



Marin County EMS Plan Update 2011

Submitted to the California EMS Authority
December 2011



Emergency Medical Services Agency
899 Northgate Dr., Suite 104
San Rafael, California 94903

SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:						
1.01	LEMSA Structure		X			
1.02	LEMSA Mission		X			
1.03	Public Input		X			
1.04	Medical Director		X	X		
Planning Activities:						
1.05	System Plan		X			
1.06	Annual Plan Update	X			X	
1.07	Trauma Planning*		X	X		
1.08	ALS Planning*		X			
1.09	Inventory of Resources		X			
1.10	Special Populations		X	X		
1.11	System Participants		X	X		
Regulatory Activities:						
1.12	Review & Monitoring		X			
1.13	Coordination		X			
1.14	Policy & Procedures Manual		X			
1.15	Compliance w/Policies		X			
System Finances:						
1.16	Funding Mechanism		X			

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

B. STAFFING/TRAINING

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

C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:						
3.01	Communication Plan*		X	X		
3.02	Radios		X	X		
3.03	Interfacility Transfer*		X			
3.04	Dispatch Center		X			
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X			
Public Access:						
3.07	9-1-1 Planning/Coordination		X	X		
3.08	9-1-1 Public Education		X			
Resource Management:						
3.09	Dispatch Triage		X	X		
3.10	Integrated Dispatch		X	X		

D. RESPONSE/TRANSPORTATION

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

RESPONSE/TRANSPORTATION (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Enhanced Level: Ambulance Regulation:					
4.18 Compliance		X			
Enhanced Level: Exclusive Operating Permits:					
4.19 Transportation Plan		X			
4.20 "Grandfathering"		X			
4.21 Compliance		X			
4.22 Evaluation		X			

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities		X	X		
5.02	Triage & Transfer Protocols*		X			
5.03	Transfer Guidelines*		X			
5.04	Specialty Care Facilities*		X			
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*		X			
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation*		X			
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X			
5.09	Public Input		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		--			
5.11	Emergency Departments		--			
5.12	Public Input		--			
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		X			
5.14	Public Input		X			

F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
6.01	QA/QI Program		X	X		
6.02	Prehospital Records		X			
6.03	Prehospital Care Audits		X	--		
6.04	Medical Dispatch		X			
6.05	Data Management System*		X	--		
6.06	System Design Evaluation		X			
6.07	Provider Participation		X			
6.08	Reporting		X			
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X	--		
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data		X	X		

G. PUBLIC INFORMATION AND EDUCATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
7.01 Public Information Materials		X	X		
7.02 Injury Control		X	X		
7.03 Disaster Preparedness		X	X		
7.04 First Aid & CPR Training		X	--		

H. DISASTER MEDICAL RESPONSE

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

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.06	Annual Plan Update	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Marin is consistently providing an EMS Plan Update every two years.	Marin will continue to provide biannual updates.
1.28	EOA Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LEMSA and EMSA still disagree on exclusivity for Paramedic Service Area E (West Marin).	Marin will continue to regard Service Area "E" to be exclusive for emergency ambulance transportation. Marin County Fire has been grandfathered via 1797 224
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$ <u>17,289</u>
Office of Traffic Safety (OTS)	<u> </u>
State general fund	<u> </u>
County general fund	<u>745,581</u>
Other local tax funds (e.g., EMS district)	<u> </u>
County contracts (e.g. multi-county agencies)	<u> </u>
Certification fees	<u>12,500</u>
Training program approval fees	<u> </u>
Training program tuition/Average daily attendance funds (ADA)	<u> </u>
Job Training Partnership ACT (JTPA) funds/other payments	<u> </u>
Base hospital application fees	<u> </u>
Trauma center application fees	<u> </u>
Trauma center designation fees	<u>10,000</u>
Pediatric facility approval fees	<u> </u>
Pediatric facility designation fees	<u> </u>
Other critical care center application fees	<u> </u>
Type: <u> </u>	
Other critical care center designation fees	<u>\$5,000</u>
Type: <u>EDAT</u>	
Ambulance service/vehicle fees	<u>included</u>
Contributions	<u> </u>
EMS Fund (SB 12/612)	<u>159,700</u>
Other grants: <u> </u>	<u> </u>
Other fees: <u> </u>	<u> </u>
Other (specify): <u> </u>	<u> </u>
TOTAL REVENUE	\$ <u>932,781</u>

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.
IF THEY DON'T, PLEASE EXPLAIN BELOW.*

Table 2 - System Organization & Management (cont.)

6. Fee structure for FY 10-11

We do not charge any fees
 Our fee structure is:

First responder certification	\$	_____
EMS dispatcher certification		_____
EMT-I certification		<u>15</u>
EMT-I recertification		<u>15</u>
EMT-defibrillation recertification		_____
EMT-II certification		_____
EMT-II recertification		_____
EMT-P accreditation		<u>75</u>
Mobile Intensive Care Nurse/Authorized Registered Nurse (MICN/ARN) certification		_____
MICN/ARN recertification		_____
EMT-I training program approval		_____
EMT-II training program approval		_____
EMT-P training program approval		_____
MICN/ARN training program approval		_____
Base hospital application		_____
Base hospital designation		_____
Trauma center application		_____
Trauma center designation		<u>10,000</u>
Pediatric facility approval		_____
Pediatric facility designation		_____
Other critical care center application		
Type: _____		
Other critical care center designation		<u>5,000</u>
Type: <u>EDAT</u>		
Ambulance service license (annual)	\$	<u>650</u>
Ambulance vehicle permits(per vehicle)		<u>275</u>

7. Complete the table on the following two pages for the EMS agency staff for fiscal year 2010-11.

Table 2 - System Organization & Management (cont.)

EMS System: **Marin County**

Reporting year: **2010**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./ Director	EMS Administrator	1.0	\$57.16	40%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./ Training Coordinator	EMS Specialist	1.0	\$38.74	40%	
Program Coordinator/ Field Liaison (Non-clinical)					
Trauma Coordinator	Trauma Coordinator	1.0			Contract RN
Medical Director	EMS Medical Director	0.4			Contract MD
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner	EMS Specialist	1.0	\$38.74	40%	

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst	Technical Support Contractor	0.2			Contractor
QA/QI Coordinator	CQI Coordinator	0.4			Contract RN
Public Info. & Education Coordinator					
Executive Secretary	Secretary to the Public Health Officer	1.0	\$36.16	40%	Position split with Public Health Preparedness
Other Clerical					
Data Entry Clerk					
Other	Medical Reserve Corps Program Manager	1.0			Contractor

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

Marin County Organizational Chart

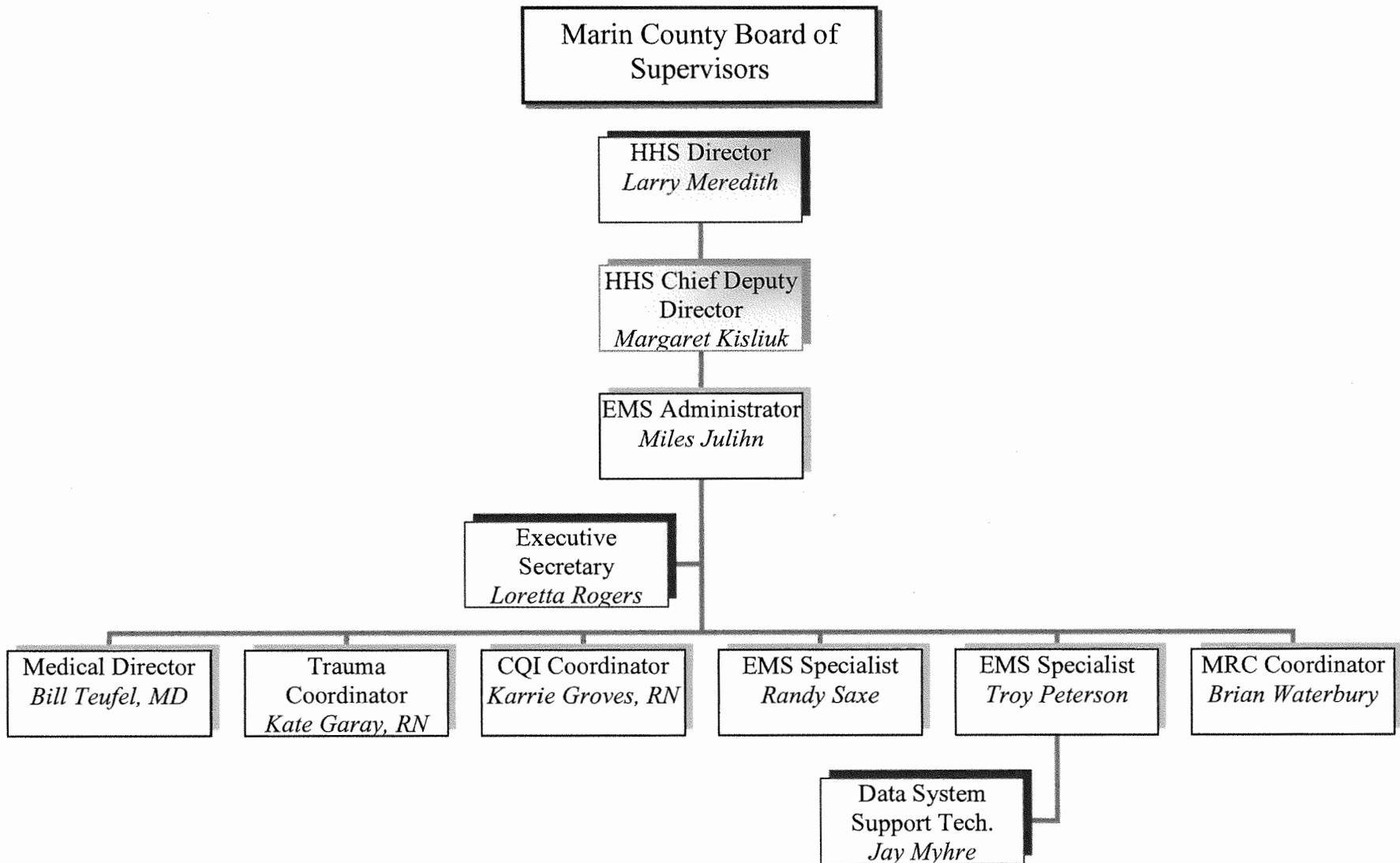


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Revision #4 (4/20/07)

EMS System: Marin

Reporting Year: 2010

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	See note below			
Number newly certified this year				
Number recertified this year				
Total number of accredited personnel on July 1 of the reporting year				
Number of certification reviews resulting in:				
a) formal investigations				
b) probation				
c) suspensions				
d) revocations				
e) denials				
f) denials of renewal				
g) no action taken				

Note: Marin transitioned to the EMT Registry in July 2010. Certification records for 2010 are split between our local database and the EMT Registry (which is still unable to provide reports for LEMSAs). We cannot provide accurate numbers for 2010.

1. Number of EMS dispatch agencies utilizing EMD Guidelines: 1
2. Early defibrillation:
 - a) Number of EMT-I (defib) certified _____
 - b) Number of public safety (defib) certified (non-EMT-I) _____
3. Do you have a first responder training program? yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: **Marin County**

County: **Marin**

Reporting Year: **2010**

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

1. Number of primary Public Service Answering Points (PSAP) 6
2. Number of secondary PSAPs 3
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system? Yes X No _____
 - a. Radio primary frequency: 460 MHz Digital Trunked System with 165 talk groups
 - b. Other methods: VHF, RACES, Cell
 - c. Can all medical response units communicate on the same disaster communications system?
Yes X No _____
 - d. Do you participate in OASIS? Yes X No _____
 - e. Do you have a plan to utilize RACES as a back-up communication system?
Yes X No _____
 - 1) Within the operational area? Yes X No _____
 - 2) Between the operational area and the region and/or state? Yes X No _____
6. Who is your primary dispatch agency for day-to-day emergencies?
Marin County Communications Center
7. Who is your primary dispatch agency for a disaster?
Same as above

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: **Marin County**

Reporting Year: **2010**

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 18

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	n/a	n/a	n/a	n/a
Early defibrillation responder	n/a	n/a	n/a	n/a
Advanced life support responder	10 min.	30 min.	30 min.+	10/30 minutes
Transport Ambulance	10 min.	30 min.	30 min.+	10/30 minutes

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: **Marin County**

County: **Marin**

Reporting Year: **2010**

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

SYSTEM RESOURCES

- 1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? *Field treatment sites can be located adjacent to hospitals or at a remote location near an incident scene*
 - b. How are they staffed? *Marin Medical Reserve Corps and hospital staff*
 - c. Do you have a supply system for supporting them for 72 hours? yes no
We do have limited medical supply caches available which may not last 72 hrs., depending on the type of incident.

- 2. CISD
Do you have a CISD provider with 24 hour capability? yes no

- 3. Medical Response Team
 - a. Do you have any team medical response capability? yes no
 - b. For each team, are they incorporated into your local response plan? yes no
 - c. Are they available for statewide response? yes no
 - d. Are they part of a formal out-of-state response system? yes no

- 4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? yes no
 - b. At what HazMat level are they trained? *Level A*
 - 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? 26

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Marin County

County: Marin

Reporting Year: 2010

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	College of Marin	Contact Person	Rosalind Hartman
Address	<u>835 College Ave., Kentfield, CA 94904</u>	telephone no.	<u>415-485-9326</u>

Student Eligibility: * Open to Public	Cost of Program Basic <u>Unk</u> Refresher <u>Unk</u>	**Program Level: ____ Number of students completing training per year: Initial training: 30-40 per semester Refresher: 10-20 per semester Cont. Education Expiration Date: <u>1-31-13</u> Number of courses: ____ Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education: ____
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Training Institution Name Marin County Fire Department
Address P.O. Box 518
Woodacre, CA 94973

Contact Person Mike Giannini
telephone no. 415-499-2975

Student Eligibility: * Restricted to Fire Personnel	Cost of Program Basic <u> N/A </u> Refresher <u> Unk </u>	**Program Level: ___ Number of students completing training per year: Initial training: <u> 0 </u> Refresher: <u> 25 </u> Cont. Education <u> Unk </u> Expiration Date: <u> 12-31-14 </u> Number of courses: ___ Initial training: _____ Refresher: _____ Cont. Education: <u> On-going </u>
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Training Institution Name Novato Fire Protection District
Address 95 Rowland Way, Novato, CA 94945

Contact Person Ted Peterson
telephone no. 415-878-2607

Student Eligibility: * Restricted to Fire Personnel	Cost of Program Basic <u> NA </u> Refresher <u> Unk </u>	**Program Level: ___ Number of students completing training per year: Initial training: <u> None </u> Refresher: <u> Unk </u> Cont. Education <u> Unk </u> Expiration Date: <u> 12-31-14 </u> Number of courses: ___ Initial training: _____ Refresher: _____ Cont. Education: <u> On-going </u>
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Training Institution Name San Rafael Fire Department
Address 1039 C Street, San Rafael, CA 94901

Contact Person Chief Christopher Gray
telephone no. 415-485-3304

Student Eligibility: *	Cost of Program	**Program Level: ___ Number of students completing training per year: Initial training: <u>None</u> Refresher: <u>Unk</u> Cont. Education <u>Unk</u> Expiration Date: <u>12-31-14</u> Number of courses: ___ Initial training: _____ Refresher: _____ Cont. Education: <u>On-going</u>
	Basic <u>NA</u> Refresher <u>Unk</u>	

Training Institution Name Southern Marin Emergency Medical Paramedic System
Address 1679 Tiburon Blvd., Tiburon, CA 94920

Contact Person Chief Richard Pearce
telephone no. 415-435-7200

Student Eligibility: *	Cost of Program	**Program Level: ___ Number of students completing training per year: Initial training: <u>None</u> Refresher: <u>Unk</u> Cont. Education <u>Unk</u> Expiration Date: <u>5-30-14</u> Number of courses: ___ Initial training: _____ Refresher: _____ Cont. Education: <u>On-going</u>
	Basic <u>NA</u> Refresher <u>Unk</u>	

Training Institution Name Marin County Sheriff's Search and Rescue
Address 3501 Civic Center Dr.
San Rafael, CA 94903

Contact Person Mike St. John
telephone no. 415-838-3168

Student Eligibility: *	Cost of Program Basic <u>NA</u> Refresher <u>Unk</u>	**Program Level: ___ Number of students completing training per year: Initial training: <u>None</u> Refresher: <u>Unk</u> Cont. Education <u>Unk</u> Expiration Date: <u>8-31-14</u> Number of courses: ___ Initial training: _____ Refresher: ___ Cont. Education: On-going
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TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Marin County

County: Marin

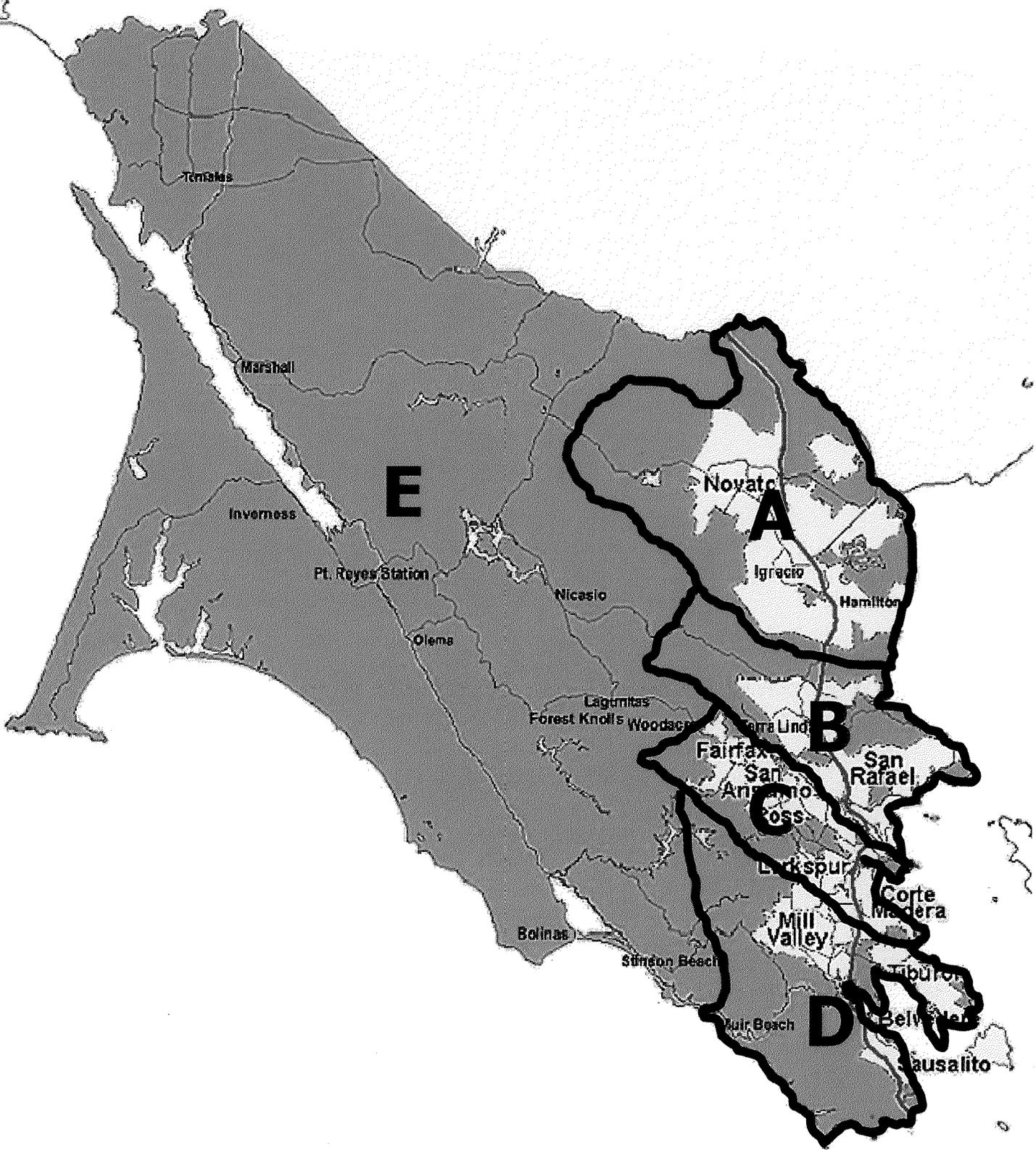
Reporting Year: 2010

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

Name, address & telephone: Marin County Communications Center Marin County Sheriff's Dept. 3501 Civic Center Dr. San Rafael, CA 94903 415-507-4123		Primary Contact: Lee Ann Magowski	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: <u>34</u> EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	

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MARIN COUNTY EMS SERVICE AREAS



**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:</p> <p><i>Marin County</i></p>
<p>Area or subarea (Zone) Name or Title:</p> <p><i>Paramedic Response/Zone Area A</i></p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p><i>Novato Fire Protection District, 1978+</i></p>
<p>Area or subarea (Zone) Geographic Description:</p> <p><i>Unchanged from previously submitted description, zone map included</i></p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><i>Grandfathered with no change in scope and manner of service; unchanged from previous submission. There has been no formal Board action.</i></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.).</p> <p><i>Emergency Ambulance ALS, (911/all) BLS, subcontracts with private ambulance company for the provision of backup BLS ambulance service. Does not include non-emergency inter facility transfers unless contract vendor not available; or patient condition changes to upgrade to ALS 911 service.</i></p>
<p>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.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p><i>Grandfathered per 1797.224 with no change in previous plan submission.</i></p>

**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:</p> <p><i>Marin County</i></p>
<p>Area or subarea (Zone) Name or Title:</p> <p><i>Paramedic Response/Zone Area B</i></p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p><i>San Rafael Fire Department, 1980+</i></p>
<p>Area or subarea (Zone) Geographic Description:</p> <p><i>Unchanged from previous submission, zone map included</i></p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><i>Grandfathered with no change in scope and manner of service; unchanged from previous submission. There has been no formal Board Action.</i></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.).</p> <p><i>Emergency Ambulance ALS, (911/all); BLS subcontracts with private ambulance company for the provision of backup BLS ambulance service. Does not include non-emergency inter facility transfers unless contract vendor not available or patient condition changes to upgrade to ALS 911 service.</i></p>
<p>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.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p><i>Grandfathered per 1797.224 with no change in previous plan submission.</i></p>

**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:</p> <p><i>Marin County</i></p>
<p>Area or subarea (Zone) Name or Title:</p> <p><i>Paramedic Response/Zone Area C</i></p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p><i>Ross Valley Paramedic Authority, 1984+</i></p>
<p>Area or subarea (Zone) Geographic Description:</p> <p><i>Unchanged from previous submission, zone map included.</i></p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><i>Non-exclusive area as described in 2001 correspondence between Marin EMS and California EMSA. History unchanged, no Board action taken.</i></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.).</p> <p><i>Not applicable.</i></p>
<p>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.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p><i>Not applicable.</i></p>

**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:</p> <p><i>Marin County</i></p>
<p>Area or subarea (Zone) Name or Title:</p> <p><i>Paramedic Response/Zone Area D</i></p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p><i>Southern Marin Emergency Medical Paramedic System, 1980+</i></p>
<p>Area or subarea (Zone) Geographic Description:</p> <p><i>Zone map included</i></p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><i>Grandfathered with no change in scope and manner of service; unchanged from previous submission. There has been no formal Board action.</i></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.).</p> <p><i>Emergency Ambulance ALS, (911/all); BLS subcontracts with private ambulance company for the provision of backup BLS ambulance service. Does not include non-emergency inter facility transfers unless contract vendor not available or patient condition changes to upgrade to ALS 911 service.</i></p>
<p>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.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p><i>Grandfathered per 1797.224 with no change in previous plan submission.</i></p>

**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:</p> <p><i>Marin County</i></p>
<p>Area or subarea (Zone) Name or Title:</p> <p><i>Paramedic Response/Zone Area E</i></p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p><i>Marin County fire Department, 1979+</i></p>
<p>Area or subarea (Zone) Geographic Description:</p> <p><i>Unchanged from previous submission, map included.</i></p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p><i>Grandfathered with no change in scope and manner of service; unchanged from previous submission. There has been no formal Board action.</i></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.).</p> <p><i>Emergency Ambulance ALS, (911/all); BLS; subcontracts with private ambulance company for the provision of backup BLS ambulance service. Does not include non-emergency inter facility transfers unless contract vendor not available; or patient condition changes to upgrade to ALS 911 service</i></p>
<p>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.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p><i>Grandfathered per 1797.224 with no change in previous plan submission.</i></p>

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DRIVE, SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



March 6, 2012

Miles Julihn, EMS Administrator
Marin County EMS Agency
899 Northgate Dr., Suite 104
San Rafael, CA 94903

Dear Mr. Julihn:

We have completed our review of *Marin County's 2010 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*. Following are comments on the EMS plan update:

Standard 1.27 & 5.10 - Pediatric Emergency Medical and Critical Care System - In your 2004 EMS Plan update your objective was to develop an emergency medical plan for children. While this is an enhanced level standard, I recommend you review the "*Development and Implementation of EMSC, a Step by Step Approach*", found on our web site at <http://192.168.100.211:8000/systems/EMSC/files/EMS-C.pdf>. This document provides information to Local EMS Agencies interested in developing an EMS for Children program.

Table 3 - When Marin County has fully transitioned to the EMT Registry please send in the data for Table 3.

Trauma System Status Report - The EMS Authority approved Marin County's last Trauma Plan in June 2009 and requested your Trauma System Status Report be submitted with the 2010 submission of your EMS plan update which was due October 11, 2011. The EMS Authority has not received a Trauma System Status Report since your last submission. A December 19, 2011, reminder letter was sent to you with no response received to date. Please expedite the submission of this report.

Transportation Plan Transportation Plan: Based on the documentation you provided please see the attachment on EMS Authority's determination of the exclusivity of Marin County's ambulance zones.

Miles Julihn
March 6, 2012
Page 2

Your annual update will be due on March 6, 2013. Please submit Marin County EMS Agency's 2012 Trauma System Status Report, as a separate document, with your EMS Plan Update. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 431-3688.

Sincerely,

A handwritten signature in cursive script that reads "Howard Backer". The signature is written in black ink and is positioned above the printed name and title.

Howard Backer, MD, MPH, FACEP
Director

HB:ss

✓Attachment

Attachment

EMSA Determination

Marin County March 6, 2012

Zone	Exclusivity			Type			Level										
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Service	9-1-1 Emergency Response	7-Digit Emergency Response	ALS Ambulance	All ALS Ambulance Services (includes emergency & IFT)	All CCT/ALS Ambulance Services	BLS IFT	BLS Non-Emergency	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
Paramedic Response Zone Area A		x	Non-Competitive	x				x	x	x							
Paramedic Response Zone Area B		x	Non-Competitive	x				x	x	x							
Paramedic Response Zone Area C	x																
Paramedic Response Zone Area D		x	Non-Competitive	x				x	x	x							
Paramedic Response Zone Area E		x	Non-Competitive	x				x	x	x							

Ambulance Service Scope of Operations

Definitions

9-1-1 Emergency Ambulance Transport Response

A ground ambulance service response to the scene of an emergency generated from a request via the 9-1-1 telephone system.

Telephone "7-digit" Emergency Ambulance Transport Response

A ground ambulance service response to the scene of an emergency generated from a request to a "7-digit" telephone number.

ALS Ambulance Service

A ground ambulance staffed by at least one licensed and accredited paramedic working for an approved Paramedic Service provider, and has equipment and supplies necessary to perform advanced life support.

ALS Ambulance with Critical Care Transport Service

A ground ambulance staffed by at least one licensed RN or MD working, or a licensed and accredited paramedic with CCTP authorization, and has equipment and supplies necessary to perform advanced life support at the critical care transport level.

Emergency

Anytime the destination or potential is an acute care hospital or patient is going in an unscheduled(able) manner.

Inter-facility Transport Response

A ground ambulance service response to transport a patient from one facility to another facility or return to home. May be either emergency or non-emergency responses and may be staffed at the ALS, LALS, or BLS level.

Non-Emergency Ambulance

A ground ambulance that provides non-emergency / non-urgent transportation or stand-by ambulance services at special events.

Air Ambulance Service

An air ambulance staffed by at least two ALS personnel that responds to emergency or non-emergency responses or inter-facility transports. This does not include aircraft classified as Air Rescue

Levels of Exclusivity for Scope of Operations of "Emergency Ambulance Services"

Ground

I. All Emergency Ambulance Services

Allows for the limitation to the number of emergency ambulance providers for 9-1-1, 7-digit, IFT, CCT, Non-Emergency, Standby Transportation only within a specified area or subarea.

II. Limited Emergency Ambulance Services

A. Emergency Response

- **9-1-1 Emergency Response**

Allows for the limitation to the number of emergency ambulance providers for 9-1-1 Emergency Ambulance Responses only within a specified area or subarea.

- **"7-Digit" Emergency Response**

Allows for the limitation to the number of emergency ambulance providers for telephone "7-digit" Ambulance Responses only within a specified area or subarea.

B. Transport Services

- **ALS Ambulance**

Allows for the limitation to the number of emergency ambulance providers for ALS transportation within a specified area or subarea.

- **All ALS Ambulance Services**

Allows for the limitation to the number of emergency ambulance providers for 9-1-1 and "7-digit" emergency ambulance responses and Inter-Facility Transfers only within a specified area or subarea.

- **All CCT/ALS Ambulance Services**

Allows for the limitation to the number of emergency ambulances services providing Critical Care Transport and all ALS Ambulance Services only within a specified area or subarea.

- **BLS Critical Care Transport**

Allows for the limitation to the number of emergency ambulance providers for BLS Critical Care Transportation (CCT) within a specified area or sub-area. Both the starting and ending destinations must be licensed facilities (e.g. hospital to skilled nursing facility, hospital to hospital, etc).

- **BLS Non-Emergency Service**

Allows for the limitation to the number of emergency ambulance providers for non-emergency ambulance services, to include routine transportation within a specified area or sub-area (e.g. hospital to home, home to physician, etc).

- **Standby Service with Transportation Authorization**

Allows for the limitation to the number of emergency ambulance providers for standby ambulance services authorized to provide transportation, if needed, within a specified area or sub-area.

Air

Emergency Air Ambulance

Allows for the limitation to the number of air ambulances services for 9-1-1 Emergency Responses only within a specified area or subarea.

All Air Ambulance

Allows for the limitation to the number of air ambulance services within a specified area or sub-area. This level is inclusive of both emergency and non-emergency responses and inter-facility transports.