STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY

EDMUND G. BROWN JR., *Governor*

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875

April 7, 2014

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

Dear Mr. Julihn,

The Emergency Medical Services Authority (Authority) has conducted its review of the Marin County 2012 EMS Plan. Based on the following issue, the Authority is **DISAPPROVING** your 2012 EMS Plan submission.

Table 12 - Ambulance Zone Summary Forms
The Ambulance Zone Summary Forms that were submitted in the 2012 EMS Plan require amendments. In 2013 and 2014, the Authority emailed and mailed Marin County EMS that Zones A, B, D and E require amendments, to clarify the Type and Level of Service being performed in those exclusive operating areas per Health & Safety Code, Section 1797.85. Based on the March 19, 2014, letter sent to the Authority from Marin County EMS Agency there are no plans to make the requested changes and "*that they are not deemed essential at this time*".

Further Recommendations

Section 5.05 Mass Casualty Management
Your current EMS Plan Update states that Marin County does not have formal guidelines for mass casualty management. In your next EMS Plan please provide the progress that has been achieved for hospitals in your county to prepare for mass casualty management.

Table 3 Personnel/Training
There was no data provided for the total number of EMTs certified, newly certified, recertified nor the number of accredited personnel. In your 2010 EMS Plan update, Marin County was transitioning to the EMT Registry so you did not have data available. It has been over a year since your last EMS plan approval and by now Marin County should be fully transitioned to the EMT Registry. Please email the above data to Lisa.Galindo@emsa.ca.gov by July 1, 2014.

If you have any questions or would like to meet to discuss any of these issues for a mutual understanding of our positions, please contact Tom McGinnis, EMS Division Chief at (916) 431- 3695.

Sincerely,

Howard Backer, MD, MPH, FACEP
Director

HB:ll

Marin County EMS Plan Update

Submitted to the California EMS Authority
June 2013

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

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20 DNR Policy		X			
1.21 Determination of Death		X			
1.22 Reporting of Abuse		X			
1.23 Interfacility Transfer		X			
Enhanced Level: Advanced Life Support					
1.24 ALS Systems		X			
1.25 On-Line Medical Direction		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			
First Responders (non-transporting):					
2.05 First Responder Training		X			
2.06 Response		X			
2.07 Medical Control		X			
Transporting Personnel:					
2.08 EMT-I Training		X			
Hospital:					
2.09 CPR Training		X			
2.10 Advanced Life Support		X			
Enhanced Level: Advanced Life Support:					
2.11 Accreditation Process		X			
2.12 Early Defibrillation		X			
2.13 Base Hospital Personnel		X			

C. COMMUNICATIONS

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

D. RESPONSE/TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01 Service Area Boundaries		X			
4.02 Monitoring		X			
4.03 Classifying Medical Requests		X			
4.04 Prescheduled Responses		X			
4.05 Response Time		X			
4.06 Staffing		X			
4.07 First Responder Agencies		X			
4.08 Medical & Rescue Aircraft		X			
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability		X			
4.11 Specialty Vehicles		X			
4.12 Disaster Response		X			
4.13 Intercounty Response		X			
4.14 Incident Command System		X			
4.15 MCI Plans		X		X	
Enhanced Level: Advanced Life Support:					
4.16 ALS Staffing		X			
4.17 ALS Equipment		X			
Enhanced Level: Ambulance Regulation:					
4.18 Compliance		X			
Enhanced Level: Exclusive Operating Permits:					
4.19 Transportation Plan		X			
4.20 "Grandfathering"		X			
4.21 Compliance		X			
4.22 Evaluation		X			

E. FACILITIES/CRITICAL CARE

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
5.01 Assessment of Capabilities		X		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: STEMI					
5.13 Specialty System Design		X		X	
5.14 Public Input		X			

F. DATA COLLECTION/SYSTEM EVALUATION

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

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

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

LEMSA: MARIN

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Current Status/Progress
4.15	MCI Plans	☐	☐	☐	Training for all providers to be conducted in June 2013.
5.01	Assessment of Capabilities	☐	☐	☐	HPP partnership is encouraging full participation by all health care partners.
5.05	Mass Casualty Management	☐	☐	☐	No formal guidelines currently exist.
5.13	Specialty System Design	☐	☐	☐	All Marin hospitals are JAACHO approved stroke centers.
6.05	Data Management System	☐	☐	☐	New ePCR software launched in February 2013. CQM data from legacy system submitted to EMSA for 2011 and 2012.
7.04	First Aid and CPR Training	☐	☐	☐	Marin has conducted a countywide hands only CPR training event each June for the last three years.
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year: 2012

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: MARIN

A. Basic Life Support (BLS)	0 %
B. Limited Advanced Life Support (LALS)	0 %
C. Advanced Life Support (ALS)	100 %

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

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

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

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

Table 2 - System Organization & Management (cont.)

5. EXPENSES

Salaries and benefits (All but contract personnel)	$ 423,628
Contract Services (e.g. medical director)	360,000
Operations (e.g. copying, postage, facilities)	60,902
Travel	1,500
Fixed assets	0
Indirect expenses (overhead)	221,126
Ambulance subsidy	0
EMS Fund payments to physicians/hospital	n/a
Dispatch center operations (non-staff)	0
Training program operations	0
Other: _____	_____
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES	**$1,067,156**

Table 2 - System Organization & Management (cont.)

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]		
Preventive Health and Health Services (PHHS) Block Grant	$	_____
Office of Traffic Safety (OTS)		_____
State general fund		_____
County general fund		847,956
Other local tax funds (e.g., EMS district)		_____
County contracts (e.g. multi-county agencies)		_____
Certification fees		12,500
Training program approval fees		_____
Training program tuition/Average daily attendance funds (ADA)		_____
Job Training Partnership ACT (JTPA) funds/other payments		_____
Base hospital application fees		_____
Trauma center application fees		30,000
Trauma center designation fees		_____
Pediatric facility approval fees		_____
Pediatric facility designation fees		_____
Other critical care center application fees		5,000
Type: EDAT		
Other critical care center designation fees		_____
Type: _____		
Ambulance service/vehicle fees		7,000
Contributions		_____
EMS Fund (SB 12/612)		159,700
Other grants: NACCHO		5,000
Other fees: _____		_____
Other (specify): _____		_____
TOTAL REVENUE		**$1,067,156**

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

Table 2 - System Organization & Management (cont.)

7. Fee structure

_____ We do not charge any fees

__X__ Our fee structure is:

First responder certification	$	
EMS dispatcher certification		
EMT-I certification		15
EMT-I recertification		15
EMT-defibrillation certification		
EMT-defibrillation recertification		
AEMT certification		
EMT recertification		
EMT-P accreditation		75
Mobile Intensive Care Nurse/Authorized Registered Nurse certification		
MICN/ARN recertification		
EMT-I training program approval		
AEMT 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		30,000
Pediatric facility approval		
Pediatric facility designation		
Other critical care center application		
Type: _____		
Ambulance service license	$	650
Ambulance vehicle permits		
Other: per ambulance		275
Other: _____		
Other: _____		

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1.0	$57.16	61%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./ Training Coordinator					
Program Coordinator/ Field Liaison (Non-clinical)	EMS Specialist	2.0	$38.74	61%	
Trauma Coordinator	Trauma Coordinator	0.2			Contractor ($32,000/yr)
Medical Director	EMS Medical Director	0.4			Contractor ($90,000/yr)
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner					

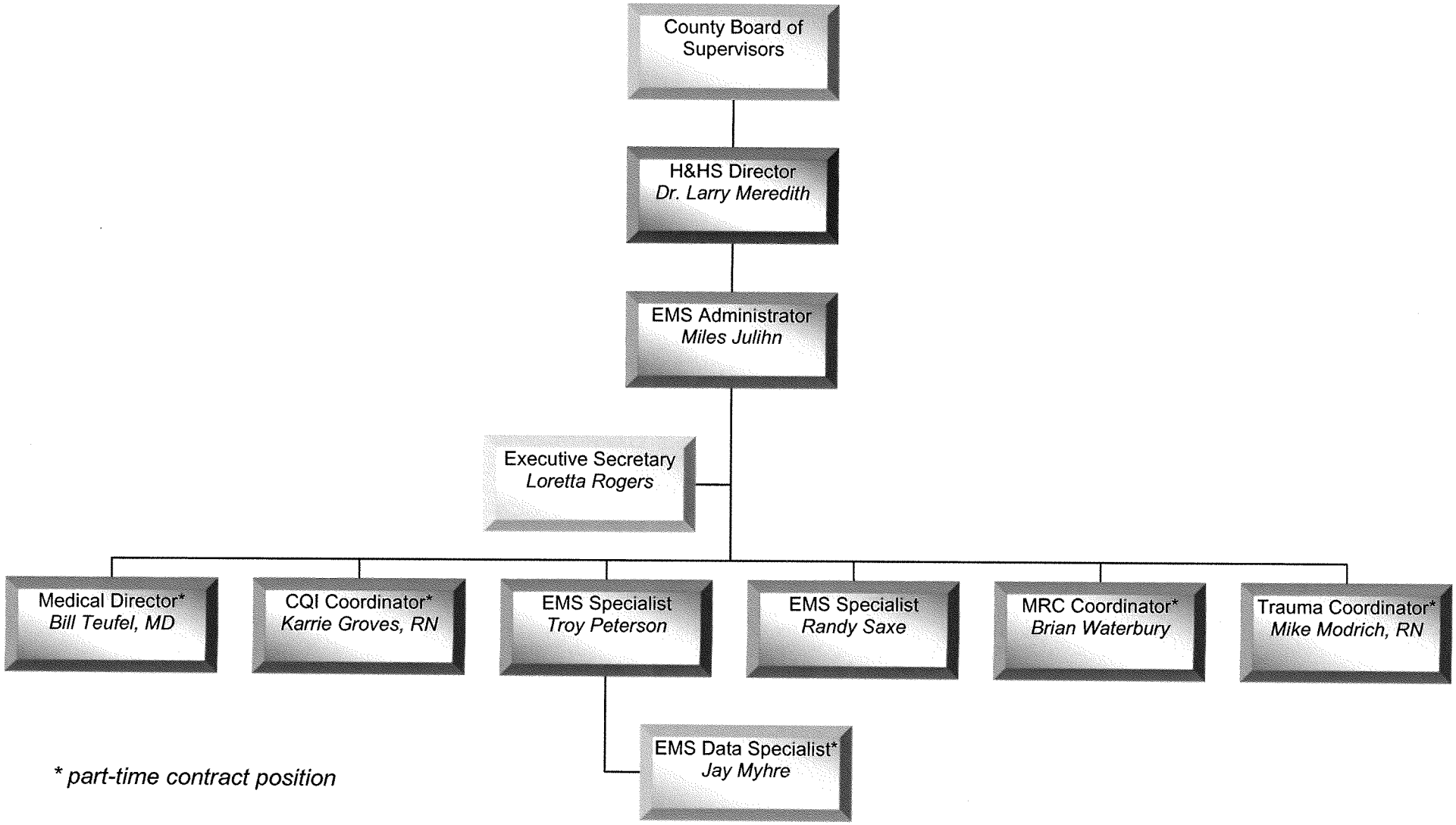
Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator	CQI Coordinator	0.4			Contractor ($80,000/yr)
Public Info. & Education Coordinator					
Executive Secretary	Executive Secretary	0.9	$36.16	61%	
Other Clerical					
Data Entry Clerk					
Other	Medical Reserve Corps Coordinator	0.9			Contractor ($100,000/yr)

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.

EMS Agency Organization



** part-time contract position*

Marin County Organization

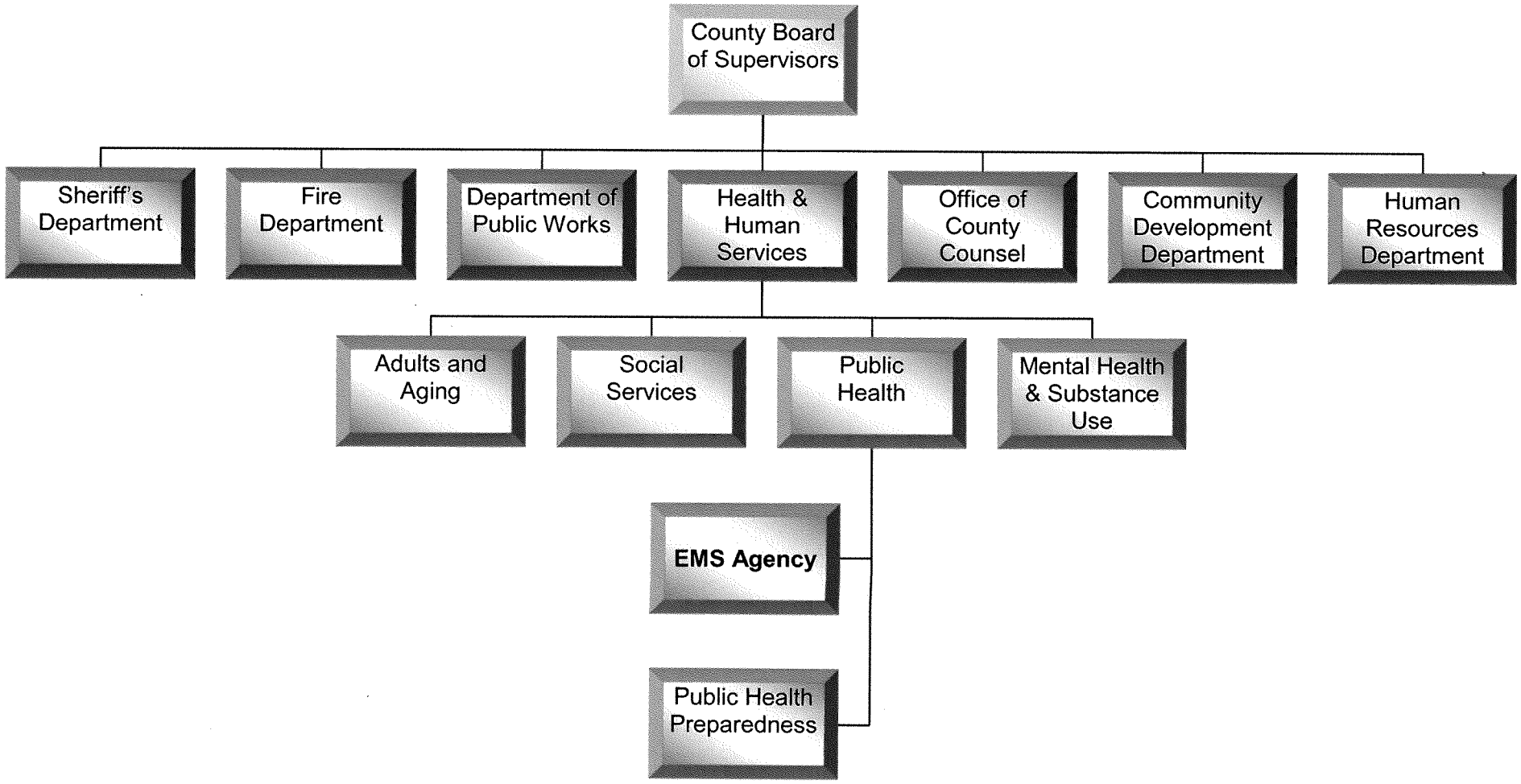


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Reporting Year: 2012

NOTE: Table 3 is to be reported by agency.

	EMT - Is	AEMTs	EMT - Ps	MICN
Total Certified	unavailable	--		--
Number newly certified this year	unavailable	--		--
Number recertified this year	unavailable	--		--
Total number of accredited personnel on July 1 of the reporting year	unavailable	--		--
Number of certification reviews resulting in:				
a) formal investigations	2	--		--
b) probation	2	--		--
c) suspensions	0	--		--
d) revocations	0	--		--
e) denials	0	--		--
f) denials of renewal	0	--		--
g) no action taken	0	--		--

1. Early defibrillation:
   a) Number of EMT-I (defib) authorized to use AEDs — unavailable
   b) Number of public safety (defib) certified (non-EMT-I) — unavailable

2. Do you have an EMR training program ☐ yes ☑ no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

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

County: MARIN

Reporting Year: 2012

1. Number of primary Public Service Answering Points (PSAP) 5
2. Number of secondary PSAPs _____
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of EMS dispatch agencies utilizing EMD guidelines 1
5. Number of designated dispatch centers for EMS Aircraft 1
6. Who is your primary dispatch agency for day-to-day emergencies?
   Marin County Sheriff's Communications
7. Who is your primary dispatch agency for a disaster?
   same as above
8. Do you have an operational area disaster communication system? ☑ Yes ☐ No
   a. Radio primary frequency MERA trunked system
   b. Other methods MEDS UHF
   c. Can all medical response units communicate on the same disaster communications system? ☑ Yes ☐ No
   d. Do you participate in the Operational Area Satellite Information System (OASIS)? ☑ Yes ☐ No
   e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? ☑ Yes ☐ No
      1) Within the operational area? ☑ Yes ☐ No
      2) Between operation area and the region and/or state? ☑ Yes ☐ No

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

Reporting Year: 2012

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers unavailable

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder				
Early defibrillation responder				
Advanced life support responder	10 minutes	30 minutes	ASAP	n/a
Transport Ambulance	10 minutes	30 minutes	ASAP	n/a

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

Reporting Year: 2012

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	778
2. Number of major trauma victims transported directly to a trauma center by ambulance	734
3. Number of major trauma patients transferred to a trauma center	44
4. Number of patients meeting triage criteria who were not treated at a trauma center	215[1]

Emergency Departments

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

Receiving Hospitals

1. Number of receiving hospitals with written agreements	3[2]
2. Number of base hospitals with written agreements	3

[1] *Kaiser San Rafael is a designated EDAT (Emergency Department Approved for Trauma) and receives walk-in trauma patients only. For 2012, 185 patients had an ISS ≤9 and 37 patients had an ISS score ≥10. Of these more severely injured patients, 16 were transferred out.*

[2] *All three Marin hospitals are considered combination base and receiving hospitals.*

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year: 2012

County: MARIN

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
   a. Where are your CCPs located? Pre-determined
   b. How are they staffed? Marin Medical Reserve Corps
   c. Do you have a supply system for supporting them for 72 hours? ☑ Yes ☐ No

2. CISD
   Do you have a CISD provider with 24 hour capability? ☑ Yes ☐ No

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

4. Hazardous Materials
   a. Do you have any HazMat trained medical response teams? ☑ Yes ☐ No
   b. At what HazMat level are they trained? HazMat Technician
   c. Do you have the ability to do decontamination in an emergency room? ☑ Yes ☐ No
   d. Do you have the ability to do decontamination in the field? ☑ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☑Yes ☐ No

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? up to 10

3. Have you tested your MCI Plan this year in a:
   a. real event? ☐ Yes ☑No
   b. exercise? ☐ Yes ☑No

4. List all counties with which you have a written medical mutual aid agreement. Sonoma

---

[3] Marin Medical Reserve Corps

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? N/A

8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☐ Yes ☐ No

Table 8: Resource Directory

Reporting Year: 2012

Response/Transportation/Providers

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: MARIN **Provider:** NOVATO FIRE DISTRICT **Response Zone:** PSA "A"

Address: 95 Rowland Way
Novato, CA 94945

Number of Ambulance Vehicles in Fleet: 6

Phone Number: (415) 878-2690

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ❑ No	☑Yes ❑ No	☑Yes ❑ No	☑ Transport ❑ Non-Transport ☑ALS ❑ BLS ❑ 7-Digit ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑Public ❒ Private	☑Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ☑Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

3645	Total number of responses	2823	Total number of transports
3645	Number of emergency responses	2823	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

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

Address: 1039 "C" Street
San Rafael, CA 94901

Number of Ambulance Vehicles in Fleet: 6

Phone Number: (415) 485-3307

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ❑ No	☑Yes ❑ No	☑Yes ❑ No	☑ Transport ❑ Non-Transport ☑ALS ❑ BLS ❑ 7-Digit ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑Public ❑ Private	☑Fire ❑ Law ❑ Other Explain: _____	☑City ❑ County ❑ State ❑ Fire District ❑ Federal	❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

5374	Total number of responses	3900	Total number of transports
5374	Number of emergency responses	3900	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

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

Address: 400 Magnolia Ave.
Larkspur, CA 94939

Number of Ambulance Vehicles in Fleet: 2

Phone Number: (415) 927-5014

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ❑ No	☑Yes ❑ No	☑Yes ❑ No	☑ Transport ❑ Non-Transport ☑ALS ❑ BLS ❑ 7-Digit ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑ Fire ❒ Law ❑ Other Explain: _____	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal ☑ JPA	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

3111	Total number of responses
3111	Number of emergency responses
0	Number of non-emergency responses
1272	Total number of transports
1272	Number of emergency transports
0	Number of non-emergency transports

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

Address: 342 Tamalpias Dr.
Corte Madera, CA 94925

Number of Ambulance Vehicles in Fleet: 2

Phone Number: (415) 927-5077

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport ☑ ALS ☐ BLS ☐ 7-Digit ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain:	☑ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

County: MARIN **Provider:** So. Marin Paramedic System **Response Zone:** PSA "D"

Address: 1679 Tiburon Blvd.
Tiburon, CA 94920

Number of Ambulance Vehicles in Fleet: 6

Phone Number: (415) 435-7200

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ❑ No	☑Yes ❑ No	☑Yes ❑ No	☑ Transport ❑ Non-Transport ☑ ALS ❑ BLS ❑ 7-Digit ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ❒ Private	☑Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal ☑ JPA	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

3434	Total number of responses
3434	Number of emergency responses
0	Number of non-emergency responses

2243	Total number of transports
2243	Number of emergency transports
0	Number of non-emergency transports

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

Address: 33 Castlerock Ave.
Woodacre, CA 94973

Number of Ambulance Vehicles in Fleet: 4

Phone Number: (415) 499-6717

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ❑ No	☑Yes ❑ No	☑Yes ❑ No	☑ Transport ❑ Non-Transport ☑ ALS ❑ BLS ❑ 7-Digit ☑ 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT ☑ Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑Public ❒ Private	☑Fire ❒ Law ❒ Other Explain: _____	❒ City ☑County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

1022	Total number of responses	581	Total number of transports
1022	Number of emergency responses	581	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

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

Address: 1418 Lincoln Ave.
San Rafael, CA 94901

Number of Ambulance Vehicles in Fleet: 6

Phone Number: (415) 456-9333

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☑ No	☑Yes ☐ No	☑Yes ☐ No	☑ Transport ☐ Non-Transport ☑ ALS ☑ BLS ☐ 7-Digit ☐ 9-1-1 ☐ 7-Digit ☐ CCT ☑ IFT ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

n/a	Total number of responses	60	Total number of transports
n/a	Number of emergency responses	60	Number of emergency transports
n/a	Number of non-emergency responses	n/a	Number of non-emergency transports

County: MARIN **Provider:** American Medical Response **Response Zone:** ALL

Address: 17 Woodland Ave.
San Rafael, CA 94901

Number of Ambulance Vehicles in Fleet: 8

Phone Number:

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport ☑ ALS ☑ BLS ☐ 7-Digit ☐ 9-1-1 ☑ CCT ☑ IFT ☐ 7-Digit ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

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

County: MARIN **Provider:** NORCAL AMBULANCE **Response Zone:** ALL

Address: 655 Dubois Street
San Rafael, CA 94901

Number of Ambulance Vehicles in Fleet: 4

Phone Number: (866) 755-3400

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport ☑ ALS ☑ BLS ☐ 7-Digit ☐ 9-1-1 ☐ 7-Digit ☐ CCT ☑ IFT ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

n/a	Total number of responses	6	Total number of transports
n/a	Number of emergency responses	6	Number of emergency transports
n/a	Number of non-emergency responses	n/a	Number of non-emergency transports

County: MARIN **Provider:** PROTRANSPORT-1 **Response Zone:** ALL

Address: 24 Galli Drive
Novato, CA 94949

Number of Ambulance Vehicles in Fleet: 4

Phone Number: (415) 382-8628

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport ☑ ALS ☑ BLS ☐ 7-Digit ☐ 9-1-1 ☐ 7-Digit ☐ CCT ☑ IFT ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

Table 9: Resources Directory

Facilities

County: MARIN

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

Facility: MARIN GENERAL HOSPITAL
Address: 250 Bon Air Rd.
Greenbrae, CA

Telephone Number: (415) 925-7000

Written Contract:	Service:	Base Hospital:	Burn Center:
☑ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☑ Basic Emergency ☐ Comprehensive Emergency	☑ Yes ☐ No	☐ Yes ☑ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[4]	☐ Yes ☑ No	☑ Yes ☐ No	☐ Level I ☐ Level II ☑ Level III ☐ Level IV
EDAP[5]	☐ Yes ☑ No		
PICU[6]	☐ Yes ☑ No		

STEMI Center:	Stroke Center:
☑ Yes ☐ No	☐ Yes ☑ No

[4] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[5] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[6] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

County: MARIN

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

Facility: KAISER SAN RAFAEL MEDICAL CENTER
Address: 99 Montecillo Rd.
San Rafael, CA 94903

Telephone Number: (415) 444-2000

Written Contract:	Service:	Base Hospital:	Burn Center:
☑ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☑ Basic Emergency ☐ Comprehensive Emergency	☑ Yes ☐ No	☐ Yes ☑ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[7]	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[8]	☐ Yes ☑ No		
PICU[9]	☐ Yes ☑ No		

STEMI Center:	Stroke Center:
☑ Yes ☐ No	☐ Yes ☑ No

[7] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[8] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[9] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

County: MARIN

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

Facility: NOVATO COMMUNITY HOSPITAL
Address: 180 Rowland Way
Novato, CA 94945

Telephone Number: (415) 209-1300

Written Contract:	Service:	Base Hospital:	Burn Center:
☑ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☑ Basic Emergency ☐ Comprehensive Emergency	☑ Yes ☐ No	☐ Yes ☑ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[10] **EDAP**[11] **PICU**[12]	☐ Yes ☑ No ☐ Yes ☑ No ☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV

STEMI Center:	Stroke Center:
☐ Yes ☑ No	☐ Yes ☑ No

[10] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[11] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[12] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Marin **Reporting Year:** 2012

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

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

Student Eligibility: *	**Cost of Program**	**Program Level: __ Number of students completing training per year: Initial training: 30-40 per semester Refresher: 10-20 per semester Cont. Education ____ Expiration Date: 1-31-13 Number of courses: ____ Initial training: 2 Refresher: 2 Cont. Education: ____**
Open to Public	Basic Unk Refresher Unk	

Training Institution Name	Marin County Fire Department	**Contact Person**	Mike Giannini
Address	P.O. Box 518 Woodacre, CA 94973	**telephone no.**	415-499-2975

Student Eligibility: *	**Cost of Program**	**Program Level: __ Number of students completing training per year: Initial training: 0 Refresher: 25 Cont. Education Unk Expiration Date: 12-31-14 Number of courses:_ Initial training: ____ Refresher: __ Cont. Education: On-going**
Restricted to Fire Personnel	Basic Unk Refresher Unk	

Training Institution Name	Novato Fire Protection District	**Contact Person**	Ted Peterson
Address	95 Rowland Way, Novato, CA 94945	**telephone no.**	415-878-2607

Student Eligibility: *	**Cost of Program**	**Program Level: __
Restricted to Fire Personnel	Basic Unk Refresher Unk	Number of students completing training per year: Initial training: None Refresher: Unk Cont. Education Unk Expiration Date: 12-31-14 Number of courses: Initial training: _____ Refresher: __ Cont. Education: On-going ____

Training Institution Name	San Rafael Fire Department	**Contact Person**	Chief Christopher Gray
Address	1039 C Street, San Rafael, CA 94901	**telephone no.**	415-485-3304

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

Training Institution Name	Southern Marin Emergency Medical Paramedic System	**Contact Person**	Chief Richard Pearce
Address	1679 Tiburon Blvd., Tiburon, CA 94920	**telephone no.**	415-435-7200

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

Training Institution Name	Marin County Sheriff's Search and Rescue	**Contact Person**	Mike St. John
Address	3501 Civic Center Dr. San Rafael, CA 94903	**telephone no.**	415-838-3168

Student Eligibility: *	**Cost of Program**	**Program Level: __ Number of students completing training per year: Initial training: None Refresher: Unk Cont. Education Unk Expiration Date: 8-31-14 Number of courses: Initial training: _____ Refresher: __ Cont. Education: On-going**
	Basic Unk Refresher Unk	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: MARIN **Reporting Year:** 2012

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

Name: Marin County Sheriff's Communications

Primary Contact: Lee Ann Magowski
Comm Center Manager

Address: 3501 Civic Center Dr.
San Rafael, CA 94903

Telephone Number: (415) 473-4123

Written Contract:
☐ Yes ☑ No

Medical Director:
☑ Yes ☐ No

☑ Day-to-Day
☑ Disaster

Number of Personnel Providing Services:
24 EMD Training
_____ EMT-D
_____ ALS
_____ BLS
_____ LALS
_____ Other

Ownership:
☑ Public ☐ Private

If Public:
☐ Fire
☑ Law
☐ Other
Explain: _____

If Public: ☐ City ☑ County ☐ State ☐ Fire District ☐ Federal

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name: *Marin County*
Area or subarea (Zone) Name or Title: *Paramedic Response/Zone Area A*
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. *Novato Fire Protection District, 1978+*
Area or subarea (Zone) Geographic Description: *Unchanged from previously submitted description, zone map included*
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. *Grandfathered with no change in scope and manner of service; unchanged from previous submission. There has been no formal Board action.*
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). *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.*
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. *Grandfathered per 1797.224 with no change in previous plan submission.*

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name: *Marin County*
Area or subarea (Zone) Name or Title: *Paramedic Response/Zone Area B*
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. *San Rafael Fire Department, 1980+*
Area or subarea (Zone) Geographic Description: *Unchanged from previous submission, zone map included*
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. *Grandfathered with no change in scope and manner of service; unchanged from previous submission. There has been no formal Board Action.*
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). *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.*
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. *Grandfathered per 1797.224 with no change in previous plan submission.*

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

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

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

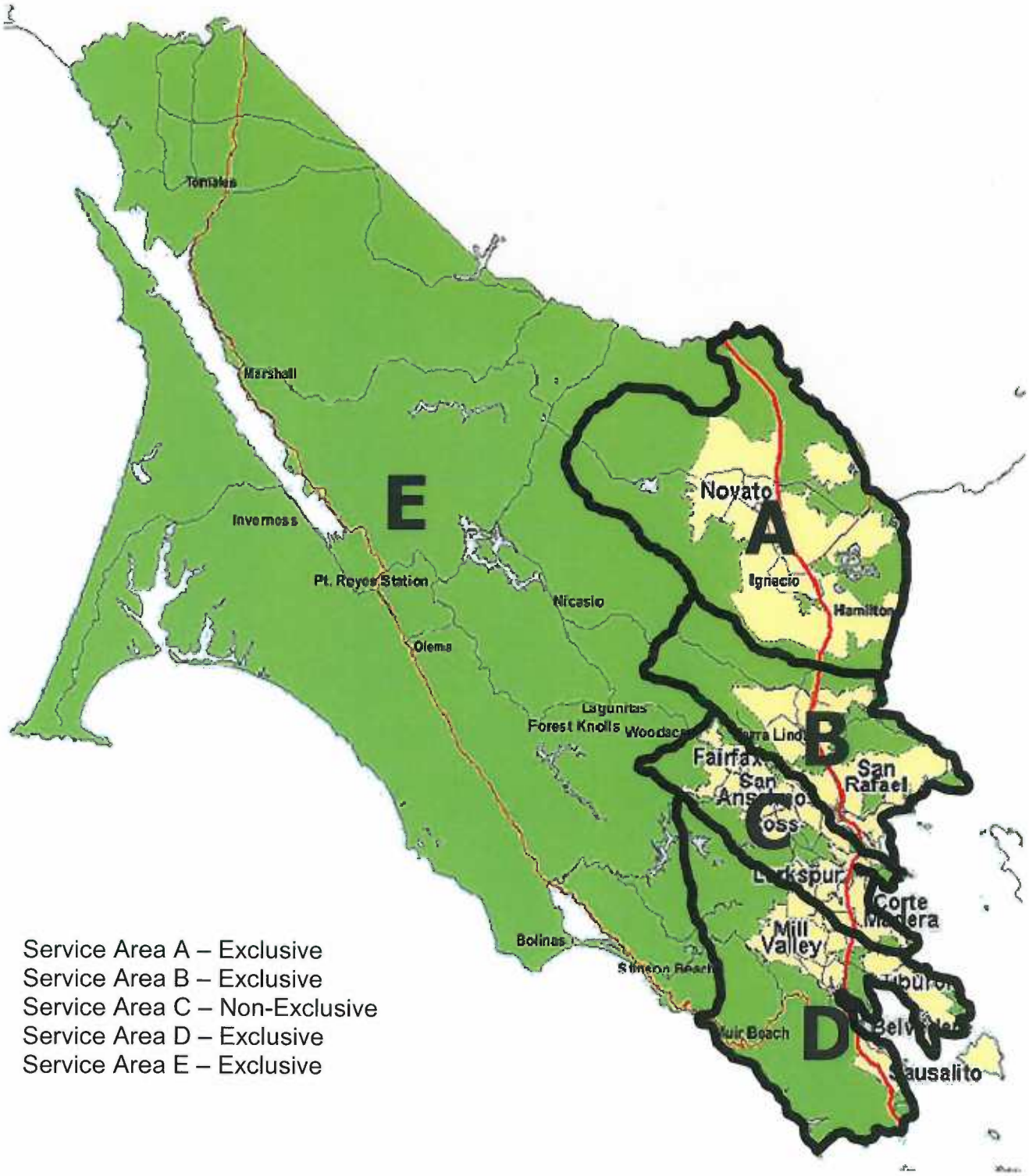
Local EMS Agency or County Name: *Marin County*
Area or subarea (Zone) Name or Title: *Paramedic Response/Zone Area D*
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. *Southern Marin Emergency Medical Paramedic System, 1980+*
Area or subarea (Zone) Geographic Description: *Zone map included*
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. *Grandfathered with no change in scope and manner of service; unchanged from previous submission. There has been no formal Board action.*
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). *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.*
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. *Grandfathered per 1797.224 with no change in previous plan submission.*

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name: *Marin County*
Area or subarea (Zone) Name or Title: *Paramedic Response/Zone Area E*
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. *Marin County Fire Department, 1979+*
Area or subarea (Zone) Geographic Description: *Unchanged from previous submission, map included.*
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. *Grandfathered with no change in scope and manner of service; unchanged from previous submission. There has been no formal Board action.*
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). *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*
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. *Grandfathered per 1797.224 with no change in previous plan submission.*

Marin County
Designated Paramedic Service Areas Map



Service Area A – Exclusive
Service Area B – Exclusive
Service Area C – Non-Exclusive
Service Area D – Exclusive
Service Area E – Exclusive