:</b>					
4.18 Compliance		x			
<b>Enhanced Level: Exclusive Operating Permits:</b>					
4.19 Transportation Plan		x			
4.20 "Grandfathering"	1 zone ineligible	x			
4.21 Compliance		x			
4.22 Evaluation		x			

**E. FACILITIES/CRITICAL CARE**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>					
5.01 Assessment of Capabilities			x		
5.02 Triage & Transfer Protocols*			x		
5.03 Transfer Guidelines*			x		
5.04 Specialty Care Facilities*			x		
5.05 Mass Casualty Management		x			
5.06 Hospital Evacuation*		x			
<b>Enhanced Level: Advanced Life Support:</b>					
5.07 Base Hospital Designation*				Per last plan update, in 1999 Marin went to receiving hospital model for on-line medical direction. All three hospitals	

					provide on-line medical control.	
<b>Enhanced Level: Trauma Care System:</b>						
5.08	Trauma System Design			x		
5.09	Public Input			x		
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
5.10	Pediatric System Design	Optional				Long range goal is to implement EMSC
5.11	Emergency Departments	Optional				
5.12	Public Input	--				
<b>Enhanced Level: Other Specialty Care Systems:</b>						
5.13	Specialty System Design	Optional				
5.14	Public Input	--				

**F. DATA COLLECTION/SYSTEM EVALUATION**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
6.01	QA/QI Program			x	County-wide plan revision in progress per anticipated regulatory changes	
6.02	Prehospital Records			x		
6.03	Prehospital Care Audits			x		
6.04	Medical Dispatch		x			
6.05	Data Management System*			x		
6.06	System Design Evaluation		x			

6.07	Provider Participation		x			
6.08	Reporting		X *			*LEMSA will meet compliance with state reporting requirements in the future
<b>Enhanced Level: Advanced Life Support:</b>						
6.09	ALS Audit			x		
<b>Enhanced Level: Trauma Care System:</b>						
6.10	Trauma System Evaluation			x		
6.11	Trauma Center Data			x		

#### G. PUBLIC INFORMATION AND EDUCATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
7.01	Public Information Materials		x			
7.02	Injury Control			x (excellent injury prevention program lead by Level III trauma center)		
7.03	Disaster Preparedness		x			
7.04	First Aid & CPR Training		x			

## H. DISASTER MEDICAL RESPONSE

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

## **PROGRESS TOWARD OBJECTIVES NOTED IN LAST EMS UPDATE: MAJOR SYSTEM CHANGES**

### **Completion of Objectives since Submission of Last Update**

Since the last Marin County update was submitted, the following objectives noted in the plan have been met:

1.05: An EMS System Plan has been developed and is evaluated by the program and stakeholders on a yearly basis.

1.11: The optimal roles and responsibilities of system participants have been identified. There are agreements in place for trauma center roles and contracts for hospital participation related to prehospital care. The exclusive operating areas provide ALS 9-1-1 care. Private ambulance companies have agreements for interfacility transfer and backup ALS/BLS service as necessary. The county is currently discussing more methods for system efficiency, such as zone boundary drops under identified circumstances. There continues to be a mechanism for monitoring contract requirements.

1.15: The quality improvement process provides the method for assurance that all EMS policies and procedures are followed, and compliance with system requirements is present.

1.22: Child abuse, elder abuse, and SIDS deaths are reported consistent with state requirements.

2.01: The assessment of personnel training needs occurs collaboratively with provider representatives. Review and planning will be done in the future by the Continuous Quality Improvement/Teaching & Education Committee. As an example, the EMS program has revised or developed sixteen policies this year. As such, this committee is the orchestrating organization for developing the teaching and training programs necessary county wide.

2.02: There is a mechanism to approve EMS educational programs as required through state regulations. The application process is reviewed by EMS staff, approved by EMS staff, and monitored ongoingly

2.05: All non transporting first response units meet minimum requirements for first aid and CPR instruction. An assessment is currently underway regarding defibrillation capability on non transporting units; it is believed that close to 100% of the units now have defibrillation capability in place. This will be confirmed by audit during this next six months.

4.05: This standard was previously met regarding response times and continues to be monitored through the quality improvement process.

5.09: Stakeholder and consumer input related to trauma system development is achieved through the committee process (EMCC; PMCC; CQI/T&E) and through public forums as necessary (i.e., trauma plan revision, as an example).

6.01—6.07; 6.09: These standards all relate to quality improvement activities. As noted, the quality improvement plan meets current state requirements and is currently a focus area for the system in order to assure compliance with new state regulations this year.

### **Ongoing Objectives**

The following assessment will incorporate an update on all objectives not met in the previous Marin County ems plan update.

Objectives not fully met in the previous Marin County ems plan include objectives related to the following standards:

Standards 1.07, 1.10, 1.18, 1.26, 1.27, 5.08, and 6.10.

The objectives in this section have been organized related to ems system components.

**EMS Component: SYSTEM ORGANIZATION AND MANAGEMENT  
TRAUMA SYSTEM APPROVAL AND IMPLEMENTATION**

**STANDARD(s):**

**1.07** The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction. The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

**1.26** The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines: (a) the optimal system design for trauma care in the EMS area, and (b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

**5.08** 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; (b) the design of catchment areas 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, and (e) a plan for monitoring and evaluating the system.

**6.10** The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: (a) a trauma registry, (b) a mechanism to identify patients whose care fell outside of established criteria, and (c) a process of identifying potential improvements to the system design and operation.

**CURRENT STATUS: Standards are met. Standard 1.07 is in revision process.**

The Marin County Trauma Plan was approved in the fall of 1999. The current system design includes one Level III trauma center with Neurosurgical Coverage and one Emergency Department Approved for Trauma (EDAT). There are sixteen policies and procedures within the plan that address triage; quality improvement; the designation process; contract management; destination decision making; medical control; registry inclusion and exclusion criteria; and system oversight. Following the first eighteen months of implementation, system assessment was sought through review by the American College of Surgeons Committee on Trauma. The decision to retain outside system review was attained through the quality improvement process, specifically the Trauma CQI System Committee. Subsequently, in 2004, Bishop & Associates were hired to provide an assessment regarding long term financial viability and economic implications of enhancing in-county care to Level II status. A helipad is essential. This consultation process should be completed in July 2004. Trauma plan revision will be presented to the local Board of Supervisors in fall 2004 with subsequent submission to EMSA following approval.

**COORDINATION WITH OTHER EMS AGENCIES:** Until Marin County has a helipad, it is likely that coordination of transport out of county will continue. Seventy percent (70%) of Marin's air transports occur from the geographically isolated area of coastal West Marin. Sub-specialty services will continue to be required at out of county burn centers; pediatric centers; and reimplantation centers.

**NEED(S):** A plan revision that is strategically future oriented and financially viable over the next decade.

**OBJECTIVE: 1.07** Revise trauma plan to promote enhanced, long term strategic planning needs for the community in a financially viable manner.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_ Short-range plan (one year or less)

\_\_\_\_x (\*approval in 2004; full implementation in 2005) Long-range plan (more than one year)

**EMS Component:                    SYSTEM ORGANIZATION AND MANAGEMENT  
   FACILITIES AND CRITICAL CARE**

**STANDARD(s):**

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

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

**CURRENT STATUS: These standards have been partially met. Objective 1.27 noted in the current Marin County EMS Plan has not been met.**

The trauma plan incorporates pediatric trauma destinations and pediatric trauma treatment guidelines. There is no formal written EMSC plan in place to date. An EMSC plan has been identified in the prior plan update as desirable with a noted objective for accomplishment as a long range objective.

No significant needs have been identified that are not being met by the current ems plan for other specialty services. Co-morbidity is incorporated into the trauma plan. An active county-wide elderly fall prevention program exists, of which ems participates.

**COORDINATION WITH OTHER EMS AGENCIES:** Pediatric trauma patients meeting anatomic and physiologic criteria are transported to Oakland Children's Hospital in Alameda County.

**NEED(S):** A written Emergency Medical Services for Children plan.

**OBJECTIVE: 1.27:** Develop an emergency medical services plan for children.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_ Short-range plan (one year or less)

\_\_\_\_\_x\_\_\_\_\_ Long-range plan (two years or more)

**EMS Component: DATA COLLECTION AND SYSTEM EVALUATION**

**STANDARD:**

**1.18** Each local EMS agency shall establish a quality assurance/quality improvement program. This may include use of provider based programs which are approved by the local EMS agency and which are coordinated with other system participants. Prehospital care providers should be encouraged to establish in-house procedures which identify methods of improving the quality of care provided.

**CURRENT STATUS: Minimal standards have been met. The quality improvement program is under revision at present to facilitate transition to anticipated regulatory revisions.**

In 2003 ems stakeholders began regular meetings in anticipation of QI program changes as described by EMSA. A CQI/T&E Committee has been established that meets monthly. The mission of the committee is as follows:

*“It shall be the Mission of the Marin County CQI program to optimize the delivery of Emergency Medical Care through prospective techniques, the concurrent and retrospective examination of the EMS system and incidents, the search for best practices and new technologies, and the promotion of a learning environment.”*

To date, all provider organizations have approved plans in place. The committee work revolves around revision principally of the county-wide plan, all inclusive. Current work includes indicator identification incorporating all eight components of the ems plan, and methodology development for analysis. The electronic prehospital care information system (EPCIS) continues to support data collection and analysis. The development and continued refinement of the quality improvement process continues to be a principal focus area of the ems program in Marin. All state recommendations and guidelines will be met.

**COORDINATION WITH OTHER EMS AGENCIES:** Not applicable at present for this standard.

**NEED(S):** Revised QI plan consistent with anticipated state regulatory changes.

**OBJECTIVE: 1.18:** Revise the Marin County EMS QI Plan consistent with state recommendations and mandates.

**TIME FRAME FOR MEETING OBJECTIVE:**

\_\_\_\_\_x\_\_\_\_\_ Short-range plan (one year or less)

\_\_\_\_\_ Long-range plan (two years or more)

## **SUMMARY**

The Marin County EMS system has undergone significant changes in the last three years, most notably related to the successful implementation of the trauma plan. Short and long term objectives will continue to be evaluated and plans developed by the active stakeholder community the county is fortunate to have. It is anticipated that the major long range goals in the next 2—4 years include: Trauma System Plan revision, with probable plan redesign to include a Level II Trauma Center with a helipad; a written Emergency Medical Services Plan for Children; and a newly revised CQI plan consistent with state regulatory changes noted this year.

**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**

**System Organization and Management**

EMS System: MARIN COUNTY Reporting Year: 2004

**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: MARIN

- |   |       |   |
|---|-------|---|
| A. Basic Life Support (BLS)             | _____ | % |
| B. Limited Advanced Life Support (LALS) | _____ | % |
| C. Advanced Life Support (ALS)          | 100%  |   |

2. Type of agency
- a - Public Health Department
  - b - County Health Services Agency
  - c - Other (non-health) County Department
  - d - Joint Powers Agency
  - e - Private Non-Profit Entity
  - f - Other: \_\_\_\_\_

3. The person responsible for day-to-day activities of the EMS agency reports to
- a - Public Health Officer
  - b - Health Services Agency Director/Administrator
  - c - Board of Directors
  - d - Other: \_\_\_\_\_

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

Implementation of exclusive operating areas (ambulance franchising)	_____
Designation of trauma centers/trauma care system planning	_____ x _____
Designation/approval of pediatric facilities	_____
Designation of other critical care centers	_____
Development of transfer agreements	_____ x _____
Enforcement of local ambulance ordinance	_____ x _____
Enforcement of ambulance service contracts	_____ x _____
Operation of ambulance service	_____

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

Continuing education	_____
Personnel training	_____
Operation of oversight of EMS dispatch center	_____x_____
Non-medical disaster planning	_____
Administration of critical incident stress debriefing team (CISD)	_____
Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	_____
Other: _____	
Other: _____	
Other: _____	

5. EMS agency budget for FY 2003--2004

A. EXPENSES

Salaries and benefits	\$285,885
(All but contract personnel)	
Contract Services	\$117,625
(e.g. medical director)	
Operations (e.g. copying, postage, facilities)	\$89,368
Travel	_____
Fixed assets	_____
Indirect expenses (overhead)	_____
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	_____
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____
<b>TOTAL EXPENSES</b>	<b>\$492,878</b>

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

**B. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$22,000
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	\$221,012
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	_____
Certification fees	\$10,000
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____
Trauma center application fees	_____
Trauma center designation fees	\$15,000
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	_____
Contributions	_____
EMS Fund (SB 12/612)	\$224,866
Other grants: _____	_____
Other fees: _____	_____
Other (specify): _____	_____
<b>TOTAL REVENUE</b>	<b>\$492,878</b>

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

6. Fee structure for FY 03—04 (The fee structure in Marin is being analyzed).

We do not charge any fees

Our fee structure is:

First responder certification	\$ _____
EMS dispatcher certification	_____
EMT-I certification	\$15
EMT-I recertification	\$15
<b>EMT-defibrillation certification</b>	_____
EMT-defibrillation recertification	_____
EMT-II certification	_____
EMT-II recertification	_____
EMT-P accreditation	\$75
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	*not required 8/04
MICN/ARN recertification	_____
EMT-I training program approval	_____
EMT-II training program approval	_____
EMT-P training program approval	_____
MICN/ARN training program approval	_____
Base hospital application	_____
Base hospital designation	_____
Trauma center application	_____
Trauma center designation	10k for Level 3: 5k for EDAT
Pediatric facility approval	_____
Pediatric facility designation	_____
Other critical care center application	
Type: _____	
Other critical care center designation	
Type: _____	
Ambulance service license	\$675
Ambulance vehicle permits	\$275
Other: _____	_____
Other: _____	_____
Other: _____	_____

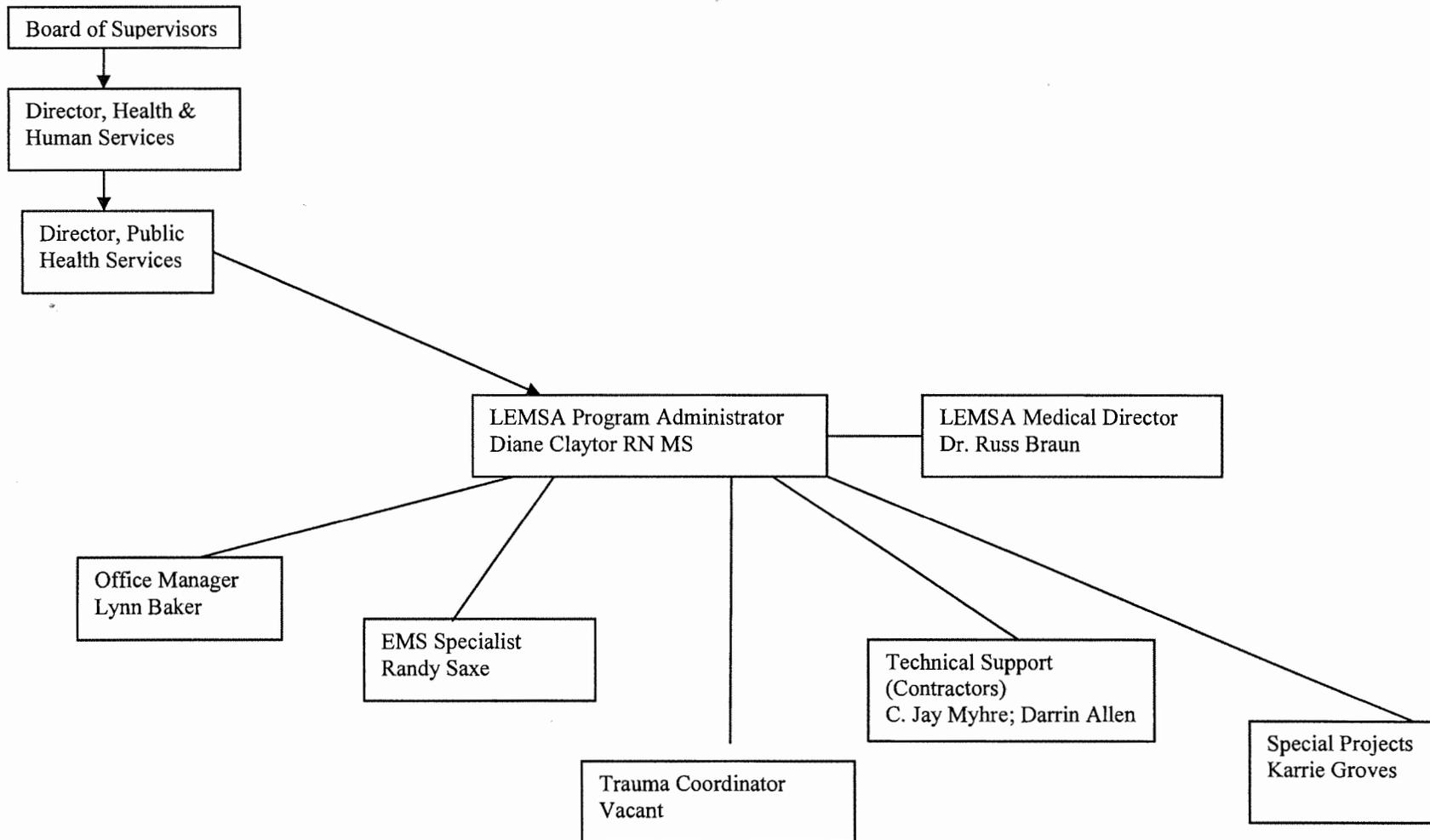
**Table 2 - System Organization & Management (cont.)**

**EMS System: MARIN COUNTY**

**Reporting year: 2004**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Program Administrator	1.0	\$44.00	25%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./ Training Coordinator	EMS Specialist	1.0	\$35.00	"	
Program Coordinator/ Field Liaison (Non-clinical)					
Trauma Coordinator	Senior Registered Nurse: EMS Assignment	1.0	\$40.00	"	
Medical Director	EMS Medical Director	48 hrs per month	\$125.00		Contract position
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner					

# Marin County LEMSA Organizational Chart



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

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst	Technical Support Contractor				Contract total amount \$22,000 per year
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	Office Manager		\$23.00	25%	
Other Clerical					
Data Entry Clerk					
Other	Special Projects Contractor		\$50.00		Maximum contract amount fiscal year 03—04 ONLY: \$5,000

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

EMS System: MARIN COUNTY

Reporting Year: 2004 (for calendar year 2003)

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

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total Certified	313		171		
Number newly certified this year	264		34		
Number recertified this year	49		137		
Total number of accredited personnel on July 1 of the reporting year					
Number of certification reviews resulting in:					
a) formal investigations	0		0	0	
b) probation	0		1	0	
c) suspensions	0		0	0	
d) revocations	0		0	0	
e) denials	0		0	0	
f) denials of renewal	0		0	0	
g) no action taken	0		0	0	

1. Number of EMS dispatchers trained to EMSA standards: 100%
2. Early defibrillation:
  - a) Number of EMT=I (defib) certified 248
  - b) Number of public safety (defib) certified (non-EMT-I) 68
3. Do you have a first responder training program  yes  no

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

EMS System: MARIN COUNTY

County: \_\_\_\_\_

Reporting Year: 2004

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

1. Number of primary Public Service Answering Points (PSAP) 7
2. Number of secondary PSAPs 2
3. Number of dispatch centers directly dispatching ambulances 2
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system? Yes  No \_\_\_\_\_
  - a. Radio primary frequency: \*\*New radio install 04-04: MERA 460 range trunk digital
  - b. Other methods: Meds, white, cellular low band
  - c. Can all medical response units communicate on the same disaster communications system?  
Yes  No \_\_\_\_\_
  - d. Do you participate in OASIS? Yes  No \_\_\_\_\_
  - e. Do you have a plan to utilize RACES as a back-up communication system?  
Yes  No \_\_\_\_\_
    - 1) Within the operational area? Yes  No \_\_\_\_\_
    - 2) Between the operational area and the region and/or state? Yes  No \_\_\_\_\_
6. Who is your primary dispatch agency for day-to-day emergencies? Marin County Communications Center
7. Who is your primary dispatch agency for a disaster? Marin County Communications Center

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

EMS System: MARIN COUNTY

Reporting Year: 2004

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

**TRANSPORTING AGENCIES**

1.	Number of exclusive operating areas		5
2.	Percentage of population covered by Exclusive Operating Areas (EOA)		95%
3.	Total number responses		14,500
	a) Number of emergency responses	(Code 2: expedient, Code 3: lights and siren)	14,500
	b) Number non-emergency responses	(Code 1: normal)	not tracked
4.	Total number of transports		8940
	a) Number of emergency transports	(Code 2: expedient, Code 3: lights and siren)	8940
	b) Number of non-emergency transports	(Code 1: normal)	not tracked

**Early Defibrillation Providers**

5.	Number of public safety defibrillation providers		68
	a) Automated		
	b) Manual		_____
6.	Number of EMT-Defibrillation providers		248
	a) Automated		
	b) Manual		_____

**Air Ambulance Services (\*\*represents 2002 data; 2003 not completed)**

7.	Total number of responses		464
	a) Number of emergency responses		464
	b) Number of non-emergency responses		_____
8.	Total number of transports		143
	a) Number of emergency (scene) responses		143
	b) Number of non-emergency responses		_____

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

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

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1.BLS and CPR capable first responder				
2.Early defibrillation responder				
3.Advanced life support responder	10''	30''	30''	10/30''
4.Transport Ambulance	10''	30''	30''	10/30''

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

EMS System: MARIN COUNTY

Reporting Year: 2004

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

**Trauma (\*data represents 01/03—12/03) (Entire Annual Report available on our website)**

Trauma patients:

- |  |      |
|--|------|
| a) Number of patients meeting trauma triage criteria   | 1235 |
| b) Number of major trauma victims transported directly to a trauma center by ambulance. We admitted 561 patients to a designated center in 2003).<br>Approximately 120 patients had ISS scores > 15. |      |
| c) Number of major trauma patients transferred to a trauma center  | 15   |
| d) Number of patients meeting triage criteria who weren't treated at a trauma center (*includes patients who met mechanism criteria)   | 30   |

**Emergency Departments**

- |   |   |
|---|---|
| Total number of emergency departments         | 3 |
| a) Number of referral emergency services      | 3 |
| b) Number of standby emergency services       | 0 |
| c) Number of basic emergency services         | 3 |
| d) Number of comprehensive emergency services | 2 |

**Receiving Hospitals**

- |  |  |
|--|--|
| 1. Number of receiving hospitals with written agreements | 3 (*as of 08-04 all contracts will be current) |
| 2. Number of base hospitals with written agreements      | (*as above)                                    |

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

EMS System: MARIN COUNTY

Reporting Year: 2004

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

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP) ("Field Treatment Sites" in our county)
  - a. Where are your CCPs located? We have possible field treatment sites near hospitals and other strategically identified sites.
  - b. How are they staffed? Core and volunteer medical
  - c. Do you have a supply system for supporting them for 72 hours?      yes x      no \_\_\_\_
  
2. CISD
  - Do you have a CISD provider with 24 hour capability?      yes x      no \_\_\_\_
  
3. Medical Response Team
  - a. Do you have any team medical response capability?      yes x      no \_\_\_\_
  - b. For each team, are they incorporated into your local response plan?      yes x      no \_\_\_\_
  - c. Are they available for statewide response?      yes \_\_\_\_      no \_\_\_\_
  - d. Are they part of a formal out-of-state response system?      yes \_\_\_\_      no x \_\_\_\_
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams?      yes x      no \_\_\_\_
  - b. At what HazMat level are they trained? Level A
  - c. Do you have the ability to do decontamination in an emergency room?      yes x      no \_\_\_\_
  - d. Do you have the ability to do decontamination in the field?      yes x      no \_\_\_\_

**OPERATIONS**

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?      yes x      no \_\_\_\_
  
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?      26

3. Have you tested your MCI Plan this year in a:
- a. real event? yes \_\_\_\_\_ no x
- b. exercise? yes X no \_\_\_
4. List all counties with which you have a written medical mutual aid agreement.  
 \_Coastal Valleys Region, Contra Costa
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes x no \_\_\_\_\_
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes \_\_\_\_\_ no x
7. Are you part of a multi-county EMS system for disaster response? yes \_\_x\_\_ no
8. Are you a separate department or agency? yes \_\_x\_\_ no
9. If not, to whom do you report? Director of Public Health Services
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes \_\_\_\_\_ no \_\_\_\_\_

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

EMS System: MARIN COUNTY

Reporting Year: 2004

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

<p><b>Name, address &amp; telephone:</b>  <b>Marin County Fire Department</b>  <b>P.O. Box 518</b>  <b>Woodacre, CA 94973</b>  <b>415.499.3742</b></p>			<p><b>Primary Contact: Chief Ken Massucco</b></p>		
<p>Written Contract:  <input type="checkbox"/> yes  <input checked="" type="checkbox"/> no</p>	<p>Service:  <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Air  <input type="checkbox"/> Water</p>	<p><input checked="" type="checkbox"/> Transport  <input type="checkbox"/> Non-Transport</p>	<p>Air classification:  <input type="checkbox"/> auxiliary rescue  <input type="checkbox"/> air ambulance  <input type="checkbox"/> ALS rescue  <input type="checkbox"/> BLS rescue</p>	<p>If Air:  <input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p>Number of personnel providing services:          _____ PS      _____ PS-Defib          __108__ BLS      _____ EMT-D          _____ LALS    __35__ ALS</p>
<p>Ownership:  <input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p>	<p>Medical Director:  <input checked="" type="checkbox"/> yes  <input type="checkbox"/> no</p>	<p>If public:      <input checked="" type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other          explain: _____</p>	<p>If public:    <input type="checkbox"/> city  <input checked="" type="checkbox"/> county  <input type="checkbox"/> state  <input type="checkbox"/> fire district  <input type="checkbox"/> Federal</p>	<p>System available          24 hours?                            <input checked="" type="checkbox"/> yes                            <input type="checkbox"/> no</p>	<p>Number of ambulances:          3 ALS</p>

<b>Name, address &amp; telephone:</b> <b>Ross Valley Paramedic Authority</b> <b>777 San Anselmo Avenue</b> <b>San Anselmo, CA 94960</b> <b>415.258.4686</b>			<b>Primary Contact: Chief Bob Sinnott</b>		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input type="checkbox"/> x Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> _____ PS      _____ PS-Defib _____ 59 BLS      _____ EMT-D _____ LALS      _____ 0 ALS
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> x yes <input type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> fire district <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input type="checkbox"/> x yes <input type="checkbox"/> no	<b>Number of ambulances:</b> _____ 1 ALS

<b>Name, address &amp; telephone:</b> <b>Novato Fire Protection District</b> <b>7025 Redwood Blvd.</b> <b>Novato, CA 94945</b> <b>415.898.9719</b>			<b>Primary Contact: Chief Jeff Meston</b>		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> x Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> _____ PS      _____ PS-Defib _____ 96 BLS      _____ EMT-D _____ LALS      _____ 52 ALS
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> x yes <input type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> fire district <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> _____ 4 ALS

<b>Name, address &amp; telephone:</b> <b>San Rafael Fire Department</b> <b>1039 C Street</b> <b>San Rafael, CA 94901</b> <b>415.485.3307</b>			<b>Primary Contact: Chief Bruce Martin</b>		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> x no	<b>Service:</b> <input type="checkbox"/> x Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> x Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> _____ PS      _____ PS-Defib ___50___ BLS      _____ EMT-D _____ LALS      ___23___ ALS
<b>Ownership:</b> <input type="checkbox"/> x Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> x yes <input type="checkbox"/> no	<b>If public c:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> x city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input type="checkbox"/> x yes <input type="checkbox"/> no	<b>Number of ambulances:</b> _____ 4 ALS

<b>Name, address &amp; telephone:</b> <b>Southern Marin Emergency Medical Paramedic System</b> <b>PO Box 1238</b> <b>Mill Valley, CA 94942</b> <b>415.389.4144</b>			<b>Primary Contact: Chief Richard Pierce</b>		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> x no	<b>Service:</b> <input checked="" type="checkbox"/> x Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> x Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> _____ PS      _____ PS-Defib ___136___ BLS      _____ EMT-D _____ LALS      33 ALS
<b>Ownership:</b> <input type="checkbox"/> x Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> x yes <input type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input type="checkbox"/> x yes <input type="checkbox"/> no	<b>Number of ambulances:</b> _____ 3 ALS 1 BLS

<b>Name, address &amp; telephone:</b> <b>Corte Madera Fire Department</b> <b>342 Tamalpais Drive</b> <b>Corte Madera, CA 94925-1418</b> <b>415.927.5077</b>			<b>Primary Contact: Chief Bob Fox</b>		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> x no	<b>Service:</b> <input checked="" type="checkbox"/> x Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> x Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> _____ PS      _____ PS-Defib _____ 22_ BLS      _____ EMT-D _____ LALS      _____ 10_ ALS
<b>Ownership:</b> <input type="checkbox"/> x Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> x yes <input type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input type="checkbox"/> x yes <input type="checkbox"/> no	<b>Number of ambulances:</b> _____  1 ALS

<b>Name, address &amp; telephone:</b> <b>St. Joseph's Ambulance Service</b> <b>1418 Lincoln Ave.</b> <b>San Rafael, CA 94901</b>			<b>Primary Contact: Richard Angotti</b>		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> x no	<b>Service:</b> <input checked="" type="checkbox"/> x Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> x Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> _____ PS      _____ PS-Defib _____ 7_ BLS      _____ EMT-D _____ LALS      _____ 8_ ALS
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> x Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> x yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input type="checkbox"/> x yes <input type="checkbox"/> no	<b>Number of ambulances:</b> _____  8 ALS 1 BLS

<b>Name, address &amp; telephone:</b> <b>American Medical Response</b> <b>1415 No. Dutton Ave</b> <b>Santa Rosa, CA 95401</b> <b>707.579.9542</b>			<b>Primary Contact: Eric Pollan</b>		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> x no	<b>Service:</b> <input checked="" type="checkbox"/> x Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> _____ PS      _____ PS-Defib _____ 68_ BLS      _____ EMT-D _____ LALS    _10_ ALS
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> x Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> x yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> x yes <input type="checkbox"/> no	<b>Number of ambulances:</b> _____  2 ALS 7 BLS

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

EMS System: MARIN COUNTY

Reporting Year: 2004

**NOTE:** An in depth assessment is underway regarding training program information. There are no EMT-P programs in Marin County. There are EMT-1 programs and two first responder programs that submit information to the program for review and approval.

**Training Institution Name:**  
**Marin County Fire**  
**Department**  
**21—0100**  
**P.O. Box 518**  
**Woodacre, Ca 94973**  
**Address**

**Contact Person telephone no.**  
**Mike Giannini: 415.499.2975**

<p><b>Student Eligibility: *</b>   <b>Restricted to FD personnel</b></p>	<p><b>Cost of Program</b>                   Basic _____                   Refresher _____   <b>None</b></p>	<p><b>**Program Level: <u>First Responder</u></b>                  Number of students completing training per year:                  Initial training: 0                  Refresher: <u>22</u>                  Cont. Education _____                  Expiration Date: <u>8/2006</u></p> <p>Number of courses: <u>2</u>                  Initial training: _____                  Refresher: <u>1</u>                  Cont. Education: _____</p>
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**Training Institution  
Name  
Marin County Fire  
Department**

**Contact Person telephone  
no. Mike Giannini:  
415.499.2975**

**Address  
21—0100  
P.O. Box 518  
Woodacre, Ca 94973**

<b>Student Eligibility: *</b>  <b>Restricted to FD providers only</b>	<b>Cost of Program</b>  Basic _____  Refresher _____  <b>None</b>	<b>**Program Level: EMT-1</b> Number of students completing training per year: Initial training: _____ Refresher: 22 Cont. Education _____ Expiration Date: 12/31/2007  Number of courses: 1 Initial training: _____ Refresher: 39 Cont. Education: _____
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**Training Institution  
Name**

**Novato Fire**

**Protection District**

**Address:**

**7025 Redwood Blvd.**

**Novato, CA 94945**

**415.898.9719**

**Contact Person: Ted  
Peterson**

**415.898.9719**

<p><b>Student Eligibility: *</b></p> <p><b>Restricted to FD providers only</b></p>	<p><b>Cost of Program</b></p> <p>Basic _____</p> <p>Refresher _____</p> <p><b>None</b></p>	<p><b>**Program Level: EMT-1</b></p> <p>Number of students completing training per year: Initial training: <u>6</u> Refresher: Cont. Education All Expiration Date: 2/28/2005</p> <p>Number of courses: <u>equivalent in hours to 6 days/times</u> Initial training: _____ Refresher: 25 Cont. Education: <u>all per year</u></p>
--	--	---

*Box for*

*Name \_\_\_\_\_*  
*Address \_\_\_\_\_*  
*Certifying authority*

*Yes*

**Training Institution  
Name**  
Sherriff's Search and  
Rescue  
**Address**  
Civic Center Drive  
San Rafael, CA  
94903

**Contact Person telephone  
no. Mike St. John**  
415.838.3168

<b>Student Eligibility: *</b>  <b>Restricted to search and rescue personnel only</b>	<b>Cost of Program</b>  Basic _____  Refresher _____  <b>None</b>	<b>**Program Level: Public Safety First Responder</b> Number of students completing training per year: Initial training: <u>36 hours</u> Refresher: <u>Pending</u> Cont. Education _____ Expiration Date: 08/2008  Number of courses: ____ Initial training: <u>2</u> Refresher: ____ Cont. Education: _____
--	---	--

**Training Institution  
Name**

College of Marin

**Address**

835 College Avenue  
Kentfield, CA 94904  
415.485.9326

**Contact Person telephone**

Rosalind Hartman

**Student Eligibility: \***

Open to the public

**Cost of Program**

Basic \_\_\_x\_\_\_

Refresher \_\_\_x\_\_\_

**Non-credit, pay for books and  
malpractice insurance and  
immunizations**

**\*\*Program Level: EMT-1**

Number of students completing training per year:

Initial training: 30-40 per semester

Refresher: \_\_\_

Cont. Education \_\_\_

Expiration Date: 1/31/2007

Number of courses: 1 each semester

Initial training: \_\_\_\_\_

Refresher: 1 each semester

Cont. Education:

**Training Institution  
Name**  
San Rafael Fire  
Department

**Contact Person telephone**  
**Terry Barday**  
**415.485.3307**

**Address**  
**1039 C Street**  
**San Rafael, CA**  
**94901**  
**415.485.3307**

<b>Student Eligibility: *</b>  <b>Restricted to FD providers only</b>	<b>Cost of Program</b>  Basic _____  Refresher _____  <b>None</b>	<b>**Program Level: EMT-1</b> Number of students completing training per year: Initial training: 30+ Refresher: ____ Cont. Education ____ Expiration Date: 1/31/2005  Number of courses:3 Initial training: ____ Refresher: Cont. Education: <u>100% employed</u>
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**TABLE 10: RESOURCES DIRECTORY -- Facilities**

EMS System: County of Marin

County: Marin

Reporting Year: 2004

<p><b>Name, address &amp; telephone:</b>  <b>Marin General Hospital</b>  <b>PO Box 8010</b>  <b>San Rafael, CA 94912-8010</b>  <b>415.925.7000</b></p>		<p><b>Primary Contact: Margaret Sabin, CEO</b></p>		
<p>Written Contract  x yes (by 8/04)  <input type="checkbox"/> no</p>	<p>Referral emergency service <input type="checkbox"/>  Standby emergency service <input type="checkbox"/>  Basic emergency service x  Comprehensive emergency service <input type="checkbox"/></p>	<p>Base Hospital:   x yes (*receiving  hospital model)  <input type="checkbox"/> no</p>	<p>Pediatric Critical Care Center:*</p> <p><input type="checkbox"/> yes  x no</p>	
<p>EDAP:** <input type="checkbox"/> yes  x no</p>	<p>PICU:*** <input type="checkbox"/> yes  x no</p>	<p>Burn Center:  <input type="checkbox"/> yes  x no</p>	<p>Trauma Center:  x yes  <input type="checkbox"/> no</p>	<p>If Trauma Center what Level:****  Level III with Neurosurgical  Coverage</p>

<b>Name, address &amp; telephone:</b> Novato Community Hospital PO Box 1108 Novato, CA 94948-1108 415.897.3111		<b>Primary Contact: Ann Hosfeld, COO</b>		
Written Contract x yes (by 8/04) <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service x Comprehensive emergency service <input type="checkbox"/>	Base Hospital:  x yes (*receiving hospital model) <input type="checkbox"/> no	Pediatric Critical Care Center:*  <input type="checkbox"/> yes x no	
EDAP:** <input type="checkbox"/> yes X no	PICU:*** <input type="checkbox"/> yes X no	Burn Center: <input type="checkbox"/> yes x no	Trauma Center: <input type="checkbox"/> yes x no	If Trauma Center what Level:**** _____

<b>Name, address &amp; telephone:</b> Kaiser Hospital San Rafael 99 Monticello Road San Rafael, CA 94903 415.444.2217		<b>Primary Contact: Pat Kendall, Med. Group Administrator</b>		
Written Contract X yes (by 8/04) <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service x Comprehensive emergency service <input type="checkbox"/>	Base Hospital:  x yes (*receiving hospital model) <input type="checkbox"/> no	Pediatric Critical Care Center:*  <input type="checkbox"/> yes x no	
EDAP:** <input type="checkbox"/> yes x no	PICU:*** <input type="checkbox"/> yes X no	Burn Center: <input type="checkbox"/> yes x no	Trauma Center: x yes <input type="checkbox"/> no	If Trauma Center what Level:**** (EDAT)

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

EMS System: County of Marin

County: Marin

Reporting Year: 2004

<p><b>Name, address &amp; telephone:</b>  <b>Marin County Communications Center</b>  <b>Marin County Sheriff's Office</b>  <b>Civic Center</b>  <b>San Rafael, CA 94903</b></p>		<p><b>Primary Contact: William McMurray</b></p>	
<p>Written Contract:  <input type="checkbox"/> yes  <input checked="" type="checkbox"/> no</p>	<p>Medical Director:  <input checked="" type="checkbox"/> yes  <input type="checkbox"/> no</p>	<p><input checked="" type="checkbox"/> Day-to-day  <input checked="" type="checkbox"/> Disaster</p>	<p>Number of Personnel providing services:  34 EMD Training _____ EMT-D _____ ALS  _____ BLS _____ LALS _____ Other</p>
<p>Ownership:  <input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p>		<p>If public: <input type="checkbox"/> Fire  <input checked="" type="checkbox"/> Law  <input type="checkbox"/> Other  explain: Based out of  Sheriff's office, but  provides  Law/Fire/EMS  Dispatch</p>	<p>If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal</p>

Name, address & telephone:

Primary Contact: Chief Bruce Martin

San Rafael Fire Department  
1039 C Street  
San Rafael, CA 94901  
415.485.3300

Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: 3 EMD Training      _____ EMT-D      _____ ALS _____ BLS      _____ LALS      _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name: MARIN COUNTY</b>
<b>Area or subarea (Zone) Name or Title:</b>  <b>Paramedic Response/Zone Area A</b>
<b>Name of Current Provider(s):</b>  <b>Novato Fire Protection District, 1978+</b>
<b>Area or subarea (Zone) Geographic Description:</b>  Unchanged from previously submitted description, zone map included
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  Grandfathered with no change in scope and manner of service; unchanged from previous submission. There has been no formal Board action.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance ALS,(911/all); BLS; subcontracts with private ambulance company for the provision of backup BLS ambulance service. Does not include non-emergency inter facility transfers unless contract vendor not available; or patient condition changes to upgrade to ALS 911service.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  As noted above, grandfathered and unchanged from previous plan update submission.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name: MARIN COUNTY</b>
<b>Area or subarea (Zone) Name or Title:</b>  <b>Paramedic Response Area/Zone B</b>
<b>Name of Current Provider(s):</b> <b>San Rafael Fire Department, 1980+</b>
<b>Area or subarea (Zone) Geographic Description:</b>  Unchanged from previous submission, zone map included
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  Grandfathered with no change in scope and manner of service; unchanged from previous submission. There has been no formal Board action.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  Emergency Ambulance ALS,(911/all); BLS; subcontracts with private ambulance company for the provision of backup BLS ambulance service. Does not include non-emergency inter facility transfers unless contract vendor not available; or patient condition changes to upgrade to ALS 911service.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  As noted above, grandfathered and unchanged from previous plan update submission.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name: MARIN COUNTY</b>
<b>Area or subarea (Zone) Name or Title:</b>  <b>Paramedic Response Area/Zone C</b>
<b>Name of Current Provider(s):</b> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> <b>Ross Valley Paramedic Authority, 1984+ (not exclusive per last plan submission)</b>
<b>Area or subarea (Zone) Geographic Description:</b>  Zone map included
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  Probable non-exclusive operating area as described in 2001 correspondence between Marin EMS and California EMSA. History unchanged, no Board action taken.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  The RVPA provides Emergency Ambulance ALS, (911/all); BLS; subcontracts with private ambulance company for the provision of backup BLS ambulance service. Does not include non-emergency inter facility transfers unless contract vendor not available; or patient condition changes to upgrade to ALS 911service.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>  <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>

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**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Area or subarea (Zone) Name or Title:</b>  <b>Paramedic Response Area/Zone D</b>
<b>Name of Current Provider(s):</b>  <b>Southern Marin Emergency Medical Paramedic System, 1980+</b>
<b>Area or subarea (Zone) Geographic Description:</b>  As previously described with addition of city of Sausalito enters into JPA in 1999
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  Grandfathered with no change in scope and manner of service; unchanged from previous submission. There has been no formal Board action.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Emergency Ambulance ALS,(911/all); BLS; subcontracts with private ambulance company for the provision of backup BLS ambulance service. Does not include non-emergency inter facility transfers unless contract vendor not available; or patient condition changes to upgrade to ALS 911service.

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

Grandfathered in 1980 with no change in previous plan submission.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Area or subarea Zone:</b>  <b>Paramedic Response Area/Zone E</b>
<b>Name of Current Provider(s):</b> <b>Marin County Fire Department, 1979+</b>
<b>Area or subarea (Zone) Geographic Description:</b>  Unchanged from previous submission, map included.
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  Grandfathered with no change in scope and manner of service; unchanged from previous submission. There has been no formal Board action.
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Emergency Ambulance ALS,(911/all); BLS; subcontracts with private ambulance company for the provision of backup BLS ambulance service. Does not include non-emergency inter facility transfers unless contract vendor not available; or patient condition changes to upgrade to ALS 911service.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  Grandfathered in 1979 with no change in previous plan submission.

**EMERGENCY MEDICAL SERVICES AUTHORITY**

1930 9<sup>th</sup> STREET  
 SACRAMENTO, CA 95814-7043  
 (916) 322-4336 FAX (916) 324-2875



February 3, 2005

Diane Clayton  
 Interim EMS Administrator  
 Marin County EMS Agency  
 161 Mitchell Blvd., Suite 100  
 San Rafael, CA 94903

*Diane*  
 Dear Ms. Clayton:

We have completed our review of *Marin County's 2004 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines and the EMS System Planning Guidelines*, with the exception of Paramedic Response Areas D and E. These sections do not meet the “grandfathering” criteria.

**SECTION****COMMENT**

1.27 Pediatric System Plan

Need a written plan addressing the management of pediatric patients according to community needs and appropriate resources.

EXCLUSIVE OPERATING AREAS – Paramedic Response Zone A, B, and C are approved as submitted.

The following zones have changes which appear to modify their exclusivity and/or require additional information or modification of the ambulance zone form. Please submit any additional information to EMSA to complete the approval of the ambulance zones. These two zones will be listed as nonexclusive on the official listing until receipt of additional information from the county. If you have any questions, please contact Donna Nicolaus at (916) 322-4336, extension 412.

**Paramedic Response Area D:** The new ambulance zone form indicates that the area of the zone was expanded to include the City of Sausalito. If that is the case, this would appear to change the scope and manner. The zone would, therefore, be nonexclusive and a competitive process would be required to retain exclusivity. Also, was Sausalito previously included in another area? If so, this may also be a change in scope and manner for that zone. Please provide any additional information regarding this zone and any others it may have affected for our consideration. Otherwise the ambulance zone form should be modified to indicate that the area is nonexclusive.

**Paramedic Response Area E:** As previously stated in our July 18, 2001 letter, this zone does not appear to meet the criteria for “grandfathering”. In order to qualify for “grandfathering”, an

Diane Clayton  
February 3, 2005  
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entity must have provided service in the area in the same scope and manner since January 1, 1981. As described in the Ambulance Zone Summary form, it appears that there were multiple providers in the area until 1994 which would be a change in scope and manner and prohibit "grandfathering". A subsequent letter from the county dated, September 27, 2001 indicated that the county legal counsel was continuing to evaluate Zone E. If there is additional information, please submit it for our review. Otherwise it is recommended that the ambulance zone form be modified to show the area as nonexclusive.

These comments are for your information and may be addressed in your annual update. Your annual update, utilizing the attached guidelines, will be due one year from your approval date. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,



Richard E. Watson  
Interim Director

REW:ss

Enclosures