

COUNTY OF SAN MATEO

EMS PLAN

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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 standards.

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	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	X	

Regulatory Activities	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
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	X	

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	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	N/A		X
1.23 Interfacility Transfer		X	N/A		

Enhanced Level: Advanced Life Support

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

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

Enhanced Level: Pediatric Emergency & Critical Care System

1.27 Pediatric System Plan		X	N/A		X
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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 100%		

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

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	N/A		
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

	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
Universal Level					
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		
4.08 Medical & Rescue Aircraft*		X	N/A		
4.09 Air Dispatch Center		X	N/A		
4.10 Aircraft Availability*		X	N/A	X	
4.11 Specialty Vehicles*		X	N/A		
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		

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

Enhanced Level: Exclusive Operating Permits

4.19 Transportation Plan		X	N/A		
4.20 Grandfathering		X	N/A	X	
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
Universal Level					
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			

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
Universal Level					
6.01 QA/QI Program		X	X		
6.02 Prehospital Records		X	N/A		
6.03 Prehospital Care Audits		X	X		
6.04 Medical Dispatch		X	N/A		
6.05 Data Management System*		X	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	X	X	
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Enhanced Level: Trauma Care System

6.10 Trauma System Evaluation		X	N/A		
6.11 Trauma Center Data		X	X	X	

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
Universal Level					
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					
8.09 DMAT Teams		X	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	X		
8.15 Interhospital Communications		X	N/A		
8.16 Prehospital Agency Plans		X	X		

Enhanced Level: Advanced Life Support

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

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 Health Department as its local EMS agency. The EMS program reports directly to the Health Department Director.

The EMS program staff includes an:

- 1 F.T.E. EMS Administrator who is a registered nurse with more than 25 years experience in emergency medical services (clinical and administrative).
- 1 F.T.E. Clinical Coordinator who is a registered nurse with more than 20 years experience in EMS (clinical and administrative).
- 1 F.T.E. Management Analyst who is an epidemiologist with 5 years experience in public health.
- 1 F.T.E. Public Health Nurse who is a registered nurse with more than 20 years experience in EMS (clinical and administrative).
- 1 F.T.E. EMS Program Specialist who has 18 months of administrative experience in EMS.
- 1 F.T.E. Administrative Secretary who has worked in the EMS agency more than 20 years.
- 0.375 F.T.E. EMS Medical Director who practices emergency medicine at Stanford University Medical Center and is an Associate Professor of Emergency Medicine and of Trauma at Stanford University School of Medicine. He is board certified in emergency medicine.

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

- San Mateo County Public Safety Communications
- 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)
- Fire Service Agencies (administrative, training, and line personnel) including 1) a Joint Powers Authority with 17 member entities including cities and fire protection districts, 2) the California Department of Forestry and Fire Protection which provides services in the unincorporated areas, and 3) the City of South San Francisco which provides services at the San Francisco International Airport
- Hospital Consortium of San Mateo County
- Hospital Council of San Mateo County
- San Mateo County Medical Society
- 9 Receiving Hospitals (emergency department physicians and nurses)
- 2 Trauma Centers
- 2 Air Ambulance Providers
- 1 Paramedic Training Program
- 3 EMT-I Training Programs
- Emergency Medical Care Committee
- Medical Advisory Committee
- Contract Oversight Committee
- Quality Leadership Council
- Emergency Department Nurse Managers
- Supervisors 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:

**The Emergency Medical Services (EMS) Agency
Ensures Appropriate, Timely And Respectful Emergency Medical Care
To Meet The Needs Of Patients And Their Families In 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.

The EMS Agency plans, implements, and evaluates the EMS system and uses its quality assurance/quality improvement and evaluation processes to identify needed system changes. Evidence that these activities are performed is demonstrated by the continual improvements made in the EMS system.

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:

- 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
- Supervisors Committee
- Contract Oversight Committee
- Quality Leadership Council
- Other Divisions of the Health Department
- Healthcare Working Group
- Emergency Department Nurse Managers
- Fire Chiefs Association
- Ad-hoc Action Teams
- Customer Satisfaction Surveys

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 board certified in emergency medicine. This physician currently practices emergency medicine at Stanford University Medical Center, is the Medical Director for the Office of Disaster Planning, Director of the Wilderness Medicine Fellowship, and is an Associate Professor of Emergency Medicine and of Trauma at Stanford University School of Medicine. He formally joined the San Mateo EMS Agency in January 2007.

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.
- Supervisors Committee includes AMR and fire service EMS supervisors and clinical coordinators, the SMCPSD medical dispatch supervisor, and the EMS staff.
- Quality Leadership Council includes the EMS coordinators of each JPA zone, AMR Clinical/Education Coordinator, CDF EMS Coordinator, South San Francisco EMS Coordinator, field paramedics and EMTs, , dispatch supervisor, dispatch quality assurance coordinator, the EMS medical director, and EMS agency clinical coordinator.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

- Annual Implementation Plan
- Long-range Plan

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 first completed in 1986 and remains on file. The plan was revised in accordance with EMSA Guidelines in 1995. The 1995 plan was reviewed and approved by the EMCC and the Board of Supervisors prior to its final adoption. The plan was updated in July 2007/2007.

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

This document serves as the updated EMS Plan.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

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: RECOMMENDED STANDARD MET

Since November 1997 all major trauma patient are taken to designated trauma centers; Stanford Hospital and Clinics and San Francisco General Hospitals. A formal trauma system plan was submitted to the EMS Authority for approval in January 1999. A revised Trauma Plan was submitted in the October 2003.

Stanford Hospital and Clinics is located in Santa Clara County and is designated as a Level I Trauma Center by Santa Clara County. Stanford Hospital receives trauma patients from the southern and central portions of San Mateo County. Stanford also receives the trauma patients from the mountainous and coastal areas as it has a helipad. San Francisco General Hospital, to the north, is also a designated Level 1 Trauma Center. It receives trauma patients from the northern bayside portion of the county. San Francisco General does not have a helipad adjacent to the hospital at this time.

COORDINATION WITH OTHER EMS AGENCIES:

The EMS agencies of San Francisco City & County and Santa Clara County were involved in the trauma system planning and implementation processes in San Mateo County. The San Mateo County EMS Agency has established a Memorandum of Understanding with San Francisco City and County in 2004 and has submitted a draft MOU to Santa Clara County. Santa Clara County, having experienced a change leadership at the Administrative and EMS agency level, is in the planning stages of working with surrounding counties to develop agreements regarding trauma patients cared for at their trauma hospitals. San Mateo County will be included in that process. We anticipate completion of this goal during 2008.

NEED(S):

1. A San Mateo County trauma registry which will incorporate prehospital data relative to trauma as well as registry data from both of the trauma hospitals.

2. A process for transfer and a data repository for information from non-trauma receiving hospitals. This would allow us to more accurately evaluate under triage of trauma patients.

OBJECTIVE:

- 1.07.a. To complete a revised trauma plan for San Mateo County. This project is i process with an anticipated date of completion of December 2007.
- 1.07.b. To work with emergency ambulance providers to improve EMS data entry on trauma patients. Improvements are being discussed with a proposed implementation in the fall of 2007 or first quarter of 2008.
- 1.07.c. To develop or purchase a trauma data registry with the capability of incorporating prehospital information from the electronic PCR and an electronic transfer of trauma data on San Mateo County trauma patients from the two trauma receiving hospitals.

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 and one half decades. The minimum staff for emergency ambulances is one paramedic and one EMT. Fire service paramedic first response is also provided countywide. Every fire engine responding to a medical emergency has at least one paramedic on board. As the result of a Request for Proposal Process conducted in 1997/98, American Medical Response West (AMR) was awarded a contract to provide paramedic emergency ambulance service and paramedic first response services to all of the county, with the exception of South San Francisco. AMR subcontracts with a Joint Powers Authority comprised of 17 city and fire districts, the City of San Francisco Airport Commission, and the County (for CalFire) to provide the paramedic first response service.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

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: RECOMMENDED STANDARD MET

San Mateo County Public Safety Dispatch Center is the emergency medical dispatch center for the entire county. Non-English speaking callers are able to speak with an interpreter via a service with which the County contracts.

Every fire engine and ambulance has a flip-card of ICONs to communicate with non-verbal persons. All paramedics received training in the card system.

Children with Special Health Care Needs Program (CSHCN) was developed to address children with chronic health care problems who may need to utilize the 911 system. An EMS Non-Emergency Home Visit Program has been instituted whereby parents and caregivers of CSHCN have the opportunity to schedule a non-emergency visit with San Mateo County fire first responders and paramedics to review the health care needs of the children prior to an emergent situation. Brochures in English and Spanish are available with information on this program, how to access 911 (cell phone and landline) and a copy of the Emergency Information Form for Children with Special Needs.

Some work had been accomplished with the Division of Aging and Adult Services in developing a registry of disabled persons throughout the jurisdiction.

SMART Program is a new program developed by the Health Department and American Medical Response West (AMR) in which a specially trained paramedic will respond to law enforcement Code 2 EMS requests for individuals having a behavioral emergency. This SMART paramedic is able to perform a mental health assessment, place a 5150 hold if needed and transport the client to psychiatric emergency services, or, in consultation with County staff arrange for other services to meet the individual's needs. Access to the new SMART program is made through the County's 9-1-1 system.

Note: 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:

NEED(S):

OBJECTIVE:

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. Written agreements exist with ALS providers, trauma centers, and stroke centers.

In order to conform to State Regulations, San Mateo County EMS should enter into an executed agreement with the City of South San Francisco as an approved EMT-P Service Provider. Multiple attempts to accomplish this have been unsuccessful to date. The City has not been willing to enter into any agreement despite repeated requests from the EMS agencies over the last 20 years.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Cooperation of the City of South San Francisco to enter into a written agreement with the local EMS agency.

OBJECTIVE:

- 1.11.a. 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 Quality Leadership Committee, Emergency Department Nurse Managers, and Supervisors Committee
- Ad Hoc Action Teams
- Certification/Accreditation Activities
- Educational programs
- Collection and analysis of data
- EMS Agency's Review of Contractor for Contract Compliance Evaluation

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

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, Supervisors Committee, Contract Oversight Committee, Quality Leadership Council, and ED Nurse Managers Committee.

We are conducting ongoing customer surveys to determine the level of patient/family satisfaction with their recent 9-1-1 experience.

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.

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 Clinical Protocols Manual is provided to all paramedics at the time of accreditation. Both the Policy and Procedure Manual as well as the Clinical Protocols are available on the EMS Agency Website.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

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 and first responder paramedic agencies, and base/receiving hospitals). It is somewhat more difficult to carry out these activities with components not required to have written agreements (e.g. non-emergency ambulance services, PSAPs). The Base/Receiving Hospital Agreements are due for renewal.

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):

Current Base/Receiving Hospital Written Agreements

OBJECTIVE:

1.15.a. To secure current written Base/Receiving Hospital Agreements.

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

The program budget is relatively small due to the small staff and our reliance on the participation of system component participants. The EMS program budget does not contain any county general fund contribution.

The EMS Agency primarily relies on fees and fines to the countywide ambulance contractor and the “EMS purposes” portion of the Maddy Fund, to financially support the program.

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 that is 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):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

- Annual Implementation Plan
- Long-range Plan

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

Several years ago our agency spent considerable time 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.

Each EMS component provider is responsible for developing and implementing its own internal QI plan based on the countywide quality improvement 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 County Public Safety Dispatch Center has dispatched all emergency ambulances for many years and its CAD records are very useful in tracking response times for the ambulances. As of 2005, a single dispatch center dispatches all emergency ambulances and fire service paramedic first responders (including South San Francisco Fire), therefore data on a single CAD will be used to track response times for all these responses. The SMCPSDC recently has received "Center of Excellence" status.

A computerized patient record keeping system linked to the County CAD, emergency ambulances, paramedic first responders, and hospital emergency departments has been implemented.

A Quality Leadership Committee (QLC) is responsible for the first line quality assurance committee. It is comprised of ambulance paramedics and EMTs, fire service first response paramedics and EMTs, the ambulance contractor's clinical coordinator and medical direction, and the local EMS agency EMS medical director and clinical coordinator.

The electronic data system and QLC are having excellent quality improvement success. The data system is producing very useful information to measure performance and results of CQI efforts. Recent QI reports have been very helpful in directing new training programs.

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

OBJECTIVE:

- 1.18.a. To continue 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 has 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 on-going. Each childhood deaths is reviewed by a Child Death Review Team (CDRT) under the auspices of the Health Department.

Paramedics 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.

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 clarify the reporting requirement for domestic violence.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Continued support, cooperation, and collaboration with the Division of Aging and Adult Services, EMT-P and EMT-I personnel, receiving hospitals, the Coroner, law enforcement agencies, Child Protective Services, Child Death Review Team, Domestic Violence Death Review Team, and Elder Death Review Team.

OBJECTIVE:

- 1.22.a. To develop policies on domestic violence, child abuse, and elder abuse in collaboration with the Division of Aging and Adult Services, the Medical Advisory Committee, the EMCC, EMS-C Committee, the Coroner, law enforcement, and Child Protective Services.

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.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

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. Over the last 20 years, multiple attempts to enter into written agreement with the City have been unsuccessful.

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 began January 1999 and is near the end of its second, two-year extension that expires in December 2008.

The present EMS system design that results from the countywide EOA contract has received state, national, and international awards for excellence. It is a private/public partnership between American Medical Response and a Joint Powers Authority comprised of cities and fire districts.

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:

1.24.a To establish a written agreement with the City of South San Francisco as an approved ALS provider service

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. These written agreements are due for renewal.

We do not require provider agencies to have in-house medical direction. On-line medical direction is provided by ^{base hospital} physicians. Paramedics normally contact the emergency physician at the hospital to which the patient will be transported.

COORDINATION WITH OTHER EMS AGENCIES:

Two out-of-county hospitals, Stanford University Hospital and San Francisco General, serve as base hospitals for San Mateo County.

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 MET

Since November 1997 all major trauma patient are taken to designated trauma centers; Stanford and San Francisco General Hospitals. A formal trauma system plan was submitted to the EMS Authority in January 1999 and approved.

Stanford University Hospital, is located in Santa Clara County and is designated as a Level I Trauma Center by Santa Clara. Stanford receives trauma patients from the southern and central portions of the county. Stanford also receives the trauma patients from the mountainous and coastal areas as it has a helipad. San Francisco General Hospital, to the north, is also a designated Level 1 Trauma Center. It receives trauma patients from the northern bayside portion of the county.

COORDINATION WITH OTHER EMS AGENCIES:

We coordinate trauma quality assurance programs with Santa Clara and San Francisco Counties. San Mateo County Ems Staff participate in the QI committee for Santa Clara and San Francisco EMS Agencies.

We have a signed MOU for trauma care with San Francisco City and County. An MOU for care of trauma patients has been presented to Santa Clara County. We await their response.

NEED(S):

1. Signed Memorandums of Understanding with Santa Clara County
2. Revised Trauma Plan

OBJECTIVE:

- 1.26 a. Obtain signed Memorandums of Understanding with Santa Clara County.
- 1.26 b. A revised trauma plan will be submitted by December 2007.

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 place since the early 1990s. This status of the program is as follows:

- All paramedics are required to successfully complete and maintain training in Pediatric Education for Prehospital Personnel (PEPP). Additionally all paramedics are required to undergo a review of infrequently utilized pediatric skills.
- San Mateo County has developed an inclusive pediatric emergency department model since children often arrive at the ED in their parents arms versus by ambulance. All nine receiving facilities EDs have been reviewed to determine the status of their pediatric capabilities based upon the adopted standards.
- Standards for pediatric capabilities of receiving hospitals have been adopted meeting or exceeding EMSA guidelines.
- Three out-of county pediatric tertiary care centers requested and underwent site reviews for Pediatric Critical Care Center (PCCC) designation. All three centers meet or exceed the minimum standards.
- *Pediatric Critical Care and Trauma Interfacility Consultation and Transfer Guidelines* were developed and adopted.
- Pediatric Field Treatment Protocols have been implemented and undergo review every two-years.
- Conducted a review of the pediatric capabilities of the two designated trauma centers
- Coordinated a symposium of Children with Special Health Care Needs.
- A Children with Special Health Care Needs Program has been established.
- Responsible for the coordination of the county's Child Death Review Team
- Participates on the State EMS-C Coordinator Committee and Technical Advisory Committee

COORDINATION WITH OTHER EMS AGENCIES:

San Mateo County invited Santa Clara and San Francisco LEMSAs to participate in development of the tertiary care component of our pediatric system. At the time, neither county had designated or had immediate plans to designate PCCCs. Both counties participated in the site reviews of the centers in their respective counties. At a later date, Santa Clara County developed a formal EMS-C system but did not recognize San Mateo County's designation of the facility thus requiring the facility to undergo another extensive review process.

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 establish a coordinated effort with Santa Clara and San Francisco LEMSAs to re-evaluate the status of the three designated out-of-county PCCCs once EMSA has completed revision of PCCC Guidelines.

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. Competitive processes were conducted in 1990 and in 1997/98. Both these RFP documents were reviewed and approved by the EMSA.

The 1997 Request for Proposal document was approved by the EMCC and the Board of Supervisors. A panel comprised of persons not employed by the County reviewed the proposals and made a recommendation to the Board of Supervisors. The Board of Supervisors accepted this recommendation.

The current contract, for which American Medical Response is the contractor, expires at the end of 2008.

San Mateo County EMS is in the midst of an RFP redesign process with an anticipated release in January of 2008.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

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:

- A Quality Leadership Council comprised of EMS agency clinical staff, the EMS medical director, provider clinical coordinators, and field paramedics and EMT meets monthly. They review key performance indicators and other data, identify any deficiencies, and design a training plan targeting any problem areas.
- A Medical Advisory Committee consisting of paramedics, emergency department nurses, emergency department physicians, ground and air ambulance providers, and emergency medical dispatchers meets monthly to discuss clinical issues and training needs.

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) Public safety AED programs
- c) Paramedic initial training programs and continuing education.
- d) Paramedic optional scope of practice skills within the orientation for accreditation to practice.

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 15 primary PSAPs within the jurisdiction. These PSAPs are instructed to immediately turn over medical calls to the SMCPSDC, which dispatches all emergency medical calls dispatching both ambulances and fire first responders. 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.

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:

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: RECOMMENDED STANDARD MET

Fire service provides first response throughout the county. Every fire engine responding to a medical call in San Mateo County is staffed with at least one paramedic. All other firefighters are EMTs.

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 paramedic first response is required throughout the jurisdiction.

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 a minimum of one paramedic and one EMT with advanced training. 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 who direct emergency patient care are either board certified in emergency medicine or certified in advanced life support. All registered nurses working in the emergency department are certified in advanced life support and pediatric advanced life support.

San Mateo Medical Center

ED physicians = 15

15 Board Certified in Emergency Medicine

1 also Board Certified in Internal Medicine

ED registered nurses = 45

45 Both ACLS and PALS Certified

Kaiser Hospital Redwood City

ED physicians = 9

9 Board Certified in Emergency Medicine

1 Board Eligible

9 ACLS Certified

ED registered nurses = 50

50 Both ACLS and PALS Certified

Kaiser South San Francisco

ED physicians = 29

27 Board Certified in Emergency Medicine

2 ACLS Certified

4 PALS Certified

ED registered nurses = 58

58 ACLS and PALS Certified.

Sequoia Hospital

ED physicians = 9
9 Board Certified in Emergency Medicine
2 Board Certified in Other Specialties
9 ACLS Certified
ED registered nurses = 28
28 ACLS and PALS Certified

Seton Coastside

ED physicians = 10
1 Board Certified in Emergency Medicine
9 Board Certified in Other Specialties
10 ACLS Certified
10 PALS Certified
ED registered nurses = 9
9 ACLS and PALS Certified

Mills/Peninsula Hospitals

ED physicians = 21
19 Board Certified in Emergency Medicine
2 Board Certified in Other Specialties
21 ACLS Certified
ED registered nurses = 65
65 ACLS and PALS Certified

Seton Medical Center Daly City

ED physicians = 20
20 Board Certified in Emergency Medicine
1 Board Certified in Other Specialties
ED registered nurses = 50
50 ACLS and PALS Certified

Stanford University Hospital

ED physicians = 40

39 Board Certified in Emergency Medicine
1 Board Certified in Other Specialties
40 trained in ACLS (Board Certified)
40 ATLS trained (Board Certified)

ED registered nurses = 103

103 ACLS, BLS, PALS Certified
90 TNCC Certified
23 NRP Certified
11 ABLIS Certified
9 ENPC Certified
16 CEN Certified
2 CCRN 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

Since all fire engines are staffed with at least one paramedic most fire first response agencies no longer maintain an active AED program. Several public safety AED programs are in place in law enforcement agencies with more planned in the future.

We are aware of multiple public access AED programs within San Mateo County.

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. 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".

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

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

The County has a trunked radio system that is used for dispatch/ambulance communications. Trunked radios are located at the SMCPSPDC, in emergency ambulances, Ambulance Contractor and Fire Service Supervisor vehicles, and in hospital emergency departments. The EMS staff also have portable radios with these frequencies.

If needed, paramedics contact base hospital physicians for medical consultation via cellular telephone. All emergency ambulances and non-transporting ALS first responders have cellular telephones.

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

All hospitals, the SMCPSPDC, and the local EMS agency office are linked by a computer system, known as the EMSsystem. EMSsystem has been in place since November of 2006. The system continually displays each hospital's receiving status regarding its ability to accept ambulance patients on computers located in the dispatch center, the EMS office, and at each receiving hospital. Data related to diversion hours is easily downloaded into an Excel spreadsheet. EMSsystem is also used for hospital polling in multi-casualty incidents and reporting inpatient hospital bed status. EMSsystem also displays the EMS Administrator and Health Officer on call.

EMSsystem is in place in San Francisco, Santa Clara and San Mateo Counties and each system can be viewed from any computer with Web access.

Also, the SMCPSPDC, all PSAPs, all hospital emergency departments, and the EMS office are linked by a microwave system.

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

COORDINATION WITH OTHER EMS AGENCIES:

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 emergency ground and air ambulances and San Mateo County Public Safety Communications (SMCPSC) have two-way radios with Red (primary dispatch) channel capability. In addition, these providers have fire control channel capabilities, including CALCORD, with all ALS fire first responder agencies in the county. The ALS fire first responders utilize the fire control channels (primary, secondary and tactical) as well as CALCORD for both primary dispatching and vehicle-to-vehicle communication. This structure allows all emergency ambulances and fire first responders to communicate with one another. Policies clarifying the use of these channels have been established.

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 trunked 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

San Mateo County Public Safety Communications (SMCPSC) is the single dispatch center for all emergency medical transport vehicles. All emergency ground ambulances and San Mateo County Public Safety Communications (SMCPSC) have trunked radios. Air ambulances communication with SMCPSC via fire channels. In addition, these providers have fire control channel capabilities, including CALCORD, with all ALS fire first responder agencies in the county.

The ALS fire first responders utilize the fire control channels (primary, secondary and tactical) as well as CALCORD for both primary dispatching and vehicle-to-vehicle communication. This structure allows all emergency ambulances and fire first responders to communicate with one another. Policies clarifying the use of these channels have been established.

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 one another. Several communications systems exist between hospitals. These include the microwave line, standard landline telephone, cell phones, email or FAX. All hospitals are equipped with the County's trunked radio system. In addition hospitals are linked by EMSsystem computer system.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

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 County’s trunked radio system, microwave, EMSsystem, OASIS, and RACES radio all have a role in MCIs and disasters.

The Multi-Casualty Incident (MCI) Response Plan includes communications linkages between the fire service agencies and the contracted ambulance provider. Fire radios within each transport vehicle are programmed as needed to ensure linkages are consistent. Additionally, in cooperation with the Office of Emergency Services we’ve made recommendations to all hospitals through the Healthcare Working Group to have amateur radio capabilities within each facility. Most facilities have this capability currently and amateur radio training opportunities are forwarded to hospitals on a regular basis. The use of amateur radios has been and will continue to be part of disaster exercises within the operational area.

In addition, other communication systems such as EMSsystem will continue to be tested regularly. This system links San Mateo County Public Safety Communications (SMCPSC), the EMS Agency and all hospitals together in an effort to determine availability and facility conditions following an MCI and/or disaster. Lastly, all facilities have the County’s trunked radio system in order to maintain communications between Public Safety Communications and the contracted 911 ambulance provider.

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

Use of 9-1-1 is covered in many of the community education programs offered by the ambulance contractor, the fire service, and SMCPCSC.

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, Supervisors Committee, and the Quality Leadership Council.

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 SMCPSPDC dispatches all emergency medical responses within the county; both emergency ambulance and first response.

The SMCPSPDC 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.

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 SMCPSSDC. The classification is made using the Medical Priority Dispatch System (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 (AMR 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 as well as the closest fire engine.

BLS First Response – Not Applicable – System utilizes ALS First Response

ALS first response is available countywide, exception City of South San Francisco. The response time standard in urban/suburban is 6:59 minutes 90% of the time. The ALS first responders maintain a compliance level in the high 90s. Although we do not measure the average of response times we are certain they more than meet the

above recommended level.

Early Defibrillation Capable Response - Not applicable.

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 System Guidelines exclude first responder ALS providers from meeting this standard, at least in some way. Within all urban/suburban portions of our jurisdiction, with the exception of South San Francisco, ALS first responders arrive in less than 6:59 minutes and provide definitive ALS.

Since we do not have access to the City of South San Francisco's fire service response data we cannot attest to its response times. 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 at least one EMT-P and one EMT, meets the standards specified.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

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, with a minimum of one paramedic per apparatus, is provided throughout the system (exception South San Francisco) and is fully integrated with the emergency ambulance service. A single dispatch center dispatches both fire service and emergency ambulances. Medical equipment, supplies, protocols, training, and patient care records are standardized.

A number of law enforcement agencies have AED capabilities.

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):

OBJECTIVE:

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). The Coast Guard routinely provides air rescue services, particularly related to water incidents.

The SMCPSDC requests an aircraft response based upon initial information received or upon the request of on-scene public safety or medical personnel. Only Stanford University Medical Center has a licensed helipad. Patients are taken to the hospital with helipad capability that has the medical resources needed by the patient.

Both medical aircraft providers are active participants in the EMS system participating in system committees. Orientation to the County EMS system takes place for all flight personnel on an ongoing basis. The aeromedical providers do training for all hospital and EMS ground personnel on a regular basis.

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 San Mateo County Public Safety Communications Dispatch Center (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

The written agreements with the two medical air ambulance providers (Lifeflight and CALSTAR) that routinely respond into our jurisdiction but they need to be renewed. 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 the need to coordinate air medical response activities with those other counties.

NEED(S):

Written agreements with the two above air ambulance providers need to be updated and renewed.

OBJECTIVE:

4.10.a Renew agreements with the above two air ambulance providers.

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: RECOMMENDED STANDARD MET

San Mateo County contains a significant area of mountainous terrain serviced by unpaved roads. In addition, both the western and eastern boundaries of the County are bodies of water.

Several agencies have rescue water craft, including Menlo Park Fire Protection District, Foster City Fire Department and the Coast Guard. Cal Fire and Woodside Fire Protection District have four wheel drive vehicles that can be used for patient transport in rugged areas.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

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 continues to work closely with both the Office of Emergency Services (OES) and the Divisions within the Health Department in developing and implementing the medical component of the Operational Area and Health Department disaster plans. This includes the coordination of emergency medical response and transport resources both within and outside of San Mateo County. Additionally, operational details addressing how medical response and transport resources within the county are to be utilized in the event of a disaster have been further clarified and implemented through the EMS Agency's Multi-Casualty Incident (MCI) Sub-committee.

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

A significant portion of the recently revised Multi-Casualty Incident Plan involved incorporating the Incident Command System (ICS) into each aspect of the plan including roles/responsibilities, assignment of resources and communications. Training in this plan incorporated all fire service agencies in the county, the contracted 911 ambulance provider and the county's Public Safety Communications (PSC) dispatchers.

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 current MCI plan conforms 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 at least one paramedic and one EMT with advanced training. In addition, the entire county is served by paramedic first responders.

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, which binds the contractor and its subcontractors, 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:

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. Another Request for Proposal Process was conducted in 1997/98 and that RFP document was also approved by the EMSA.

Through our experience to date, we have found that the design of the EOA 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. The creation of "micro-zones," within the EOA has increased system efficiency.

Minimum standards for transportation include an all ALS system for emergency medical patients, an urban/suburban paramedic first response time standard of 6:59 minutes, an urban/suburban 12:59 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):

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

OBJECTIVE:

- 4.20.a. To establish a written agreement with the City of San Francisco as an approved ALS provider.

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 paramedic first response agencies. A written agreement is needed with the City of South San Francisco.

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 last occurred in 1996-97 in preparation for an RFP that was issued in Summer 1997. The evaluation phase relied on input from the EMCC, the Medical Advisory Committee. City and county government officials also provided advice. Input was also 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:

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 in-patient capability of each acute care hospital may be monitored as needed based on bed type utilizing the EMSsystem. The acute care capability of each facility is available to the system participants using the EMSsystem.

The written agreements between the County and its base hospitals but they need to be renewed. There is a written agreement between the County and two trauma centers.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

Renewed written agreements with the eight receiving hospitals.

OBJECTIVE:

- 5.01.a. Obtain written agreements with eight receiving/base hospitals.

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. Policies addressing the triage and transport of patients to specialty care centers such as burn centers, trauma centers, pediatric critical care centers, stroke centers and psychiatric facilities have been implemented. There is also a policy describing interfacility transfer protocols.

COORDINATION WITH OTHER EMS AGENCIES:

Continue to work with the San Francisco and Santa Clara counties.

NEED(S):

OBJECTIVE:

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 MET

Pediatric Critical Care and Trauma Interfacility Consultation and Transfer Guidelines were developed and adopted in 1999 and revised in 2001 based upon the State EMSC Model Guidelines. These guidelines were issued to all San Mateo County receiving facilities. The guidelines are intended to assist physicians and hospitals to identify types or categories of critically ill and injured children who may benefit from consultation with pediatric critical care or trauma specialists and if indicated, transferred to an appropriate specialized referral center. All receiving facilities are mandated to comply with EMTALA regulations concerning the interfacility transfer and transport of all patients including pediatrics.

Existing EMS policy clearly outlines guidelines for interfacility transfers.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

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

OBJECTIVE:

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 have designated three pediatric critical care centers and two trauma centers, all of which are out-of-county. We are now recognizing stroke center accreditation by the Joint Commission and have implemented ambulance destination policies for stroke patients. There are no burn centers within our county but there is a policy addressing the triage and transport of burn patients to these facilities. There are also no spinal rehabilitation centers located within the county. Patients with spinal injuries are triaged and transported to one of the two trauma centers that have transfer agreements with recognized regional spinal rehabilitation centers.

COORDINATION WITH OTHER EMS AGENCIES:

We coordinated our out-of-county PCCC designation activities with San Francisco and Santa Clara counties as well as out-of-county trauma centers.

We are coordinating our utilization of out-of-county specialty centers with the respective counties (Santa Clara and San Francisco) and with the specialty center facilities.

NEEDS:

Continued coordinated and cooperative efforts with Santa Clara and San Francisco EMS Agencies to review PCCCs, trauma centers and other specialty care facilities.

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 works closely with all hospitals within the county as well as the two trauma receiving facilities outside the county in coordinating their role as it relates to an incident(s) involving mass casualties. This work is done primarily through the MCI Working Group and the Healthcare Working Group. In addition to working on operational issues, the committees coordinate the participation of hospitals in various disaster exercises on an annual basis. Much of the disaster planning activities that have occurred over the last two years has been and continues to be directed towards Weapons of Mass Destruction (WMD) and chemical, biological, radiation, nuclear, explosive (CBRNE) type issues.

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 utilize the Healthcare Working Group as the venue in developing a hospital evacuation plan within the county. Other agencies such as the contracted 911 ambulance provider, San Mateo County Public Safety Communications (SMCPSC) and adjacent county EMS agencies will be utilized to assist with the plan's development and implementation.

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. This model has been evaluated and is working well for the paramedics and the base hospitals.

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 although they need to be renewed.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

Written agreements with base/receiving hospitals

OBJECTIVE:

5.07a. To obtain written base/receiving hospital agreements.

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 MET

San Mateo County implemented its trauma system in 1997. Its plan was approved by the EMS Authority. Two out-of-county trauma centers, both Level Is, are utilized. One of these is recognized by the American College of Surgeons as a Pediatric Trauma Center. A full description of the system, including the above elements, are described in our approved Trauma Plan.

COORDINATION WITH OTHER EMS AGENCIES:

We have entered into a written agreement with the City and County of San Francisco. We plan to enter into a similar agreement with Santa Clara County in the near future.

NEED(S):

Written agreements with Santa Clara County

OBJECTIVE:

- 5.08.a. To obtain written agreement on trauma matters with Santa Clara County.

TIME FRAME FOR OBJECTIVE:

Annual Implementation 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 MET

San Mateo County implemented its trauma system in 1997. Its plan was approved by the EMS Authority. Two out-of-county trauma centers, both Level Is, are utilized. One of these is recognized by the American College of Surgeons as a Pediatric Trauma Center. A full description of the system, including the above elements, are described in our approved Trauma Plan.

COORDINATION WITH OTHER EMS AGENCIES:

We have entered into a written agreement with the City and County of San Francisco. We plan to enter into a similar agreement with Santa Clara County in the near future.

NEED(S):

Written agreements with Santa Clara County

OBJECTIVE:

5.08.a. To obtain written agreement on trauma matters with Santa Clara County.

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

During the development of the San Mateo County Trauma Plan a Trauma Committee functioned under the auspices of the Hospital Consortium of San Mateo County. The Committee included representatives of each local hospital's administration as well as two physicians from each facility.

This Trauma Committee made recommendations to the Emergency Medical Care Committee (EMCC) which concurred with the Trauma Committee. The EMCC includes five consumer members. The trauma plan recommendation was forwarded to the Board of Supervisors for its review and approval. The Board of Supervisors provides a forum for public comment.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

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 MET

In 1995, San Mateo County completed the development and implementation of a comprehensive EMS-Children system. This system has continued in a maintenance mode since that time. The system in its entirety was reviewed and updated between 2003-05. The current status:

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

Six acute care hospitals and two standby emergency departments are located within the county. A ninth hospital, located just across the County's southern border is also a receiving hospital. Only three hospitals 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.

In the early planning of our EMSC system, the EMS-C Committee identified based upon local data that critically ill children very often arrive at emergency departments in parents' arms, rather than by ambulance. This was one reason that we selected an inclusive emergency department for children model rather than an exclusive one. We have conducted emergency department consultative site visits to each receiving hospital twice over a period of ten years.

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) or Pediatric Education for Prehospital Professionals (PEPP). All paramedics are required to be current in either PALS or PEPP. Pediatric equipment standards are also established using the state EMSA Guidelines. All first response vehicles have at least one paramedic with pediatric equipment. 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 have no plans at this time to design specific catchment areas for emergency departments or for pediatric critical care centers. We encourage our local hospitals to have pre-established transfer agreements in place with one or more PCCC. Presently all emergency departments receive pediatric patients. Discussion have been initiated to discuss the direct transport of CSHCN directly to a PCCC, if that is where they usually receive their care. Trauma Center catchment areas for patients (including children) have been established, however one of the trauma centers does not have a CCS-approved PICU. We have visited both trauma centers in 2005 to review their pediatric capabilities based on the current Trauma Regulations and are awaiting a policy statement from the EMSC Technical Advisory Committee to assist us in future discussions and reviews.

- c) *Pediatric Critical Care and Trauma Interfacility Consultation and Transfer Guidelines* were developed and adopted in 1999 and revised in 2001. These guidelines were issued to all San Mateo County receiving facilities. The guidelines are intended to assist physicians and hospitals to identify types or categories of critically ill and injured children, who may benefit from consultation with pediatric critical care or trauma specialists and if indicated, transferred to an appropriate specialized referral center. All receiving facilities are mandated to comply with EMTALA regulations concerning the interfacility transfer and transport of all patients including pediatrics.

The identification, triage, and transport of pediatric patients is addressed in San Mateo County EMS Trauma Triage Policy. Pediatric patients identified as major trauma victims are transported to the two out-of-county trauma centers. Additionally, the evaluation and management of pediatric trauma patients is addressed in the Trauma Evaluation and Management Policy.

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 addressed this issue in our draft PCCC Guidelines however have not implemented them based on the fact that the State PCCC Guidelines are currently being revised.

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 Children's Hospital in Santa Clara County.

Pediatric patients, meeting major trauma criteria, are transported to a trauma center in accordance with EMS policies and protocols. One of the designated trauma centers, Stanford University Medical Center meets ACS pediatric trauma center criteria but has not been designated as such by Santa Clara County EMS. Both trauma centers' pediatric capabilities were reviewed by the agency in 2005. We are awaiting a policy statement from the EMSC Technical Advisory Committee to assist us in future discussions concerning care of pediatric patients in general trauma centers.

f) Adopted PCCC Standards require designated PCCCS to have transfer agreements with recognized pediatric rehabilitation centers, spinal cord rehabilitation center or burn centers if these services are not available at the PCCCs.

g) A plan for monitoring and evaluation of the system

A formal EMSC Plan was developed in 2005 and addresses program maintenance, monitoring and evaluation.

The EMS Agency continually monitors patient care and transport for compliance with established standards. The Quality Leadership Council assists in this function. The electronic patient care record system is making this function much more efficient and informative.

COORDINATION WITH OTHER EMS AGENCIES:

Santa Clara and San Francisco Counties as PCCC are located within their jurisdiction.

NEED(S):

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

OBJECTIVE:

- 5.10.a To continue to revisit emergency departments and PCCCs to determine progress and compliance with the standards.

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 revised its Pediatric Guidelines for San Mateo County Receiving Hospitals in 2000. This document addresses items a-c, and e. All EDs have been reviewed for compliance with the revised guidelines. In 2001, *Pediatric Critical Care and Trauma Interfacility Consultation and Transfer Guidelines* were developed and adopted. Item E is addressed in this document. All San Mateo County receiving facilities are requested to have interfacility transfer agreements to with appropriate pediatric tertiary care centers including those with burn and rehabilitation capabilities.

COORDINATION WITH OTHER EMS AGENCIES:

The emergency department capabilities of the out-of-county pediatric critical care and specialty centers have been reviewed in coordination with Santa Clara and San Francisco counties LEMSAs.

NEED(S):

Hospital outcome data for pediatric patients.

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 a multi-disciplinary committee comprised of emergency physicians, pediatricians, emergency nurses and paramedics.
- The Medical Advisory Committee is comprised of ED medical directors and nurse managers from all of local hospitals as well as first responder agencies, AMR, SMCPSC and Lifeflight. The Committee reviews and approves all prehospital and system-related medical policies and procedures.
- The EMCC, which includes five consumer members, has reviewed and commented on the EMS for Children plan from its outset.
- The Quality Leadership Council which monitors prehospital care is comprised of representatives for all first responder agencies, AMR, SMCPSC and Lifeflight.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

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:
Major trauma patients are transported to the two Level I trauma centers located in two adjacent counties. A trauma plan, approved by the EMSA, is in place and is supported with policy and procedure. The catchment areas for the trauma centers are identified within the Plan.
3. Burns:
There is no burn center located within the county. Burn centers are located in the counties immediately north and south. A policy addressing triage and transport of patients meeting specific criteria directly to these centers has been implemented.
4. Craniospinal Injuries:
Patients meeting major trauma criteria, including those with significant head or spinal injury are transported to a Level I trauma center. All local receiving hospitals but one has neurosurgical capabilities.
5. Poisonings
The California Poison Control System 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

Four local receiving hospitals have Level 2 neonatal intensive care units.

All receiving facilities have been reviewed for their pediatric capabilities based upon approved Pediatric Guidelines for Emergency Departments. There are no Pediatric Critical Care Centers located within the county however PCCCs located within Santa Clara and San Francisco counties have been designated. See 5.10 and 5.11.

7. Acute Psychiatric and Behavioral Emergencies

Two hospitals are designated A5150" receiving hospitals, San Mateo Medical Center and Peninsula Hospital. SMART is a new program developed by the Health Department and American Medical Response West (AMR) in which a specially trained paramedic will respond to law enforcement Code 2 EMS requests for individuals having a behavioral emergency. This SMART paramedic is able to perform a mental health assessment, place a 5150 hold if needed and transport the client to psychiatric emergency services, or, in consultation with County staff arrange for other services to meet the individual's needs. Access to the new SMART program is made through the County's 9-1-1 system.

COORDINATION WITH OTHER EMS AGENCIES:

As noted in other pertinent sections of the Plan.

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 Quality Leadership Council.

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: RECOMMENDED STANDARD MET

Emergency ambulance providers, the SMCPSSDC, 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 contract ambulance provider, in partnership with the EMS agency, has developed a fully integrated electronic data system that for each patient encountered by the EMS system, creates a medical record containing dispatch data, first responder patient care record, and ambulance patient care record. This data system is “Medical Emergency Data System” (MEDS). The system is designed to also contain patient outcome from the emergency department. These records reside on the Contractor’s server and the data is replicated to a server at the EMS agency. Fields are easily queried and the system is yielding very useful information.

The EMS system has a 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 Quality Leadership Council (QLC) has identified key performance indicators that are reported monthly. With the implementation of the MEDS reports of focused audits are reported to the QLC and MAC. 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.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

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

An electronic prehospital record (PCR) is completed by all ambulance paramedics. This electronic data system is currently being phased in for fire service first responders. The implementation process is approximately 80% complete. If the patient is transported to a hospital, a copy of the ambulance PCR is usually printed out for the receiving hospital. The first response PCR and the ambulance PCR is also available for access by the receiving hospital or other agencies, such as the coroner, who need access to the PCR via secure web access. Copies of all PCRs (transported and non-transported patients) are retained by the emergency ambulance service provider. .

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: RECOMMENDED STANDARD MET

Audits of emergency medical dispatch, fire first response, and emergency ambulance response are conducted routinely.

The electronic PCR records are linked to dispatch and ALS first response . Each receiving hospital has access to the PCRs of its patients via the Internet.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

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 including the ProQA computer system. ProQA tracks dispatcher compliance to MPDS protocols. The SMCPSDC is an Accredited Center of Excellence with the National Academy. SMCPSDC provides reports from their quality improvement plan at the QLC for review. Case review occurs at the Quality Leadership Council meetings.

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: RECOMMENDED STANDARD MET

Within its 1997 Request for Proposal (RFP) for countywide emergency ambulance service, San Mateo County required entities responding to the RFP to commit to construct a database which would integrate the electronic patient information from dispatch, paramedic first response, paramedic ambulance transport, and emergency department outcome into a single patient record.

Further, the RFP required that all these electronic records would reside on a Server located in the Local EMS Agency's office and that the database would be able to be manipulated by the EMS staff using Access software. American Medical Response (AMR) was selected as the countywide provider of emergency ambulance service and paramedic first response services. AMR committed to developing and implementing the EMS data system described in the RFP according to the specifications of the EMS Agency.

Since there was not an existing EMS data system meeting the above criteria, AMR and the EMS Agency have spent several years in development of the system. The first attempt at such a system that used a Palm Pilot platform was abandoned after two years. The present system "Medical Emergency Database System" (MEDS) was beta tested in San Mateo County and is now used in multiple AMR systems. It was developed to be compliant with the CEMSIS system and now meets the requirements for CEMSIS and NEMSIS Silver. It is functioning very well at this time for PCR entry. In addition, it has a robust data base including both elements from the CAD and PCR. Business Objects is available to facilitate the analysis of the system and create both system specific and custom reports. Access to Business Objects is available to all EMS supervisory personnel involved in quality management from agencies who use MEDS. This includes AMR, the involved fire agencies and the EMS agency. In addition, the EMS agency has direct access to the server. This allows further customization of reports. South San Francisco Fire Department, the single 1797.201 city within the jurisdiction, currently uses an a Zoll product for their electronic PCR and provides the EMS agency with reports as well as PCR's as requested as a part of the QI plan. .

Data entry for MEDS is done by either laptop via wireless transmission to AMR's server in Modesto or by PC via the Internet to the server. Patient care records can be accessed by the patient's receiving hospital, the coroner for applicable patients, the prehospital care providers, and appropriate quality assurance/improvement personnel. Appropriate security measures are in place and the data is fully encrypted.

Presently the MEDS captures relevant dispatch information, first responder paramedic, and ambulance transport prehospital care records. Although the system is designed to accommodate the hospital emergency department outcome data, this is not currently being done primarily due to HIPAA and workforce concerns on the part of the hospitals.

All receiving hospitals have web access within their emergency departments. This computer is used for MEDS records retrieval and for EMSystems, which San Mateo County implemented in 2006, to track hospital resources and availability. Prior to that time a system called the Hospital Allocation Resource Tool (HART) served this purpose. The data from EMSystems can be uploaded for use by the EMS agency and health department for quality improvement, disaster management and system planning.

In 2005 First Watch was added to our electronic inventory. First Watch is used to monitor key syndromes based on dispatch codes for biomedical surveillance. MEDs, EMSystems and First Watch are providing very useful information for quality improvement, disease surveillance, multicasualty incident management, and disaster functions. (See Section 3.01)

The EMS Agency is actively using the MEDS system to conduct quality improvement/assurance activities and for research. It is yielding very useful information for these endeavors. To date we have used the data from MEDS to complete numerous QI projects, many of these are available on our web site. While we have not yet implemented monitoring the Sample Core Indicators included in the QI guidelines, we have reviewed some elements of the indicators and anticipate incorporating some of them in our next revision of the QI plan.

COORDINATION WITH OTHER EMS AGENCIES:

We have information available on our web site which can be used to bench mark projects by other EMS agencies. We have also worked with AMR, Santa Clara County EMS, Contra Costa County EMS, and other MEDS users in ensuring that the data elements in MEDS were compliant with CMESMS and NEMSIS.

NEED(S):

OBJECTIVE:

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 contract between the County and the county-wide emergency ambulance provider requires the Contractor and its Subcontractors to participate in system evaluation in accordance with the written agreement. Although no written agreement exists for the South San Francisco Fire Department emergency ambulance service, this provider participates fully in system evaluation activities. San Mateo County Public Safety Communications Center, the air ambulance providers, base/receiving hospitals, and trauma centers 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: RECOMMENDED STANDARD MET

Currently prehospital ALS is audited regularly by the provider agencies, the EMS agency, and the Quality Leadership Council (QLC). Results are shared and discussed with the Medical Advisory Committee which includes emergency department nurses and physicians from all base/receiving hospitals.

For information re: the integrated data management system 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 MET

The MEDS functions as a prehospital trauma patient registry as it captures the relevant prehospital data including mechanism of injury and other data points that identify patients needing trauma center transport. The MEDS system also identifies destination so that patients that should have been transported to a trauma center but were not can be identified.

Both trauma centers maintain active trauma registries and share this data with the San Mateo County EMS Agency for quality improvement purposes.

Trauma cases are routinely evaluated by the EMS Agency Medical Director and Clinical Coordinator. Prehospital trauma management is reviewed regularly by the QLC. Attempts to create our own confidential Trauma Quality Improvement Committee have been difficult. We have had several meetings; however, we have discovered that our process duplicated what was being done in the counties where those trauma centers were located. The EMS Agency Medical Director and Clinical Coordinator attend the Trauma Audit Committee meetings of the surrounding counties to participate in their quality improvement. The trauma centers attend our Medical Advisory Committee (MAC) meeting on an annual basis to present reports on the care of San Mateo County Trauma Patients.

COORDINATION WITH OTHER EMS AGENCIES:

We work closely with San Francisco and Santa Clara Counties in their Quality Improvement Committees. We have also participated in Santa Cruz County's Trauma Audit Committee.

NEED(S):

OBJECTIVE:

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: RECOMMENDED STANDARD MET

We are currently working with our two trauma centers to identify those in-hospital trauma registry data points to be made available to the EMS Agency. Presently we receive aggregate data from the two centers in accordance with specifications of the EMS Agency. Outcome information on specific patients is provided to the EMS Agency upon request.

We routinely query the MEDS database for the purposes of identifying patients who should have been transported to a trauma center but were not. Further, we solicit information from local receiving hospitals when they receive a patient who should have been managed as a major trauma patient.

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: RECOMMENDED STANDARD MET

The local EMS agency promotes the development and dissemination of information and materials for the public as described above, primarily requiring the countywide emergency ambulance provider to conduct public education programs. The contract between the County and AMR requires the Contractor (and its Subcontractors) to have a formal, active community education program approved by the County. Every paramedic is required to participate in two community education activities annually.

The Agency also provides referrals to the American Heart Association, American Red Cross and local fire service agencies for self-help training such as CPR, Basic First Aid, and Disaster Planning.

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 collaborates with a wide variety of public and private sector agencies and programs who work collaboratively to decrease intentional and unintentional injuries in San Mateo County. Those agencies include San Mateo County Injury Prevention Program, San Mateo County Child Death Review Team, Santa Clara/San Mateo SAFE KIDS Coalition, the California Poison Control System, San Mateo County Fall Prevention Task Force, AMR, local fire and public safety agencies, hospitals, health plans and community-based non-profits

The local EMS agency works closely with other health education programs on injury control and prevention. The San Mateo County Health Department conducts a number of injury prevention programs. The EMS agency coordinates the activities of two county-wide programs – the San Mateo County Child Death Review Team and San Mateo County Fall Prevention Task Force.

The EMS Agency encourages the ambulance Contractor to include injury prevention programs in its community education activities.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

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: RECOMMENDED STANDARD MET

The local EMS agency works closely with other Health Department Divisions, the Office of Emergency Services (OES), community hospitals, law enforcement, and fire service on medical aspects of disaster preparedness and response. Our Agency has also been actively participating with those cities that have begun developing their Medical Reserve Corp programs. 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: RECOMMENDED 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.

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

In coordination with the Office of Emergency Services, the local EMS agency develops the medical portion of the county disaster plan.

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 Multi-Casualty Incident (MCI) Plan utilizes an “all-hazards approach” when dealing with a multiple patient event(s), which includes items such scene safety and contamination of victims. Additionally, we are working with our Office of Emergency Services in the development of the EMS section of the Bioterrorism Annex of the Operational Area’s disaster plan. This document encompasses both the operational details of the MCI Plan as well as detailed steps to be taken in response to exposure of toxic substances etc.

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 Protection 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.

Emergency ambulances are dispatched to all HazMats needing an ambulance response. Fire service first responders have received at least 24 hours of HazMat training at the first responder operational level. All ambulance personnel receive six hours of training that is divided into two hours of HazMat incident training and four hours of combined WMD/HazMat training using a computer-based interactive training (CBIT) program. This training is required for all new hire employees and is repeated annually for existing employees.

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. Since San Mateo Medical Center is the designated HazMat receiving facility, all emergency department staff are trained and equipped to manage patients with radiation and chemical contamination and injuries. The facility also works closely the California Poison Control System. Additionally, we are working with all hospitals through the Healthcare Working Group in ensuring each facility has policies/procedures and standardized equipment in order to manage patients with radiation and chemical contamination and injuries.

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 SMCPSSDC via the EMS system to ascertain how many patients they can safely handle. This is done by patient type (immediate, delayed, minor).

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. All fire service, ambulance and dispatch personnel have received training in the plan. The most significant change in the plan is the “fixed” deployment of ambulance resources to the scene of an MCI.

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 landline, microwave, radio frequency, RACES, FAX, or EMSsystem. Cities may communicate to the county Emergency Operations Center (EOC) via landline, 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 EMS Agency staff have also been trained in the use of the RIMS system.

The county OES conducts an annual disaster exercise in which the EMS Agency participates 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.

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: STANDARD MET

All emergency ground ambulances and San Mateo County Public Safety Communications (SMCPSC) have two-way radios with Red (primary dispatch) channel capability.

In addition to the red channel, these providers have fire control channel capabilities, including CALCORD, with all ALS fire first responder agencies in the county. The ALS fire first responders utilize the fire control channels (primary, secondary and tactical) as well as CALCORD for both primary dispatching and vehicle-to-vehicle communication. This structure allows all emergency ambulances and fire first responders to communicate with one another, including during times of disaster. Policies clarifying the use of these channels have been established.

All hospitals have the EMSsystem. This system links San Mateo County Public Safety Communications (SMCPSC), the EMS Agency and all hospitals together in an effort to determine availability and facility conditions following an MCI and/or disaster. Facilities also have the County's trunked radio system in order to maintain communications between Public Safety Communications and the contracted 911 ambulance provider.

As part of the Multi-Casualty Incident Response Plan, a section addressing Medical Mutual Aid clarifies the process of how requests for additional ambulance resources from adjoining counties should be requested.

COORDINATION WITH OTHER EMS AGENCIES:

We will work with Santa Clara, San Francisco, Alameda, and Santa Cruz county's and the RDMHC to develop policies outlining how communications interoperability would occur during times of disaster

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 inter-county 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

Our agency and OES have not formally developed an inventory of disaster medical resources to respond to multi-casualty incidents and disasters.

However, we continue to work with Safety Managers from each hospital through our Healthcare Working Group to address disaster preparedness issues, including maintaining a cache of medical supplies. Currently most hospitals in the county keep 72 hours of supplies stocked on site and have detailed contracts with vendors in the event additional supplies are needed. As part of their EOA in the county, the contracted ambulance provider must maintain a surplus of all required supplies and equipment sufficient to sustain operations for a minimum of 30 days.

After the events of September 11, 2001, San Mateo County and its local hospitals recognized the importance of having a local pharmaceutical stockpile to ensure critical medications are available during a chemical and/or biological event. Together we have purchased a local stockpile that contains critical supplies of antibiotics, antidotes, and other necessary medications. Additionally, we have acquired a stockpile of MARK-1 kits that have been placed throughout the county, including on first responder vehicles to have available in the event of a chemical release. We worked closely with OES in acquiring additional kits for law enforcement agencies throughout the county.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

- 8.08.a. Coordinate efforts with OES in incorporating inventory of appropriate disaster medical resources into the Operational Area Disaster Plan.
- 8.08.b. Continue working with hospitals in developing standardized inventory of appropriate disaster medical resources for all facilities

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: RECOMMENDED STANDARD MET

We actively supported the formation of the San Francisco Bay Area DMAT team. We maintain an active relationship with the team. The DMAT's supplies are stored in one of our local fire stations as is required in our contract with AMR for emergency ambulance and first responder services.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

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.

COORDINATION WITH OTHER EMS AGENCIES:

Work with other San Francisco Bay Area counties through the RDMHC 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. Work with the region in reestablishing the goal of 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

Although Primary CCP's have been designated in close proximity to local hospitals within the county, the agency needs to review and revise the designation of such sites. These sites were initially 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 the county has designated a CCP.
5. Immediately following a disaster, there will probably be insufficient medical personnel available to staff CCP's.

In addition, we will continue to work with the Region and State with the development of the Disaster Medical Services Standards and Guidelines which includes the Field Treatment Site standards as a replacement of the CCP concept.

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: EMSsystem, FAX, telephone landline, microwave, Trunked Radio System, 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 24 hours of HazMat training at the first responder operational level. All ambulance personnel receive six hours of training that is divided into two hours of HazMat incident training and four hours of combined WMD/HazMat training using a computer-based interactive training (CBIT) program. This training is required for all new hire employees and is repeated annually for existing employees.

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: RECOMMENDED STANDARD MET

All hospitals are encouraged to ensure that their internal and external disaster plans are fully integrated with the county’s plan. All hospitals within the County have adopted the Hospital Incident Command System (HICS) model for their internal disaster plan. Representatives from every hospital within the County serve on the Healthcare Working Group.

In addition to several smaller scale drills, one large scale disaster drill is conducted annually. This drill involves 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

All hospitals are able to directly communicate with one another. Several communications systems exist between hospitals. These include the microwave line, standard landline telephone, or FAX. All hospitals are equipped with radios capable of communicating on the County's trunked radio system. In addition hospitals are linked by EMSsystem.

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: RECOMMENDED STANDARD MET

All hospitals have implemented HICS as their internal disaster plan and have trained staff in this model. At a minimum, the hospitals participate in the statewide Medical/Health Exercise and annual countywide disaster drill.

The ambulance contractor's internal disaster plan is reviewed and tested periodically by the EMS Agency. All Contractor's field personnel, and Subcontractor's personnel (local fire service) are trained and proficient in ICS.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

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 MET

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

COORDINATION WITH OTHER EMS AGENCIES:

We will work with Santa Clara, San Francisco, Alameda, 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, including communications interoperability.

NEED(S):

OBJECTIVE:

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 MET

Roles of specialty and trauma centers are outlined in policy. This includes clarification on the use of trauma receiving facilities during an MCI not only within the County but regionally as well.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

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 such as a Multi-casualty incident (MCI). Policies are in place outlining how medical mutual aid would be requested and authorized in such an event.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

- Annual Implementation Plan
- Long-range Plan

TABLE 2: SYSTEM RESOURCES AND OPERATIONS-COMPLETED
System Organization and Management

EMS System: **San Mateo County**

Reporting Year: **FY 2006/07**

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 Department

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

b. Health Department Director/Administrator

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

- | | |
|-----|---|
| Yes | Implementation of exclusive operating areas (ambulance franchising) |
| Yes | Designation of trauma centers/trauma care system planning |
| Yes | Designation/approval of pediatric facilities |
| Yes | Designation of 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
- 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 proposed budget for FY 2006/07

A. EXPENSES

Salaries and benefits (all but contract personnel)	\$ 738,653
Contract Services (Note: includes medical director and other contracts)	\$1,134,897
Operations (e.g. copying, postage, facilities)	\$ 289,178
Travel (includes travel, meetings, training)	\$ 19,795
Fixed assets	\$ 85,000
Indirect expenses (overhead)	\$ 70,933
Ambulance subsidy	
EMS Fund payments to physicians/hospital (not in EMS budget)	
Dispatch center operations (non-staff)	
Training program operations	
Other Intra-fund Transfers	\$ 513,197

TOTAL EXPENSES **\$1,825,259**

Table 2 - System Organization & Management (cont.)

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
State general fund	
County general fund	
Fund balance	
Other local tax funds (e.g., EMS district)	
County contracts (e.g. multi-county agencies)	
Certification fees	\$ 5,500
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)	\$ 302,478
Contributions	
EMS Fund (SB 12/612)	\$ 478,651
Other grants: HRSA	\$ 234,111
Miscellaneous Reimbursements	\$ 104,519
Other (specify): Realignment VLF	\$ 200,000
TOTAL REVENUE	\$1,825,259

Table 2 - System Organization & Management (cont.)

6.Fee structure for **FY 2006/07**

Our fee structure is:

First responder certification	—
EMS dispatcher certification	—
EMT-I certification	\$30.00
EMT-I recertification	\$30.00
EMT-defibrillation certification	—
EMT-defibrillation recertification	—
EMT-II certification	N/A
EMT-II recertification	N/A
EMT-P accreditation	\$50.00
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	—
Trauma center designation	—
Pediatric facility approval	—
Pediatric facility designation	—

Table 2 - System Organization & Management (cont.)

Other critical care center application	—
Type: Stroke Centers	
Other critical care center designation	
Type:	
Ambulance service license	—
Ambulance vehicle permits	—
Other: National Registry	\$20.00
Other:	
Other:	

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of FY **2006/07**

Table 2 - System Organization & Management (cont.)

EMS System:

Reporting Year: FY 2006/07

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./ Coord./Dir.	EMS Administrator	1.0	\$55.29	48.36%	
Clinical Nurse.	Clinical Coordinator	1.0	\$52.65	44.97%	
Program Coord./Field Liaison (Non-clinical)	EMS Program Specialist	1.0	\$35.05	37.01%	
Trauma Coord.					
Med. Director	EMS Medical Director (contract)	0.375	\$8,295/month	0%	
Other MD/ Med. Consult./ Trng. Med. Dir.					
Disaster Med. Planner	MD Consultant (contract)		\$98,222/year	0%	

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					
Dispatch Supervisor					
Data Evaluator/ Analyst	Management Analyst	1.0	\$41.25	38.22%	
QA/QI Coordinator					
Public Info. & Ed. Coord.					
Ex. Secretary	Administrative Secretary II	1.0	\$26.77	46%	
Other Clerical					
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

San Mateo EMS Agency Organization Chart

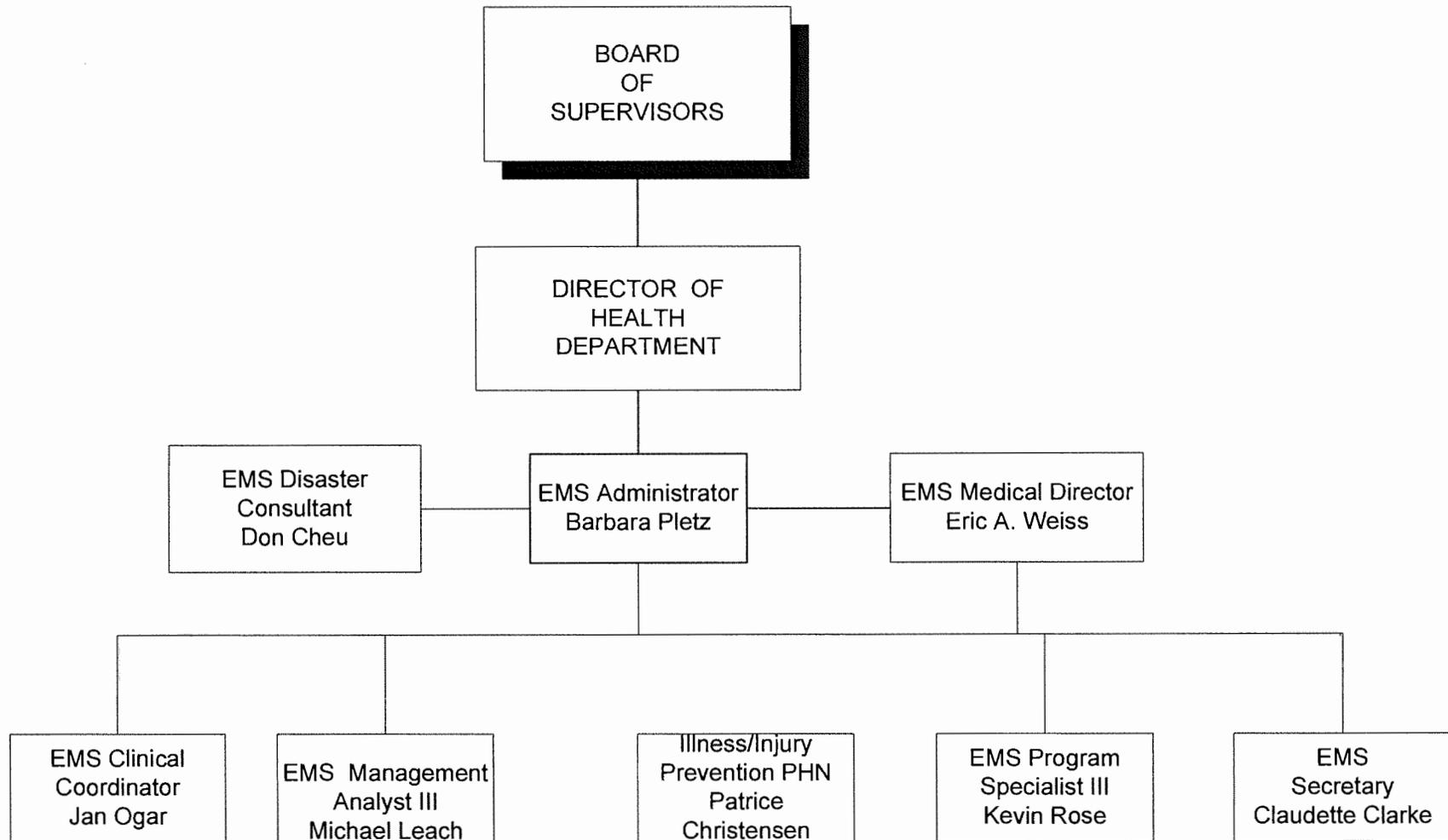


TABLE 3: SYSTEM RESOURCES AND OPERATIONS-- Personnel/Training

EMS System: **San Mateo County**

Reporting Year: FY 2006/07

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total certified*	262	0		0	34
Number of newly certified this year	200	0		0	3
Number of recertified this year	62	0		0	31
Number of certificate reviews resulting in:					
a) formal investigations	4	N/A		N/A	0
b) probation	2	N/A		N/A	0
c) suspensions	0	N/A		N/A	0
d) revocations	0	N/A		N/A	0
e) denials	0	N/A		N/A	0
f) denials of renewal	0	N/A		N/A	0
g) no action taken	2 pending	N/A		N/A	0

*Reflects only EMT-Is certified at SMC. EMT-Is may certify through Fire Marshall

1. Number of EMS dispatchers trained to EMSA standards: 34
2. Early defibrillation:
 - a) Number of EMT-I (defib) certified all EMT's
 - b) Number of public safety (defib) certified (nonEMT-I) UNK
3. Do you have a first responder training program?

yes
 no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS

EMS System: **San Mateo County**

County: San Mateo

Reporting Year: FY 2006/07

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

1. Number of primary Public Service Answering Points (PSAP) 15
2. Number of secondary PSAPs 1
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)
 - b. Other methods: Microwave 21.8- 22.4 Ghz and 23.0-23.6 GHz, Fire Service primary & secondary control
1 Channel 15
 - c. Can all medical response units communicate on the same disaster communicationsystem?
yes no
 - d. Do you participate in OASIS? yes no
 - e. Do you have a plan to utilize RACES as a backup 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
7. Who is your primary dispatch agency for a disaster?
San Mateo County Public Safety Communications

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: **San Mateo County**

Reporting Year: FY 2006/07

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)	44,461
	b) Number non-emergency responses (Code 1: normal)	
4.	Total number of transports	27,503
	a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	
	b) Number non-emergency transports (Code 1: normal)	

Early Defibrillation Programs

5.	Number of public safety defibrillation programs	8
	a) Automated	
	b) Manual	
6.	Number of EMT-Defibrillation programs	N/A
	a) Automated	
	b) Manual	
7.	Number of Public AED Providers	52

Air Ambulance Services

7.	Total number of responses	
	a) Number of emergency responses	106
	b) Number of non-emergency responses	N/A
8.	Total number of transports	
	a) Number of emergency (scene) responses	46
	b) Number of non-emergency responses	N/A

**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.	N/A	N/A	N/A	N/A
2. Early defibrillation capable responder.	7 minutes	7 minutes	22 minutes	UNK
3. Advanced life capable responder.	7 minutes	7 minutes	22 minutes	UNK
4. EMS transport unit.	13 minutes	13 minutes suburban 20 minutes rural	30 minutes	UNK

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: FY 2006/07

NOTE: Table 6 is to be reported by agency.

Trauma care system

1. Trauma patients:

a) Number of patients meeting trauma triage criteria	920*
b) Number of major trauma victims transported directly to a trauma center by ambulance	901
c) Number of major trauma patients transferred to a trauma center	12**
d) Number of patients meeting triage criteria who weren't treated at a trauma center	3***

- *includes 16 MTV declared dead on scene by EMS
- **includes "walk ins" to ED
- ***identified through QI process

Emergency departments:

2. Total number of emergency departments	9
a) Number of referral emergency services	0
b) Number of standby emergency services	2
c) Number of basic emergency services	7*
d) Number of comprehensive emergency services	0
• *includes 1 hospital located outside San Mateo County [Stanford]	
3. Number of receiving hospitals with agreements (Note: these are base hospital agreements)	0

TABLE 7: SYSTEM RESOURCES AND OPERATIONS-- Disaster Medical

EMS System: **San Mateo**

County: San Mateo County

Reporting Year: FY 2006/07

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

With the implementation of the county-wide ALS engine concept, all responding engines to a Hazmat incident are ALS capable, including the County's designated Hazmat Team.

b. At what HazMat level are they trained?

Emergency ambulances are dispatched to all HazMats needing an ambulance response. Fire service first responders have received at least 24 hours of HazMat training at the first responder operational level. All ambulance personnel receive six hours of training that is divided into two hours of HazMat incident training and four hours of combined WMD/HaMat training using a computer-based interactive training (CBIT) program. This training is required for all new hire employees and is repeated annually for existing employees.

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? 20
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?
We are an agency housed in the County's Health Department.
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: FY 2006/07

Name, address & telephone: American Medical Response 1616 Rollins Road, Burlingame, CA 94010, (650) 652-5328			Primary Contact: Mark Spangler, CAO		
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 <input type="checkbox"/> BLS [0] EMT-D [0] LALS <input type="checkbox"/> 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: 36

Name, address & telephone: Bayshore Ambulance PO Box 4622, Foster City, CA 94404, (800) 525-9788			Primary Contact: Dave Bockholt, Vice President		
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 <input type="checkbox"/> 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 checked="" 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: 12

Name, address & telephone: Brisbane Fire Department North County Fire Authority 3445 Bayshore Blvd., Brisbane, CA 94005 (415) 657-4300			Primary Contact: Ron Myers, 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 [4] BLS [4] EMT-D [Ø] LALS [8] 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: N/A

Name, address & telephone: Belmont-San Carlos Fire Department 666 Elm Street, San Carlos, CA 94070, (650) 802-4225			Primary Contact: Doug Fry, 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 [17] 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: N/A

Name, address & telephone: Central County Fire Authority 1399 Rollins Road, Burlingame, CA 94010, (650) 558-7600			Primary Contact: Don Dornell, 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 [22] 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

Name, address & telephone: California Department of Forestry and Fire Protection PO Drawer F-2, Felton, CA 95018, (650) 573-3844 (831) 335-5353			Primary Contact: John Sims, Interim 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 [64] BLS [64] EMT-D [Ø] LALS [19] 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: N/A

Name, address & telephone: Colma Fire Protection District 50 Reiner Street, Colma, CA 94019, (650) 755-5666			Primary Contact: Geoff Balton, 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 [16] BLS [16] EMT-D [Ø] LALS [4] 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

Name, address & telephone: Daly City Fire Department- North County Fire Authority 10 Wembly Drive, Daly City, CA 94015, (650) 991-8092			Primary Contact: Ron Myers, 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 [39] BLS [39] EMT-D [Ø] LALS [23] 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: N/A

Name, address & telephone: **Foster City Fire Department** **Primary Contact:** Tom Reaves, Chief
 1040 East Hillsdale Blvd., San Mateo, CA 94404, (650) 286-3350

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 [12] BLS [12] EMT-D [Ø] LALS [25] 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: N/A

Name, address & telephone: **Half Moon Bay Fire Protection District** **Primary Contact:** Paul Cole, Chief
 1191 Main Street, Half Moon Bay, Ca 94109, (650) 726-5213

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 [12] BLS [12] EMT-D [Ø] LALS [25] 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: N/A

Name, address & telephone: Menlo Park Fire Protection District 300 Middlefield Road, Menlo Park, CA 94025, (650) 6888400			Primary Contact: Harold Schapelhouman, 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 [45] 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: N/A

Name, address & telephone: Millbrae Fire Department 511 Magnolia Avenue, Millbrae, CA 94030, (650) 2592400			Primary Contact: Dennis Haag, 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 [12] BLS [12] EMT-D [Ø] LALS [14] 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: N/A

Name, address & telephone: Pacifica Fire Department- North County Fire Authority 616 Edgemar Ave., Pacifica, CA 94044, (650) 738-7362			Primary Contact: Ron Myers, 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 [14] BLS [14] EMT-D [Ø] LALS [15] 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: N/A

Name, address & telephone: Redwood City Fire Department 755 Marshall Street, Redwood City, CA 940643, (650) 780-7400			Primary Contact: Gerald Kohlmann, Interim 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 [43] BLS [43] EMT-D [Ø] LALS [19] 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: N/A

Name, address & telephone: San Bruno Fire Department 555 El Camino Real, San Bruno, CA 94066, (650)616-7096			Primary Contact: Dan Voreyer, 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: [0] PS [0] PS-Defib [19] BLS [19] EMT-D [0] LALS [14] 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: N/A

Name, address & telephone: San Mateo Fire Department 1900 O'Farrell St. #140, San Mateo, CA 94403, (650) 522-7900			Primary Contact: Brian Kelly, 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: [0] PS [0] PS-Defib [42] BLS [42] EMT-D [0] LALS [35] 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: N/A

Name, address & telephone: San Francisco International Airport
 Fire House #1, San Francisco, CA 94128-1099, (650) 821-4600

Primary Contact: Bernie F. Lee, 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> 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: N/A

Name, address & telephone: South San Francisco Fire Department
 33 Arroyo Drive, So. San Francisco, CA 94080, (650)829-3980

Primary Contact: Phil White, 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> 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 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: 2

Name, address & telephone: Woodside Fire Protection District 3111 Woodside Road, Woodside, CA 94062, (650) 851-1594			Primary Contact: Armando Muela, 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 [19] BLS [19] EMT-D [Ø] LALS [24] 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: N/A

Name, address & telephone: CALSTAR 4933 Bailey Loop, McClellan, CA 95652 (916) 921-4000			Primary Contact: Joseph Cook, President		
Written Contract: <input type="checkbox"/> yes <input checked="" 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 checked="" type="checkbox"/> Fixed Wing	Number of personnel providing services: [Ø] PS [Ø] PS-Defib [Ø] BLS [Ø] EMT-D [Ø] LALS 75] 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: 7 helicopters 1 fixed wing

Name, address & telephone: Life Flight – Stanford University Medical Center
 300 Pasteur Drive, Palo Alto, CA 94305, (650)725-9671

Primary Contact: Sonya Hawkins, RN

Written Contract: <input type="checkbox"/> yes <input checked="" 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 [16] 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: 1 helicopter

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: County: San Mateo County Reporting Year: FY2006/07

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 (650) 574-6347
Student Eligibility: *	Cost of Program [basic/refresher]:	**Program Level: <u>EMT-1</u> Number of students completing training per year:
Open	Basic 6 Units \$18/Unit \$120 Material Refresher 3 Units Free/Unit	Initial training: <u>60</u> Refresher: <u>20</u> Cont. Education: <u>N/A</u> Expiration Date: <u>2008</u>
Refresher = 1.5 units		Number of courses: <u>3</u> Initial training: <u>2</u> Refresher: <u>1</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		Judith Crawford (650) 355-7000
Student Eligibility: *	Cost of Program [basic/refresher]:	**Program Level: <u>EMT-1</u> Number of students completing training per year:
Open	Basic 6 Units \$11/Unit Approx. \$250 fees/materials Refresher 2 Units \$11/Unit \$120 Materials	Initial training: <u>100</u> Refresher: <u>15</u> Cont. Education: <u>No</u> Expiration Date: <u>2010</u>
		Number of courses: <u>3</u> Initial training: <u>2</u> Refresher: <u>1</u> Cont. Education: <u>No</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: San Mateo County

Reporting Year: FY 2006/07

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

Training Institution Name / Address

Contact Person telephone no.

EMS Academy 1170 Foster City Ste. 107 Foster City, CA 94404		Nancy Black (650) 577-9197	
Student Eligibility: * First class restricted	Cost of Program Basic <u>\$13,000 +675 books/materials</u> Refresher <u>N/A</u>	**Program Level: <u>EMT-P</u> Number of students completing training per year: Initial training: <u>25</u> Refresher: <u>N/A</u> Cont. Education: <u>Yes</u> Expiration Date: <u>2007</u>	Number of courses: <u>6</u> Initial training: <u>2</u> Refresher: <u>N/A</u> Cont. Education: <u>4</u>
EMS Academy 1170 Foster City Ste. 107 Foster City, CA 94404		Nancy Black (650) 577-9197	
Student Eligibility: * Open	Cost of Program [basic/refresher]: Tuition: \$1300 (Initial)\$1450 Accelerated Course Refersher \$	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: <u>60</u> Refresher: <u>28</u> Cont. Education: <u>Yes</u> Expiration Date: <u>2007</u>	Number of courses: <u>10</u> Initial training: <u>4</u> Refresher: <u>4</u> Cont. Education: <u>2</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 10: RESOURCES DIRECTORY – Facilities

EMS System: SAN MATEO

County: SAN MATEO

Reporting Year: FY 2006/07

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

Name, address & telephone: Kaiser Hospital–RWC (650) 299-2000 1150 Veterans Blvd., Redwood City, CA 94063		Primary Contact: Linda Jensen, VP, Service Area Manager		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<u>Basic/Comp EMS Permit H&SC Section 1798.101:</u> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Base Hospital: <input checked="" type="checkbox"/> yes	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 checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** N/A

Name, address & telephone: Kaiser Hospital- So. San Francisco (650) 742-2200 1200 El Camino Real, So. San Francisco, CA 94080		Primary Contact: Linda Jensen, VP, Service Area Manager		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<u>Basic/Comp EMS Permit H&SC Section 1798.101:</u> <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 checked="" type="checkbox"/> no	Trauma Center: <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: FY 2006/07

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

Name, address & telephone: Mills Hospital (650) 696-4400 100 South San Mateo Drive, San Mateo, CA 94402		Primary Contact: Bob Merwin, C.E.O.		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<u>Basic/Comp EMS Permit H&SC Section 1798.101:</u> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no - Standby Emergency Dept.	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 checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** N/A

Name, address & telephone: Peninsula Hospital (650) 696-4043 1783 El Camino Real, Burlingame, CA 94010		Primary Contact: Bob Merwin, C.E.O.		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<u>Basic/Comp EMS Permit H&SC Section 1798.101:</u> <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 checked="" type="checkbox"/> no	Trauma Center: <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: FY 200607

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

Name, address & telephone: Sequoia Hospital (650) 367-5561 Whipple & Alameda, Redwood City, CA 94062		Primary Contact: Glenna Vaskelis, C.E.O.		
Written Contract <input type="checkbox"/> yes <input checked="" 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* <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 checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** N/A

Name, address & telephone: Seton Coastside (650) 723-3921 Marine Blvd. & Etheldore, Moss Beach, CA 94038		Primary Contact: Bernadette Smith, 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 (Standby Emergency Department)	Base Hospital: <input checked="" type="checkbox"/> yes	Pediatric Critical Care Center* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input checked="" type="checkbox"/> no	Trauma Center: <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: FY 2006/07

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

Name, address & telephone: Seton Medical Center (650) 992-4000		1900 Sullivan Avenue, Daly City, CA 94015			Primary Contact: Bernadette Smith, C.E.O.
Written Contract	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<u>Basic/Comp EMS Permit H&SC Section 1798.101:</u> <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 checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** N/A	

Name, address & telephone: Stanford Hospital (415) 723-4000		300 Pasteur Drive, Palo Alto, CA 94305			Primary Contact: Martha Marsh, C.E.O.
Written Contract	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<u>Basic/Comp EMS Permit H&SC Section 1798.101:</u> <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 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 10: RESOURCES DIRECTORY -- Facilities

EMS System: SAN MATEO

County: SAN MATEO

Reporting Year: FY 2006/07

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

Name, address & telephone: San Mateo County General Hospital (650) 573-2222 222 W. 39th Avenue, San Mateo, CA 94403		Primary Contact: Sang-Ick Chang, MD, C.E.O.		
Written Contract <input type="checkbox"/> yes <input checked="" 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* <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 checked="" type="checkbox"/> no	Trauma Center: <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 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: San Mateo County County: San Mateo Reporting Year: FY 2006/07

Name, address & telephone: Public Safety Communications Division 401 Marshall Street, Redwood City, CA 94063 (650) 363-4981					Primary Contact: 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: [34] 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: 38					

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: San Mateo
Area or subarea (Zone) Name or Title: San Mateo County (with the exception of the City of South San Francisco)
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> American Medical Response. AMR was selected in an RFP process which concluded in 1999. This provider was in operation in San Mateo county under a different name since 1990. Since 1999 there have been two contract extensions awarded by the Board of Supervisors.
Area or subarea (Zone) Geographic Description: All of San Mateo County with the exception of the City of South San Francisco.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Until 1989 exclusively language included in the EMS Plan was "advanced life support". Language in the plan was amended to emergency ambulance service in 1989. The current contract includes both emergency ambulance services and paramedic first response. The Board of Supervisors approved both the RFP and the ambulance contract in 1998. Two extensions to this contract have been approved by the Board of Supervisors. The first was in 2004 for two years and the second in 2006 for a period of 2 1/2 years
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>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.).</small> ALS: Emergency ambulance services and paramedic first response.

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

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Competitive process. The original 6 year contract with AMR was signed in 1998. It has been reviewed and renewed twice, in 2004, for 2 years, and 2006 for 2 ½ It will expire in the summer of 2009.

**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.

<p>Local EMS Agency or County Name: San Mateo County</p>
<p>Area or subarea (Zone) Name or Title: City of South San Francisco</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of South San Francisco Fire Department</p>
<p>Area or subarea (Zone) Geographic Description: City of South San Francisco</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Grandfathering. City of South San Francisco meets the specifications of Health and Safety Code 1797.201 and Section 1797.224. We believe it meets the criteria for "grandfathering" in Section Section 1797.224, and as such qualifies for exclusivity within its jurisdiction although it has yet to sign a contract with the County as an approved ALS provider.</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency ambulance – all emergencies.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. Grandfathered. If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p>

EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9th STREET
SACRAMENTO, CA 95811
(916) 322-4336 FAX (916) 324-2875



December 17, 2007

Barbara Pletz
San Mateo County EMS Agency
225 37th Avenue
San Mateo, CA 94403

Dear Ms. Pletz:

We have completed our review of *San Mateo County's 2006 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*.

Standard 4.13 - Inter-County Response - In your 2003 update your objective was to begin the process of developing written medical mutual aid agreements. I encourage you to establish agreements with adjacent counties.

Standard 5.06 - Hospital Evacuation - In your 2003 update your objective was to develop a hospital evacuation plan within your county. Continue working on an evacuation plan for hospitals within your county.

Standard 8.08 - Inventory of Resources - In your 2003 update your objective was to develop an inventory of appropriate disaster medical resources for all facilities. I encourage you to continue working towards the completion of this standard.

Standard 8.10 - Mutual Aid Agreements - In your 2003 update your objective was to work with the region in establishing written medical mutual aid agreements. I encourage you to continue working towards establishing medical mutual aid agreements with other counties.

Each of the above standards reflects a long-range plan. In your next update, please provide a progress report on San Mateo County's activities related to meeting the long-range plan for each of the above standards.

Your annual update 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,

A handwritten signature in cursive script that reads "Cesar A. Aristeiguieta, M.D.".

Cesar A. Aristeiguieta, M.D., F.A.C.E.P.
Director

CAA:ss