

City and County of San Francisco



Department of Public Health
Population Health and Prevention

August 20, 1999

Mr. Richard Watson
Interim Director
California Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814-7043

Dear Mr. Richard Watson,
On behalf of the City and County of San Francisco Department of Public Health, we are pleased to submit to you the San Francisco EMS Plan. This plan was written after the Department of Public Health conducted extensive open planning processes beginning in 1995 to develop consensus on plans to improve our EMS System. Many of these system changes are well underway. This is reflected in the high degree of compliance with the standards set forth in the EMS Guidelines. In those few areas where we are not yet in full compliance, objectives are identified for meeting these standards. Please contact Abbie Yant at 415-554-9970 should you have any questions regarding this plan.

Sincerely,

A handwritten signature in cursive script that reads "John Brown".

John Brown MD
Medical Director

enclosure

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EXECUTIVE SUMMARY

INTRODUCTION

The EMS Section undertook an internal assessment to determine our compliance with the state EMS Plan standards. The San Francisco EMS System meets most of the standards set forth in the EMS Authority's EMS systems Guidelines. Where these standards are not being met, there are 11 objectives to address these issues. We identified additional 109 objectives in areas related to other standards. Supplemental to this planning document, the EMS Section also references the Optimizing San Francisco's EMS System Report 1996, prepares an annual progress report regarding these recommendations and develops an annual section work plan. Each of these documents has a slightly different focus. Over the last two years, we have attempted to synchronize these planning efforts.

SYSTEM ORGANIZATION AND MANAGEMENT

The San Francisco EMS system has undergone significant changes over the last several years. The EMS Section, under the direction of its governing body, the San Francisco Health Commission, conducted an open community planning process to develop an EMS plan to optimize patient care using existing resources. The plan contains over 247 recommendations. The EMS Section also oversaw the subsequent implementation planning and oversight of the reconfiguration of the Response and Transportation component of the EMS System. In February 1997, the Health and Fire Commissions approved the transfer of function of the DPH Paramedic Division to the San Francisco Fire Department. This transfer actually occurred on July 1, 1997. Since that time the EMS Section has continued to chair the merger steering committee to over see this transition.

Major Needs(s) and Solutions:

The Trauma system plan was last revised in 1990. With the anticipation of new trauma system regulations, the EMS Section needs to begin the process to revise the system plan. A grant was applied for and received to conduct this project.

STAFFING AND TRAINING

The San Francisco EMS Section approves and monitors the San Francisco Fire Department EMS Academy Paramedic and EMT Training Programs as well as the John Adams Community College EMT Training Program.

Major Needs(s) and Solutions:

The San Francisco Public Access Defibrillation program is approved and in the process of implementation. We anticipate this will give us new opportunities for community education and improving the chain of survival for victims of cardiac arrest.

COMMUNICATIONS

New Criteria Based Dispatch protocols are in use for medical priority dispatching. We continue efforts to monitor and refine these protocols.

Major Needs(s) and Solutions:

The EMS Section is writing a communications plan modeled after draft state plan and considering the significant changes occurring in our communications infrastructure. The City is

assessment and subsequently write for new programs to implement recommendations. The EMS Section will continue to staff the Cardiac Survival Coalition to assist in developing and implementing methods to increase cardiac survival.

DISASTER

Perhaps our most significant area of activity, the EMS Section is involved in a number of disaster preparedness programs. As the lead agency for the Medical Metropolitan Response System, under a federal grant, we have leading the development of this system. The EMS Section also completed the development of the Department of Public Health Emergency Response Plan and has participated in a number of activations under this plan.

A unique program, the EMS Section is implementing the Disaster Registry for seniors and Disabled Persons. This has led to a number of significant improvements to our planning and coordination efforts with community organizations and service providers.

Major Needs(s) and Solutions:

The EMS System does not have a detailed plan for responding to Level II and Level III incidents. The EMS Section will facilitate the development of the EMS Level II and Level III emergency operations plans.

TABLE 1: Summary of System Status**A. SYSTEM ORGANIZATION AND MANAGEMENT**

Agency Administration	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.01 LEMSA Structure		X			
1.02 LEMSA Mission		X		X	X
1.03 Public Input		X			
1.04 Medical Director			X		

Planning Activities

1.05 System Plan		X		X	
1.06 Annual Plan Update		X		X	
1.07 Trauma Planning*			X	X	
1.08 ALS Planning*		X		X	
1.09 Inventory of Resources		X			
1.10 Special Populations		X		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		X	
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Medical Direction

1.17 Medical Direction*		X			X
1.18 QA / QI			X		
1.19 Policies, Procedures, Protocols			X		
1.20 DNR Policy		X			
1.21 Determination of Death		X			
1.22 Reporting of Abuse	X			X	
1.23 Interfacility Transfer		X			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		X	
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Enhanced Level: Pediatric Emergency Medical and Critical Care System

1.27 Pediatric System Plan		X			X
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Enhanced Level: Exclusive Operating Areas

1.28 EOA Plan		X		X	
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B. STAFFING / TRAINING

Local EMS Agency	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
2.01 Assessment of Needs		X		X	X
2.02 Approval of Training		X		X	
2.03 Personnel		X		X	

Dispatchers

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

2.05 First Responder Training		X	X		X
2.06 Response		X			X
2.07 Medical Control		X			

Transporting Personnel

2.08 EMT-I Training		X		X	
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Hospital

2.09 CPR Training		X			
2.10 Advanced Life Support		X			

Enhanced Level: Advanced Life Support	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
2.11 Accreditation Process		X			
2.12 Early Defibrillation		X		X	
2.13 Base Hospital Personnel		X			

C. COMMUNICATIONS

Communications Equipment	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
3.01 Communication Plan*	X		X	X	
3.02 Radios		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			
3.08 9-1-1 Public Education		X			X

Resource Management

3.09 Dispatch Triage			X		
3.10 Integrated Dispatch			X		

D. RESPONSE / TRANSPORTATION

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

Enhanced Level: Advanced Life Support

Enhanced Level: Ambulance Regulation	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.16 ALS Staffing			X		X
4.17 ALS Equipment		X			
4.18 Compliance		X		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

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
5.01 Assessment of Capabilities			X	X	
5.02 Triage & Transfer Protocols*		X		X	
5.03 Transfer Guidelines*		X			X
5.04 Specialty Care Facilities*		X		X	X
5.05 Mass Casualty Management			X	X	
5.06 Hospital Evacuation*	X			X	

Enhanced Level: Advanced Life Support

5.07 Base Hospital Designation*		X		X	X
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Enhanced Level: Trauma Care System

5.08 Trauma System Design		X		X	
5.09 Public Input		X			

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.10 Pediatric System Design		X			X
5.11 Emergency Departments		X			X
5.12 Public Input		X			

Enhanced Level: Other Specialty Care Systems

5.13 Specialty System Design		X			
5.14 Public Input		X			

F. DATA COLLECTION / SYSTEM EVALUATION

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
6.01 QA/QI Program			X	X	
6.02 Prehospital Records		X		X	
6.03 Prehospital Care Audits		X			X
6.04 Medical Dispatch		X		X	
6.05 Data Management System*		X		X	
6.06 System Design Evaluation		X			
6.07 Provider Participation		X		X	
6.08 Reporting		X			

Enhanced Level: Advanced Life Support

6.09 ALS Audit		X			
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Enhanced Level: Trauma Care System

6.10 Trauma System Evaluation	X			X	
6.11 Trauma Center Data		X			

G. PUBLIC INFORMATION AND EDUCATION

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

V. DISASTER MEDICAL RESPONSE

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
8.01 Disaster Medical Planning*		X		X	
8.02 Response Plans		X		X	
8.03 HazMat Training		X		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		X	
8.08 Inventory of Resources	X			X	
8.09 DMAT Teams			X	X	
8.10 Mutual Aid Agreements*		X		X	
8.11 CCP Designation*		X		X	
8.12 Establishment of CCPs	X			X	
8.13 Disaster Medical Training		X		X	
8.14 Hospital Plans		X		X	
8.15 Interhospital Communications		X		X	
8.16 Prehospital Agency Plans		X			

Enhanced Level: Advanced Life Support

8.17 ALS Policies		X			
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Enhanced Level: Specialty Care Systems

8.18 Specialty Center Roles		X		X	
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Enhanced Level: Exclusive Operating Areas/Ambulance Regulations

8.19 Waiving Exclusivity		X			
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OBJECTIVES AND TIMELINE

Standard	Objective	99/00 Plan	5 Year Plan
	System Organization and Management		
1.01	None		
1.02	1. Establish a mechanism for annual review and revision to EMS Plan.	X	
	2. Develop and implement a number of evaluative measures for quality of EMS care.		X
1.03	None		
1.04	none		
1.05	3. Improve data collection methodologies.	X	
	4. Complete analysis of community needs assessment, implement and evaluate program recommendations accordingly.	X	
1.06	Same as 1.02		
1.07	5. Review, revise the Trauma Plan, including a review of regional issues and disaster preparedness.	X	
1.08	6. Fully implement the reconfiguration plan by December 1999 to ensure deployment and evaluation of ALS engines staffed by paramedic fire fighters.	X	
1.09	none		
1.10	7. Continue implementing the Disaster Registry.	X	
	8. Identify and project the diverse population served by the EMS system.	X	
	9. Conduct an assessment of the knowledge and skills of individuals working within the various professional categories of the EMS system.		X
	10. Extend San Francisco Fire Department policies to the hiring of Fire Fighter Paramedics. These policies ensure that the SFFD work force will, over time, increasingly reflect the population of San Francisco.		X
1.11	11. Establish memoranda of understanding with prehospital providers.	X	
1.12	None		
1.13	None		
1.14	None		
1.15	None		
1.16	12. Continue to seek sources for additional funding for EMS Section programs.	X	
1.18	None		
1.19	None		
1.20	None		
1.21	None		
1.22*	13. Develop a SIDS death reporting policy.	X	
1.23	14. Establish critical care transport protocols and policies for the scope of practice of prehospital medical personnel.		X
1.24	Same as 1.11		EOA?
1.25	None		

1.26	Same as 1.7		
1.27	Same as 5.11		
1.28	Same as 1.11		
	Staffing and Training		
2.01	None		
2.02	15. Establish regular spot checking of education programs.	X	
2.03	16. Institute background checks of all EMTs in the San Francisco System to comply the certification process with State guidelines.	X	
	17. In order to standardize the quality of prehospital provider certification in the Bay Area, the San Francisco EMSA will advocate for the adoption of this policy on a regional basis.	X	
2.04	18. Participate in operational planning of the CECC to ensure EMS standards are met.	X	
	19. Ensure medical orientation and training of PSAP personnel in accordance with the EMSA's Emergency Medical Dispatch Guidelines.	X	
	20. Set standards and protocols to guide smaller PSAPs within the EMS system. These guidelines should approximate those already in place for 9-1-1 operations.		X
2.05	21. Collaborate with the SFPD to establish a defibrillation program within the SFPD field responders.		X
2.06	22. Develop policy and procedure defining roles and responsibilities of the SFPD in the EMS System.		X
	23. Develop policy and procedure for first responding agencies acting within the jurisdiction of an alternative PSAP.		X
2.07	None		
2.08	24. Develop and implement policy to authorize BLS transport personnel to defibrillate.	X	
2.09	None		
2.10	None		
2.11	None		
2.12	25. Implement Public Access Defibrillation program.	X	
2.13	None		
	Communications		
3.01*	26. Actively participate in planning for operations of the new CECC.	X	
	27. Ensure that all EMS Systems providers migrate to the 800 mghz system.	X	
3.02	Same as 3.2		
3.03	28. Consider revising interfacility policy to require cellular or satellite phones when out of radio range.		X
3.04	None		
3.05	29. Establish a HAM radio back-up communications system at each receiving hospital.		X
3.06*	30. Complete the communications plan.	X	
3.07	None		

3.08	31. Develop and implement a targeted public education program to educate the public regarding appropriate use of 911.		X
3.09	None		
3.10	None		
	Response and Transportation		
4.01	32. Evaluate BLS tier pilot study and implement plan for tiered medical response.	X	EOA
	33. Ensure medical response to and transport within newly developed regions of the City and County.		X
4.02	34. Develop a formal memorandum of understanding for emergency medical transportation services to ensure compliance with relevant statutes, regulations, policies and procedures.	X	
4.03	35. Continue to develop and implement protocols for dispatching response and transportation vehicles according to the Fire Based System Implementation Plan.	X	
	36. Continue to refine criteria-based dispatch system based on prospective, concurrent and retrospective reviews	X	
4.04			
4.05	None		
4.06	None		
4.07	37. Ensure the completion of Fire Communications center and CBD protocols.	X	
	38. Integrate autonomous first responders and PSAPs into the EMS system.		X
4.08*	39. Draft a rescue aircraft policy	X	
	40. Assess need for helipad site and establish one accordingly.	X	
4.09*	Same as 4.8		
4.10*	Same as 4.8		
4.11	None		
4.12	41. Develop agreements with the other operational areas in its region for medical transportation services in a disaster.		X
4.13	42. Update the Bridge Response Policy as needed.	X	
	43. Pending State recommendation, pursue disaster mutual aid agreements with other surrounding counties.		X
4.14	44. Develop EMS Level II and Level III disaster response plan.	X	
	45. Ensure all system providers maintain appropriate MCI plans and update personnel as necessary.	X	
	46. Ensure continued compliance with the Multi-casualty Incident Response Plan during the reconfiguration of the 9-1-1 response with the San Francisco Fire Department.	X	
4.15	47. The EMS Section will evaluate all provider agencies within the EMS system to ensure integration and compliance with ICS standards and will develop a plan to bring them into	X	

	compliance.		
4.16	48. Complete the evolution of the EMS system according to the reconfiguration plan, including assessment and evaluation.		X
4.17	None		
4.18	Same as 4.02		
4.19	None		EOA
4.20	None		EOA
4.21	None		EOA
4.22	None		EOA
	Facilities and Critical Care		
5.01	49. Develop ED closure impact evaluation criteria and policy in response to new legislation.	X	
	50. Perform periodic assessments of acute care hospitals/EMS-related capabilities.	X	
5.02	51. To facilitate development of inter hospital transfer agreements.		X
	52. Revise field triage protocols to address changes in receiving hospital status and to consider referrals to other agencies or facilities.		X
5.03	53. Revise guidelines for appropriate level of care to reflect changes in scope of practice regulation.		X
	54. Expand EMT scope of practice to perform skills needed for routine transfers.		X
	55. Receiving hospitals and ambulance providers to jointly review and revise transfer policies and procedures to ensure standardization and continuity.		X
	56. Train staff in new transfer policies as needed.		X
	57. Develop relationships with managed care organizations and transport service providers.		X
5.04	58. Define criteria for receiving resources to ensure the optimal care of EMS patients, including alternative destinations. Base these criteria on established standards, current literature, research and community input.		X
	59. Conduct a criteria-based, comprehensive evaluation to assess the need for various receiving services, as well as available resources.		X
	60. Facilitate the review and revision of receiving hospital service standards. Consider the appropriate influence of the cultural, linguistic needs of the patient along with continuity of care and physician-patient relationships. Balance availability of necessary resources at receiving hospitals with the concept of critical volume to maintain expertise. Consider the impact of transport time on the overall system response time.		X
	61. Develop new standards that recognize that all emergency departments treat pediatric patients and permit designation of pediatric critical care centers (refer to EMS Pediatric Policy Reference		X

	Number 2112).		
	62. Same as 5.08		
	63. Develop communications system and protocols to facilitate effective and efficient utilization of alternative destinations and referral services.		X
	64. Develop and implement a system to measure and monitor the efficacy and efficiency of receiving facilities. Utilize customer service concepts and tools such as paramedic satisfaction surveys.		X
	65. Develop a comprehensive referral system which field personnel may access when encountering health or social service problems that do not require ambulance transportation.		X
5.05	66. Develop an assessment of hospital preparedness for mass casualty management in Level II and III.	X	
	67. Facilitate the adoption of the Hospital Emergency Incident Command System as a model for hospital emergency preparedness plans.	X	
	68. Evaluate inter hospital communications needs and make recommendations for systems improvements.	X	
5.06*	69. Develop a plan for hospital evacuation.		X
5.07	70. Maintain the formal relationship between the EMS Section and the Base Hospital through as-needed updates to the memorandum of understanding	X	
	71. Conduct regular compliance review.	X	
	72. Develop back-up base hospital capability		X
5.08	73. Review, revise the Trauma Plan, including a review of regional issues and disaster preparedness.	X	
	74. Facilitate trauma education in the community.	X	
	75. Facilitate projects that will conduct injury analysis by linking trauma registry data with other data and design interventions accordingly.	X	
	76. To explore multi-disciplinary review with Stanford University.	X	
	77. To review Golden Gate Bridge incidents.	X	
5.09	None		
5.10	None		
5.11	78. Revise EDAP program policies and revise as needed to ensure compliance with State guidelines.		X
	79. Clearly differentiate existing Pediatric ICUs as well as establish a more comprehensive, system-wide structure.		X
	80. Implement monitoring activities and conduct site reviews of designated EDAP facilities.		X
5.12	None		
5.13	None		
5.14	None		

	Data Collection/System Evaluation		
6.01	81. Identify outcome data for system evaluation and integrate them into system participant QI plans.	X	
6.02	82. Integrate EMS Section documentation standards into new pen-based computing systems for CECC.	X	
6.03	83. The EMS Section shall oversee development of linked data systems.		X
6.04	84. Secure funding and support research and epidemiological studies in EMS.	X	
	85. Complete the shortness of breath study and use the data gathered and process utilized to begin compiling data on specific patient care.	X	
6.05	86. Secure funding and support research and epidemiological studies in EMS.	X	
	87. Complete the shortness of breath study and use the data gathered and process utilized to begin compiling data on specific patient care.	X	
6.06	None		
6.07	88. Secure funding for system evaluation projects.	X	
6.08	None		
6.09	Same as 5.07		
6.10*	89. Expand the trauma registry, to include records from all San Francisco hospitals.	X	
6.11	None		
	Public Information and Education		
7.01	None		
7.02	None		
7.03	None		
7.04	90. Expand current activities to promote bystander CPR and increase the bystander CPR rate to 50%.	X	
	Disaster Medical Response		
8.01	91. Coordinate provider plans with the City EOP. Develop five-year work plan and identify priorities on an annual basis (according to S.F. fiscal year).	X	
	92. Develop and implement the Department of Public Health's plan for emergency shelters.	X	
8.02	93. Implement a decentralized response system according to the Department of Public Health's ERP and EOP.	X	
	94. Oversee development of the medical and health component of the MMRS system.	X	
	95. Develop a DPH and EMS disaster training plan.	X	
8.03	96. The EMS Section will revise hazardous materials incident response standards to address the threat of potential acts of terrorism on San Francisco,	X	
	97. The EMS Section will continue to liaison with the State and Federal governments regarding their commitment to the MMRS effort	X	
	98. The EMS Section will determine and request the funding and resources to proceed with system	X	

	implementation.		
8.04	99. Develop ability to monitor and assess ongoing compliance with ICS I field provider disaster plans and response.	X	
8.05	100. To develop an MCI plan to address all levels as described in the EOP to include terrorist response.	X	
	101. Implement DPH command system to oversee medical and public health in this arena.	X	
	102. Integrate hospitals into MMRS system.	X	
	103. To develop the medical, health and EMS plans for level II and level III incidents.	X	
8.06	104. Implement communications training plan.	X	
	105. Develop multiple methods for collecting and disseminating assessment data.	X	
8.07	106. The EMS Section shall implement the 800 MHz frequency, to facilitate interagency communication.	X	
8.08*	107. The EMS Section shall develop and install standard caches throughout the city, to address disaster medical needs.	X	
8.09	108. Participate to ensure that the EMS Section's DMAT team is Level I-ready by 2000.	X	
8.10	109. Develop procedures for requesting and receiving personnel and supplies through yet to be developed mutual aid agreements (as it has done for ambulances.)	X	
	Same as 4.13	X	
8.11	110. Assess available casualty care collection points to determine optimal plans for utilization in various disaster scenarios.	X	
	111. Identify casualty collection points, command structure, staffing needs, supplies and equipment.	X	
	112. Develop disaster or Austere Care System protocols to correspond to disaster caches.	X	
8.12*	Same as 8.11		
8.13	113. Develop MMRS system to include training for proper management of casualties exposed to or contaminated by toxic or radioactive substances	X	
	114. Develop a disaster training plan that addresses both DPH and EMS provider needs.	X	
	115. Incorporate MMRS protocols into field treatment protocol manuals.	X	
8.14	116. The EMS Section will facilitate development of coordinated hospital disaster plans through the MMRS system development and incident planning for specific events (e.g. Millenium celebrations).	X	
	117. The EMS Section will facilitate discussions to encourage multiple hospital and/or system wide hospital disaster training, drills or exercises.	X	
8.15	Same as 3.06	X	
	118. On an on-going basis, augment the EMS	X	

	communications system with new and appropriate technology.		
8.16	Same as 8.14		
8.17	Same as 8.14		
8.18	119. Develop destination protocols for Level II and Level III disasters.	X	
8.19	None		EOA

Section 1

System Organization and Management

1.1

1.1.1

1.1.1.1

1.1.1.2

1.1.1.3

1.1.1.4

1.1.1.5

1.1.1.6

1.1.1.7

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1.1.1.9

1.1.1.10

1.1.1.11

System Organization and Management

Agency Administration

Standard

Goal

1.01 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.

Current Status:

Meet Minimum Standard

The Emergency Medical Services Section of the City and County of San Francisco's Department of Public Health, is the designated EMS Agency. The Emergency Medical Services Section is responsible for the planning, implementation and evaluation of EMS activities throughout the County.

San Francisco EMS has a formal organizational structure (see EMS system overview). EMS Section staff has primary responsibility for one or more of the EMS system components. The EMS Section employs and contracts with a multiplicity of clinical and technical experts including but not limited to physicians, registered nurses, paramedics, data systems analysts, public health practitioners and a variety of administrative and technical assistants.

Coordination With Other EMS Agencies:

The EMS Section staff participate in state and regional EMS projects and activities with other LEMSAs, providers, professional organizations and committees.

Need(s):

Standard met.

Objective:

1. No objective needed to meet standard

System Organization and Management

Agency Administration

Standard

1.02 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

Goal

Current Status:

Meet Minimum Standard

Management of the San Francisco EMS system requires an ongoing, organized approach to identify and resolve problems while balancing the needs of all system participants and keeping patient care at the forefront. The EMS Section has been effective at planning and implementing system changes to meet identified needs.

In September 1995, the Emergency Medical Services Section presented an update on San Francisco's Emergency Medical Services system to the San Francisco Health Commission informing them of the need to submit an updated plan to the State EMS authority. The Commission directed the Agency to develop a system plan with the goal of optimizing patient care using existing resources. The EMS Agency chose an open community process, recognizing that any major change in the EMS system would require the support of constituencies of EMS. This process produced a total of 247 recommendations corresponding to the six major components of the EMS system: Community Education; Communications, Dispatch and Base Hospital; Response and Transportation, Destination and Specialty Care; Disaster Medical Response; and Regulatory Function.

Through a system wide Quality Improvement Program, the Emergency Medical Services Section, prehospital care providers, and the Receiving Hospitals of San Francisco are committed to providing an optimal, achievable level of patient care, to maintaining an effective method for monitoring and evaluating patient care and to resolving identified problems. EMS Policy Manual Section 2000 details the EMS Section's quality improvement activities, which includes a description of the Quality Improvement Council. EMS Policy Manual Reference Number 2000 delineates the EMS Section's Quality Assurance Plan.

Additionally, specific QA standards exist as key components within individual EMS Section policies.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. The EMS Section needs to conduct an annual review of its activities and progress towards the stated objectives.
2. The EMS Section needs to develop and revise evaluative measures in a consensus process. Results will be disseminated widely, including presentation to the Health Commission, available to the public, and used for ongoing system improvement.

Objective:

2. Establish a mechanism for annual review and revision to EMS Plan.
3. Develop and implement a number of evaluative measures for quality of EMS care.

System Organization and Management

Agency Administration

Standard

1.03 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.

Goal

Current Status:

Meet Minimum Standard

The EMS Section supports multiple channels through which the public provides planning and policy input. At the system-wide level, a variety of advisory groups and committees provide input on EMS issues and policies. Each group and committee is appropriately composed of public and private representatives, including a mix of prehospital personnel levels. Through these groups and committees, the EMS Section and the EMS community develop common goals and objectives in order to achieve greater system effectiveness. These groups and committees also foster information sharing between field, hospital and management personnel.

EMS Policy Manual Reference Number 1020 details the advisory committees maintained by the EMS Section. These committees include:

- Ambulance Service Provider Committee
- Clinical Advisory Committee
- Research Committee
- Department of Public Health Emergency Response Committee
- Quality Improvement Council
- Receiving Hospital Liaison Committee

The San Francisco Emergency Medical Services Section develops policy according to a Public Comment Policy (Reference No. 1060). This Policy ensures that a "Public Comment Draft" of all new policies is sent out for appropriate input from Receiving Hospitals, the Base Hospital, Provider Agencies, and other members of the emergency medical services committee.

The Health Commission acts as the governing body for the Department of Public Health. As a result, the EMS section reports to this body on a regular basis, primarily through public presentations and hearings.

Coordination With Other EMS Agencies:

When policies impact other jurisdictions, appropriate EMS Agencies and their constituents are involved in the development of policy.

Need(s):
Standard met.

Objective:

No objective needed to meet standard.

System Organization and Management

Agency Administration

Standard

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

Goal

The local EMS agency medical director should have administrative experience in emergency medical services systems.

Each local EMS agency 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:

Meet Recommended Guideline

A full-time Medical Director directs the EMS Section. The current Director is board certified in Emergency Medicine. The Medical Director provides leadership for long-range planning, system QI, system disaster planning, patient care protocols, and research.

The EMS Medical Director reports directly to the Director of Health. In addition, the Director is a member of the Department of Public Health Executive Staff, an associate faculty member at the University of California, San Francisco, and an active member of the San Francisco General Hospital medical staff.

In addition, the current Medical Director is a member of the local Emergency Physician's Association.

The Medical Director also relies on the EMS Section's Clinical Advisory Committee, which consists of physician representatives, including a range of specialists, for consultation. These providers come from the community at large. The CAC also has representatives from the Emergency Physicians Association, Emergency Nursing Association, the Paramedic Association, ambulance providers and hospitals.

In addition to the EMS Section Medical Director, the San Francisco Fire Department also employs a Medical Director and Assistant Medical Director to provide direction at a provider level.

Coordination With Other EMS Agencies:

Not applicable for this standard

Need(s):

Standard met

Objective:

No objective necessary to meet standard.

System Organization and Management

Planning Activities

Standard

1.05 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 these needs.

Goal

Current Status:

Meet Minimum Standard

The EMS Section has completed a community needs assessment and is in the process of analyzing the results and crafting programmatic alterations as needed.

The EMS Section periodically reviews utilization data through hospital outcome data and dispatch data. A pen-based data entry system will be piloted in 1999.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. The EMS Section is currently designing an enhanced data collection process that will enable providers to routinely enter data into the EMS data system.
2. Complete analysis of community needs assessment, implement and evaluate program changes accordingly.

Objective:

1. Improve data collection methodologies.
2. Complete analysis of community needs assessment, implement and evaluate program recommendations accordingly.

Investigation into Emergency Medical Services
System Organization and Management

Planning Activities

Standard

1.06 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.

Goal

Current Status:

Meets Minimum Standard

The EMS Section in coordination with its annual budget and strategic planning efforts reviews and revises its EMS plan. Significant changes will be forwarded through the Director of Health to the Health Commission for approval.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. The EMS Section needs to ensure an annual review of its EMS Plan.

Objective:

1. Establish a mechanism for annual review and revision to EMS Plan.

System Organization and Management

Planning Activities

Standard

1.07 The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

Goal

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

Current Status:

Meet Recommended Guideline

The EMS Section maintains an approved Trauma Plan that meets the existing Title 22 guidelines. This plan includes a fully prepared Level I Trauma Center for the City and County located at San Francisco General Hospital.

System design also includes mutual activity between neighboring counties. For example, the Trauma Center accepts patients from Northern San Mateo County. In addition, the Section's Bridge Policy (Reference No. 8050) establishes mutual trauma response for the Golden Gate Bridge and the Oakland Bay Bridge between San Francisco, Alameda, and/or Marin counties per direction by the California Highway Patrol for expeditious action.

Coordination With Other EMS Agencies:

The EMS Section coordinates with San Mateo County's EMSA. The Bridge Response Policy describes the coordination response plan with providers in Alameda and Marin counties, as well as the California Highway Patrol.

Need(s):

The EMS Section needs to update and revise its existing Trauma Plan according to new standards from the American College of Surgeons and pending changes in related State regulations.

Objective:

1. Review, revise the Trauma Plan, including a review of regional issues and disaster preparedness.

System Organization and Management

Planning Activities

Standard

1.08 Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

Goal

Current Status:

Meet Minimum Standard

The San Francisco EMS system currently provides ALS services throughout its jurisdiction. The Fire Department is currently piloting a BLS tier of service. The private ambulance companies utilize both ALS and BLS personnel for the provision of interfacility transfer services.

The EMS Section Advanced Life Support Provider Standards (Policy Manual Reference Number 2120) define the roles and responsibilities of ALS providers in the EMS Section's jurisdiction. These standards stipulate that ALS providers shall provide service in accordance with all State laws, the San Francisco Ambulance Ordinance, and policies of the San Francisco EMS Agency.

EMS Policy Manual Reference Number 6070 (Basic Life Support Request for Advanced Life Support Assistance) defines the policy and procedure applicable when Basic Life Support personnel shall request the response of an ALS provider ambulance while on the scene of a prehospital emergency.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

EMS Section is overseeing the implementation of the Fire Based Response and Transportation Implementation Plan. According to this plan, the EMS Section may authorize the San Francisco Fire Department to evaluate and deploy ALS engines staffed by cross-trained firefighter-paramedics. By completion of the plan, there will be sufficient cross-trained personnel to allow for staffing of all ambulances with two paramedics and over twenty ALS engines. Alternatively, some or all of the ambulances might instead be staffed with one paramedic and one EMT that would allow for the deployment of more ALS engines.

Objective:

1. Fully implement the Fire Based Response and Transportation Implementation plan..

System Organization and Management

Planning Activities

Standard

1.09 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.

Goal

Current Status:

Meet Minimum Standard

The Emergency Medical Services Section maintains and updates separate databases for all EMS personnel and EMS vehicles within its jurisdiction.

These databases track of the following: certified EMT personnel, accredited Paramedic personnel, permitted EMS vehicles, EMS-authorized providers, designated receiving hospitals.

The EMS Section also stays current with the capabilities and capacities of San Francisco EMS. Policy Manual Section 8000 specifies the Destination policies for EMS providers in the City and County of San Francisco.

For further details, please refer to the data tables included within this document.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

Standard met.

Objective:

No objective necessary to meet standard.

System Organization and Management

Planning Activities

Standard

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

Goal

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:

Meet Minimum Standard

According to 1996 data, San Francisco has a population of 768,263. The 1997-1998 Department of Public Health Annual Report portrays the City and County's distinct demographic profile, including a smaller proportion of children and youth, a larger proportion of seniors within the total population, and a more ethnically diverse mix of inhabitants than the State of California.

Children and adolescents (ages 0-14) make up 17% of the population, 15 – 24 year-olds comprise 10% of the population, 25 – 64 year olds represent 56% of the population, and 17% of the population consists of persons aged 65 and older.

The ethnic breakdown of San Francisco is as follows:

- 10% African-American
- 15% Hispanic
- 32% Asian/Pacific Islander
- 43% White

All residents and visitors to San Francisco are potential clients of the EMS system.

Additional EMS system components which enable the EMS Section to identify and serve the various populations within its geopolitical boundaries:

- EMS System dispatch mechanisms maintain automatic location identifiers, automatic number identifiers and a TTY to receive calls from the hearing impaired.
- Translator services are available to all EMS system participants, including 9-1-1 dispatchers, on 24-hours-per-day basis.
- The EMS Section continues to establish its Disaster Registry Project, initiated in 1990 by an ordinance passed by the Board of Supervisors directing the Department of Public Health to establish and maintain a register identifying seniors and disabled persons vulnerable in disasters.
- Most EMS system facilities are accessible to handicapped individuals
- The EMS Section maintains an EMSC program enlisting pediatric system providers to meet the needs of the County's youth population.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. The EMS Section needs to continue implementing measures to assess and identify the population groups served by its system.

2. The EMS Section needs to integrate cultural competency training into the system.
3. In addition, the EMS Section needs to complete its needs assessment for alternative receiving facilities. Using the new definitions of receiving services, the Section will conduct a criteria based, comprehensive evaluation to assess both the need (current and future) for various receiving services and the resources available to provide them.

Objective:

1. Conduct and analyze needs assessment to consider designating alternative receiving facilities.
2. Continue implementing the Disaster Registry.
3. Identify and project the diverse population served by the EMS system.
4. Conduct an assessment of the knowledge and skills of individuals working within the various professional categories of the EMS system.
5. Extend San Francisco Fire Department policies to the hiring of Fire Fighter Paramedics. These policies ensure that the SFFD work force will, over time, increasingly reflect the population of San Francisco.

Minority Recruitment

According to 1990 data, San Francisco County's population is 750,000. The Department of Public Health's Annual Report projects the City and County's ethnic composition to change in a significant way. The ethnic composition of persons and youth, a larger proportion of whom will be of Hispanic and Asian descent, is projected to increase from 15% to 25% of the population.

Children and adolescents (ages 0-17) make up 17% of the population. In 24 years old and older, 25% of the population and 17% of the population are of Hispanic and Asian descent.

The ethnic composition of the County's population is as follows:

White	65%
Hispanic	15%
Asian	10%
Black	5%
Other	5%

All efforts to recruit and hire minority persons should be directed to the EMS system.

Additional EMS system components which exist in the EMS Section are to recruit and hire minority persons and to provide training and education to minority persons.

- EMS system needs assessment should be conducted to assess the needs of minority persons.
- Translation services should be available to all EMS system participants who do not speak English.
- The EMS Section should continue to establish the Disaster Registry Project, which is a project to establish a disaster registry for the County of San Francisco.
- The EMS Section should continue to establish the Department of Public Health's program to provide training and education to minority persons.
- The EMS Section should continue to establish the Department of Public Health's program to provide training and education to minority persons.
- The EMS Section should continue to establish the Department of Public Health's program to provide training and education to minority persons.

Coordination With Other EMS Agencies

For people to be able to use the EMS system, it is necessary to coordinate with other EMS agencies. This can be done by the following:

System Organization and Management

Planning Activities

Standard

1.11 Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

Goal

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:

Meet Minimum Standard

System participant roles and responsibilities are identified through the ambulance ordinance, administrative code, policy and written agreement. San Francisco established an exclusive operating area under the grandfather provision of HS 1797.224 in 1991 (see "Exclusive Operating Areas EMS Plan – Zone Summary").

The EMS Section assesses overall optimal roles for system participants through several means, including site visits, additional quality improvement activities, and through input from the EMS community. Site visits to all were made to all non-hospital providers between October 1998 and February 1999.

San Francisco Emergency Medical Services Section policies delineate roles and responsibilities for system participants. These policies include:

- Base Hospital Standards (Reference No. 2100)
- Receiving Hospital Standards (Ref. No. 2110)
- Special Care Facilities Requirements (Ref. No. 2111)
- Emergency Department Approved for Pediatrics Standards (Ref. No. 2112)
- Advanced Life Support Provider Standards (Ref. No. 2120)
- Basic Life Support Provider Standards (Ref. No. 2130)
- First Responder Standards (Ref. No. 2150)
- Medical Dispatch Standards (Ref. No. 2160)

Implementation of Agency policies and management of their related operational considerations is the responsibility of the entities operating within the system.

San Francisco Fire Department roles and responsibilities are outlined in the Fire-based Response and Transportation System Phase II Report adopted by resolution in February 1997.

Coordination With Other EMS Agencies:

Not applicable for this standard

Need(s):

1. To ensure EMS system participants conform to their assigned EMS system roles and responsibilities, through the Quality Improvement Program.
2. The EMS Section needs to develop a written agreement (e.g. a memorandum of understanding) with prehospital providers regarding their system roles and responsibilities.

Objective:

Establish memoranda of understanding with prehospital providers.

System Organization and Management

Regulatory Activities

Standard

1.12 Each local EMS agency shall provide for review and monitoring of EMS system operations.

Goal

Current Status:

Meet Minimum Standard

The San Francisco EMS Agency has policies and procedures for review and monitoring of EMS system operations. Reference Number 2000 details the EMS Section's Quality Assurance Plan. Through these policies, the EMS Section, prehospital care providers, and the Receiving Hospitals of San Francisco maintain an effective method for monitoring and evaluating patient care and to resolve identified problems through a systematic quality assurance (QI) program.

Specifically, the EMS Section monitors and reviews EMS system response times, engages in annual and/or as needed inspections and audits of its system participants, determines program compliance with relevant policy and maintains an unusual occurrence review process

In addition specific QI standards and procedures are included as key components within many individual EMS SECTION policies.

Coordination With Other EMS Agencies:

Not applicable for this standard

Need(s):

Standard met.

Objective:

No objective needed to meet standard.

System Organization and Management

Regulatory Activities

Standard

1.13 Each local EMS agency shall coordinate EMS system operation

Goal

Current Status:

Meet Minimum Standard

The EMS Section regulates the EMS system by developing, through a consensus process, uniform standards that apply to all providers. Standards are reviewed and updated as necessary. The EMS Section requires providers to have evaluation plans and the EMS Section must approve these plans. The EMS Section works with providers to develop a system of graded rewards and sanctions that will be applied equally to all providers.

The EMS Section staff is actively involved in monitoring the system by spending substantial time (at least 10%) in the field.

The focus of the EMS Section in problems with individual professionals is to assure that provider agencies are doing their jobs. Thus, the EMS Section does not routinely re-investigate or re-discipline professionals who have been appropriately handled by their provider agency.

The EMS Section conducts needs assessments to determine unmet needs for training public information, and disaster planning.

Please refer to Standard 1.01 for structural details

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

Standard met.

Objective:

No objective necessary to meet standard.

System Organization and Management

Regulatory Activities

Standard

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

Goal

Current Status:

Meet Minimum Standard

The EMS Section maintains the San Francisco Emergency Medical Services Section Policy Manual that addresses all aspects of the countywide EMS system. The EMS Section Policy Manual presents the most recent standards, guidelines, and procedures for all EMS activities in and related to the City and County of San Francisco. The Manual is divided into nine sections, each addressing a different facet of the EMS System: Section 1000: EMS Administration; Section 2000: Quality Improvement; Section 3000: EMS Personnel and Training; Section 4000: Communications; Section 5000: Disaster; Section 6000: Operations Procedure; Section 7000: Operations Policy; Section 8000: Destination; and Section 9000: Pilot Programs. Each policy is assigned a reference number.

The EMS Section distributes Policy Manuals to all system participants, and members of the public may obtain copies for a fee.

Policies and procedures are reviewed and updated as needed. Any changes made are distributed to all system participants as well as anyone else who possesses a copy of the Policy Manual.

Coordination With Other EMS Agencies:

Policies effecting other EMS system participants in San Francisco's region are coordinated with those agencies. San Francisco provides affected surrounding EMS agencies with all relevant updates and vice versa.

Need(s):

Standard met.

Objective:

No further objective needed to meet standard.

System Organization and Management

Regulatory Activities

Standard

1.15 Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

Goal

Current Status:

Meet Minimum Standard

In addition to ongoing data collection and implementation of a Quality Improvement Plan, the EMS Section audits facilities and agencies either on a routine basis or by exception with regard to compliance with system policies.

Implementation of EMS Section policies and management of their related operational considerations is the responsibility of the entities operating within the system. The EMS Section reviews field operations in so far as it monitors the effects of its policies.

As the governing body, the Health Commission oversees the EMS Section's reviewing, monitoring, and enforcing procedures.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

Standard met.

Objective:

No objective necessary to meet standard.

System Organization and Management

System Finances

Standard

1.16 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.

Goal

Current Status:

Meet Minimum Standard

The EMS Section receives the majority of its funding from the County General Fund. ALS and BLS providers do not receive subsidies from the Agency and both public and private providers bill on a fee-for-service basis. The EMS Section currently charges fees for certification and ambulance vehicle inspection and licensing as a BLS provider.

The EMS Fund was enacted in San Francisco in 1990. A portion of this fund pays for some of the disaster planning efforts of the EMS Section.

Additionally, the EMS Section regularly writes for and receives grant awards for special projects.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. The San Francisco EMS Section needs to explore sources for generating revenue, such as increasing the EMS Fund and the number of EMS-sponsored events.

Objective:

1. Continue to seek sources for additional funding for EMS Section programs.

System Organization and Management

Medical Direction

Standard

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

Goal

Current Status:

Meet Minimum Standard

The EMS Section Medical Director provides Medical Direction for the EMS system as the Director of the EMS Section. All medically related issues are reviewed and approved by the Medical Director prior to implementation. The Director seeks input from the San Francisco EMS community. When necessary, on-line medical direction is provided via base hospital physician consultation. The EMS Section has successfully phased-out MICNs and evolved ALS prehospital protocols to primarily standing orders for paramedics.

EMS Policy 2000 requires individual providers to have a physician, nurse, or paramedic in place to ensure quality improvement. This individual oversees these activities as part of the EMS Section's Quality Improvement Council, which in turn, responds to and informs the Medical Director.

San Francisco General Medical Center is the single designated Base Hospital for the San Francisco EMS system. EMS Section Policy Manual Policy Reference Number 2100, "Base Hospital Standards", outlines base hospital roles and responsibilities. EMS Section Policy Manual Reference Number "3040 Base Hospital Physician Approval" outlines requirements for the base hospital physician. The base hospital reports annually on all base hospital activities.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. The EMS Section needs to establish a back-up hospital capable of performing base hospital functions should a disaster render the current base hospital ineffectual.

Objective:

1. Establish a back-up base hospital.

System Organization and Management

Medical Direction

Standard

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

Goal

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

Current Status:

Meet Recommended Guideline

EMS Policy Manual Reference No. 2000 establishes the EMS Section's Quality Improvement Plan. Each provider in the EMS system is guided by this policy in order to ensure that the following goals are met: delivery of appropriate care to patients that preserves self-determination

- identification of prehospital needs
- competence of caregivers
- minimization of patient risk
- response to perceived care needs
- application of up-to-date technology
- sustained evaluation and improvement of patient care
- compliance with Federal, State and local policy requirements

To date, all EMS system providers have quality improvement plans approved by the EMS Section.

The Quality Improvement Plan also institutes and guides the EMS Section's Quality Improvement Council – a multidisciplinary committee composed of representatives from all EMS system components, representing the EMS community in San Francisco, which identifies methods of improving the quality of care provided.

The EMS Section has recently completed a round of site reviews and audits for all providers and programs.

Coordination With Other EMS Agencies:

Not applicable.

Need(s):

Standard met.

Objective:

No objective necessary to meet standard.

System Organization and Management

Medical Direction

Standard

- 1.19 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.

Goal

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

Current Status:

Meet Recommended Guideline

The EMS Section maintains a Policy Manual that presents the most recent standards, guidelines, and procedures for all EMS activities in and related to the City and County of San Francisco. The Manual is divided into nine sections, each addressing a different facet of the EMS System (Section 1000: EMS Administration; Section 2000: Quality Improvement; Section 3000: EMS Personnel and Training; Section 4000: Communications; Section 5000: Disaster; Section 6000: Operations Procedure; Section 7000: Operations Policy; Section 8000: Destination; and Section 9000: Pilot Programs). Policies included address the following, as well as guide other system components:

- 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
- j) local scope of practice for prehospital personnel

Policies are updated as needed, in response to new system needs, changing system requirements, revisions or additions to State policy, etc. All new and altered policies must pass through the EMS Section's Public Comment Process for approval (Reference Number 1060).

In 1998, EMS participated in a state-wide standardized Uniform Treatment Protocol project. The San Francisco field care protocols were revised in 1998 to comply with minimum standards.

Coordination With Other EMS Agencies:

Not applicable for this standard

System Organization and Management

Medical Direction

Standard

1.20 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.

Goal

Current Status:

Meet Minimum Standard

Reference No. 7032, Do Not Resuscitate Policy is in compliance with the EMS Authority's DNR Guidelines.

Coordination With Other EMS Agencies:

The EMS Section ensures a DNR policy that remains in compliance with State guidelines

Need(s):

Standard met.

Objective:

No objectives necessary to meet standards.

System Organization and Management

Medical Direction

Standard

1.21 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.

Goal

Current Status:

Meet Minimum Standard

Reference No. 7030, Determining Death in the Field

Reference Number 6050, Suspected Homicide or Accidental Death

Coordination With Other EMS Agencies:

Not applicable.

Need(s):

Standard met.

Objective:

No objective necessary to meet standard.

System Organization and Management

Medical Direction

Standard

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

Goal

Current Status:

Does not meet Standard

Reference No. 7080, Management of Child Abuse or Neglect Cases

This policy standardizes the mechanism for personnel in the field to report suspected cases of child abuse or neglect, as authorized by Sections 11166 and 11168 of the California Penal Code.

Reference No. 7082, Elder or Dependant Adult Abuse

Reports of abuse or suspected abuse shall be made immediately or as soon as possible by telephone. A written report shall be prepared and sent out within 36 hours using the appropriate form. Abuse or suspected abuse occurring in long term care facilities shall be reported to the San Francisco Ombudsman Program. All other reports of abuse or suspected abuse shall be reported to the Department of Social Services.

SIDS Reporting

Training on SIDS is required for all entry-level EMS system providers. This training incorporates information on reporting such cases.

Coordination With Other EMS Agencies:

Not applicable

Need(s):

1. The San Francisco EMS Section needs to develop a mechanism to ensure that participants in the EMS system may report suspected SIDS deaths. The EMS Specialist is currently reviewing existing policies from other EMSAs and will develop an appropriate policy for this City's EMS system.

Objective:

1. Develop a SIDS death reporting policy.

System Organization and Management

Medical Direction

Standard

1.23 The local EMS medical director shall establish policies and protocols for scope of

Goal

practice of prehospital medical personnel during interfacility transfers.

Current Status:

Meet Minimum Standard

Reference No. 3020, EMT-I Scope of Practice

Reference No. 3030, EMT Scope of Practice

Reference No. 8040, Interfacility Transfer Standards

Reference No. 8041, Interfacility Transfer Procedures

Reference No. 8042, Psychiatric Patients Transfer Policy

Reference No. 8043, Helicopter Standards for Interfacility Transfers

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. The EMS Section needs to establish protocols and policies specific to critical care transports.

Objective:

1. Establish critical care transport protocols and policies for the scope of practice of prehospital medical personnel.

System Organization and Management

Advanced Life Support

Standard

1.24 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.

Goal

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

Current Status:

Meet Recommended Guideline

San Francisco established an exclusive operating area under the grandfather provision of HS 1797.224 in 1991 (see "Exclusive Operating Areas EMS Plan – Zone Summary").

The EMS Section's Advanced Life Support Provider Standards (Reference No. 2120) establish that the Provider Agency shall provide service in accordance with all State Laws, San Francisco Ambulance Ordinance, the Administrative Code, and Health Code policies of the San Francisco Emergency Medical Services Section. These standards apply to all emergency ALS calls run by an ambulance provider licensed and permitted to operate in the City and County of San Francisco.

Reference No. 2000 Addendum, ALS Provider Quality Assurance Activities Requirements, provides a consistent, systematic approach for the regular review of the quality and appropriateness of prehospital care to provide compliance with the Quality Assurance Plan and ALS Provider Standards.

The San Francisco Ambulance Ordinance, Municipal Code, Part II, Chapter V; Ambulances and Routine Medical Transport Vehicles defines the terms for Exclusive Operating Areas. Applicable sections of the Ambulance Ordinance are: Section 902, Certificate of Operation Required, Section 903, Permit Required, and Section 904, Exemptions.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. The EMS Section needs to establish memoranda of understanding with prehospital providers in its system.

Objective:

1. Establish memoranda of understanding with prehospital providers (same as 1.11).

System Organization and Management

Advanced Life Support

Standard

1.25 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.

Goal

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:

Meet Recommended Guideline

San Francisco General Hospital, through a memorandum of understanding, administers and manages the Base Hospital field medical consultation function in the local EMS system.

The EMS system no longer uses MICNs to provide on-line medical direction to the system. ALS standing orders are in place, and currently, the Base Hospital Physician provides on-line direction, as well as appropriate guidance on system policies. The quality of on-line medical direction is reviewed regularly during base hospital surveys and routinely submitted quality improvement reports.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

Standard met.

Objective:

No further objective needed to meet standard.

System Organization and Management

Trauma Care System

Standard

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

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

Goal

Current Status:

Meet Minimum Standard

The EMS Section has a trauma system plan that is integrated with the emergency care system. The plan was presented in November 1990 in accordance with community needs and utilization of appropriate resources. There is currently one Level I trauma hospital in the County.

Please refer to standard 1.07 for details.

At present, the EMS Section is waiting for the State to finalize revised regulations regarding trauma care systems. Upon completion of these regulations, the EMS Section will update its current trauma plan.

Coordination With Other EMS Agencies:

Please refer to Standard 1.07.

Need(s):

1. The minimum standard is met. As soon as the State regulations are finalized, the EMS Section will need to adapt its plan accordingly.

Objective:

1. Review, revise the Trauma Plan, including a review of regional issues and disaster preparedness.

System Organization and Management

Pediatric Emergency Medical and Critical Care System

Standard

1.27 The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines: the optimal system design for pediatric emergency medical and critical care in the EMS area, and the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

Goal

Current Status:

Does not meet Standard

The EMS Section is still implementing compliance with the most recent State guidelines issued, in 1994.

Coordination With Other EMS Agencies:

Need(s):

1. The EMS Section needs to come into compliance with guidelines where applicable.

Objective:

1. Evaluate EMS-C program and polices, update as appropriate.

System Organization and Management

~~Pediatric Emergency Medical and Critical Care System~~

Standard

1.28 The local EMS agency shall develop, and submit for state approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas which determines: the optimal system design for ambulance service and advanced life support services in the EMS area, and the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

Goal

Current Status:

Meet Minimum Standard

Please refer to Standard 1.24 for details.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

Please refer to Standard 1.24 for details.

Objective:

Please refer to Standard 1.24 for details.

System Organization and Management

Regulatory Activities

Standard

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

Goal

Current Status:

Meet Minimum Standard

The EMS Section maintains the San Francisco Emergency Medical Services Section Policy Manual that addresses all aspects of the countywide EMS system. The EMS Section Policy Manual presents the most recent standards, guidelines, and procedures for all EMS activities in and related to the City and County of San Francisco. The Manual is divided into nine sections, each addressing a different facet of the EMS System: Section 1000: EMS Administration; Section 2000: Quality Improvement; Section 3000: EMS Personnel and Training; Section 4000: Communications; Section 5000: Disaster; Section 6000: Operations Procedure; Section 7000: Operations Policy; Section 8000: Destination; and Section 9000: Pilot Programs. Each policy is assigned a reference number.

The EMS Section distributes Policy Manuals to all system participants, and members of the public may obtain copies for a fee.

Policies and procedures are reviewed and updated as needed. Any changes made are distributed to all system participants as well as anyone else who possesses a copy of the Policy Manual.

Coordination With Other EMS Agencies:

Policies effecting other EMS system participants in San Francisco's region are coordinated with those agencies. San Francisco provides affected surrounding EMS agencies with all relevant updates and vice versa.

Need(s):

Standard met.

Objective:

No further objective needed to meet standard.

System Organization and Management

Regulatory Activities

Standard

1.15 Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

Goal

Current Status:

Meet Minimum Standard

In addition to ongoing data collection and implementation of a Quality Improvement Plan, the EMS Section audits facilities and agencies either on a routine basis or by exception with regard to compliance with system policies.

Implementation of EMS Section policies and management of their related operational considerations is the responsibility of the entities operating within the system. The EMS Section reviews field operations in so far as it monitors the effects of its policies.

As the governing body, the Health Commission oversees the EMS Section's reviewing, monitoring, and enforcing procedures.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

Standard met.

Objective:

No objective necessary to meet standard.

System Organization and Management

System Finances

Standard

1.16 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.

Goal

Current Status:

Meet Minimum Standard

The EMS Section receives the majority of its funding from the County General Fund. ALS and BLS providers do not receive subsidies from the Agency and both public and private providers bill on a fee-for-service basis. The EMS Section currently charges fees for certification and ambulance vehicle inspection and licensing as a BLS provider.

The EMS Fund was enacted in San Francisco in 1990. A portion of this fund pays for some of the disaster planning efforts of the EMS Section.

Additionally, the EMS Section regularly writes for and receives grant awards for special projects.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. The San Francisco EMS Section needs to explore sources for generating revenue, such as increasing the EMS Fund and the number of EMS-sponsored events.

Objective:

1. Continue to seek sources for additional funding for EMS Section programs.

System Organization and Management

Medical Direction

Standard

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

Goal

Current Status:

Meet Minimum Standard

The EMS Section Medical Director provides Medical Direction for the EMS system as the Director of the EMS Section. All medically related issues are reviewed and approved by the Medical Director prior to implementation. The Director seeks input from the San Francisco EMS community. When necessary, on-line medical direction is provided via base hospital physician consultation. The EMS Section has successfully phased-out MICNs and evolved ALS prehospital protocols to primarily standing orders for paramedics.

EMS Policy 2000 requires individual providers to have a physician, nurse, or paramedic in place to ensure quality improvement. This individual oversees these activities as part of the EMS Section's Quality Improvement Council, which in turn, responds to and informs the Medical Director.

San Francisco General Medical Center is the single designated Base Hospital for the San Francisco EMS system. EMS Section Policy Manual Policy Reference Number 2100, "Base Hospital Standards", outlines base hospital roles and responsibilities. EMS Section Policy Manual Reference Number "3040 Base Hospital Physician Approval" outlines requirements for the base hospital physician. The base hospital reports annually on all base hospital activities.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. The EMS Section needs to establish a back-up hospital capable of performing base hospital functions should a disaster render the current base hospital ineffectual.

Objective:

1. Establish a back-up base hospital.

System Organization and Management

Medical Direction

Standard

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

Goal

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

Current Status:

Meet Recommended Guideline

EMS Policy Manual Reference No. 2000 establishes the EMS Section's Quality Improvement Plan. Each provider in the EMS system is guided by this policy in order to ensure that the following goals are met: delivery of appropriate care to patients that preserves self-determination

- identification of prehospital needs
- competence of caregivers
- minimization of patient risk
- response to perceived care needs
- application of up-to-date technology
- sustained evaluation and improvement of patient care
- compliance with Federal, State and local policy requirements

To date, all EMS system providers have quality improvement plans approved by the EMS Section.

The Quality Improvement Plan also institutes and guides the EMS Section's Quality Improvement Council – a multidisciplinary committee composed of representatives from all EMS system components, representing the EMS community in San Francisco, which identifies methods of improving the quality of care provided.

The EMS Section has recently completed a round of site reviews and audits for all providers and programs.

Coordination With Other EMS Agencies:

Not applicable.

Need(s):

Standard met.

Objective:

No objective necessary to meet standard.

System Organization and Management

Medical Direction

Standard

1.19 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.

Goal

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

Current Status:

Meet Recommended Guideline

The EMS Section maintains a Policy Manual that presents the most recent standards, guidelines, and procedures for all EMS activities in and related to the City and County of San Francisco. The Manual is divided into nine sections, each addressing a different facet of the EMS System (Section 1000: EMS Administration; Section 2000: Quality Improvement; Section 3000: EMS Personnel and Training; Section 4000: Communications; Section 5000: Disaster; Section 6000: Operations Procedure; Section 7000: Operations Policy; Section 8000: Destination; and Section 9000: Pilot Programs). Policies included address the following, as well as guide other system components:

- 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
- j) local scope of practice for prehospital personnel

Policies are updated as needed, in response to new system needs, changing system requirements, revisions or additions to State policy, etc. All new and altered policies must pass through the EMS Section's Public Comment Process for approval (Reference Number 1060).

In 1998, EMS participated in a state-wide standardized Uniform Treatment Protocol project. The San Francisco field care protocols were revised in 1998 to comply with minimum standards.

Coordination With Other EMS Agencies:

Not applicable for this standard

Need(s):

Standard met.

Objective:

No objective necessary to meet standard.

Standard 1.1: The student will be able to identify the parts of a sentence.

Standard 1.1

Goal

Standard

1.1.1: The student will be able to identify the parts of a sentence (subject, predicate, object, complement, modifier) in a sentence.

Standard 1.1

Standard 1.1

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Standard 1.1: The student will be able to identify the parts of a sentence.

System Organization and Management

Medical Direction

Standard

1.20 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.

Goal

Current Status:

Meet Minimum Standard

Reference No. 7032, Do Not Resuscitate Policy is in compliance with the EMS Authority's DNR Guidelines.

Coordination With Other EMS Agencies:

The EMS Section ensures a DNR policy that remains in compliance with State guidelines

Need(s):

Standard met.

Objective:

No objectives necessary to meet standards.

System Organization and Management

Medical Direction

Standard

1.21 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.

Goal

Current Status:

Meet Minimum Standard

Reference No. 7030, Determining Death in the Field

Reference Number 6050, Suspected Homicide or Accidental Death

Coordination With Other EMS Agencies:

Not applicable.

Need(s):

Standard met.

Objective:

No objective necessary to meet standard.

System Organization and Management

Medical Direction

Standard

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

Goal

Current Status:

Does not meet Standard

Reference No. 7080, Management of Child Abuse or Neglect Cases

This policy standardizes the mechanism for personnel in the field to report suspected cases of child abuse or neglect, as authorized by Sections 11166 and 11168 of the California Penal Code.

Reference No. 7082, Elder or Dependant Adult Abuse

Reports of abuse or suspected abuse shall be made immediately or as soon as possible by telephone. A written report shall be prepared and sent out within 36 hours using the appropriate form. Abuse or suspected abuse occurring in long term care facilities shall be reported to the San Francisco Ombudsman Program. All other reports of abuse or suspected abuse shall be reported to the Department of Social Services.

SIDS Reporting

Training on SIDS is required for all entry-level EMS system providers. This training incorporates information on reporting such cases.

Coordination With Other EMS Agencies:

Not applicable

Need(s):

1. The San Francisco EMS Section needs to develop a mechanism to ensure that participants in the EMS system may report suspected SIDS deaths. The EMS Specialist is currently reviewing existing policies from other EMSAs and will develop an appropriate policy for this City's EMS system.

Objective:

1. Develop a SIDS death reporting policy.

System Organization and Management

Medical Direction

Standard

1.23 The local EMS medical director shall establish policies and protocols for scope of

Goal

practice of prehospital medical personnel during interfacility transfers.

Current Status:

Meet Minimum Standard

Reference No. 3020, EMT-I Scope of Practice
Reference No. 3030, EMT Scope of Practice
Reference No. 8040, Interfacility Transfer Standards
Reference No. 8041, Interfacility Transfer Procedures
Reference No. 8042, Psychiatric Patients Transfer Policy
Reference No. 8043, Helicopter Standards for Interfacility Transfers

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. The EMS Section needs to establish protocols and policies specific to critical care transports.

Objective:

1. Establish critical care transport protocols and policies for the scope of practice of prehospital medical personnel.

System Organization and Management

Advanced Life Support

Standard

1.24 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.

Goal

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

Current Status:

Meet Recommended Guideline

San Francisco established an exclusive operating area under the grandfather provision of HS 1797.224 in 1991 (see "Exclusive Operating Areas EMS Plan – Zone Summary").

The EMS Section's Advanced Life Support Provider Standards (Reference No. 2120) establish that the Provider Agency shall provide service in accordance with all State Laws, San Francisco Ambulance Ordinance, the Administrative Code, and Health Code policies of the San Francisco Emergency Medical Services Section. These standards apply to all emergency ALS calls run by an ambulance provider licensed and permitted to operate in the City and County of San Francisco.

Reference No. 2000 Addendum, ALS Provider Quality Assurance Activities Requirements, provides a consistent, systematic approach for the regular review of the quality and appropriateness of prehospital care to provide compliance with the Quality Assurance Plan and ALS Provider Standards.

The San Francisco Ambulance Ordinance, Municipal Code, Part II, Chapter V; Ambulances and Routine Medical Transport Vehicles defines the terms for Exclusive Operating Areas. Applicable sections of the Ambulance Ordinance are: Section 902, Certificate of Operation Required, Section 903, Permit Required, and Section 904, Exemptions.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. The EMS Section needs to establish memoranda of understanding with prehospital providers in its system.

Objective:

1. Establish memoranda of understanding with prehospital providers (same as 1.11).

System Organization and Management

Advanced Life Support

Standard

1.25 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.

Goal

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:

Meet Recommended Guideline

San Francisco General Hospital, through a memorandum of understanding, administers and manages the Base Hospital field medical consultation function in the local EMS system.

The EMS system no longer uses MICNs to provide on-line medical direction to the system. ALS standing orders are in place, and currently, the Base Hospital Physician provides on-line direction, as well as appropriate guidance on system policies. The quality of on-line medical direction is reviewed regularly during base hospital surveys and routinely submitted quality improvement reports.

Coordination With Other EMS Agencies:
Not applicable for this standard.

Need(s):
Standard met.

Objective:
No further objective needed to meet standard.

System Organization and Management

Trauma Care System

Standard

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

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

Goal

Current Status:

Meet Minimum Standard

The EMS Section has a trauma system plan that is integrated with the emergency care system. The plan was presented in November 1990 in accordance with community needs and utilization of appropriate resources. There is currently one Level I trauma hospital in the County.

Please refer to standard 1.07 for details.

At present, the EMS Section is waiting for the State to finalize revised regulations regarding trauma care systems. Upon completion of these regulations, the EMS Section will update its current trauma plan.

Coordination With Other EMS Agencies:

Please refer to Standard 1.07.

Need(s):

1. The minimum standard is met. As soon as the State regulations are finalized, the EMS Section will need to adapt its plan accordingly.

Objective:

1. Review, revise the Trauma Plan, including a review of regional issues and disaster preparedness.

System Organization and Management

Pediatric Emergency Medical and Critical Care System

Standard

1.27 The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines: the optimal system design for pediatric emergency medical and critical care in the EMS area, and the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

Goal

Current Status:

Does not meet Standard

The EMS Section is still implementing compliance with the most recent State guidelines issued, in 1994.

Coordination With Other EMS Agencies:

Need(s):

1. The EMS Section needs to come into compliance with guidelines where applicable.

Objective:

1. Evaluate EMS-C program and polices, update as appropriate.

System Organization and Management

Pediatric Emergency Medical and Critical Care System

Standard

Goal

1.28 The local EMS agency shall develop, and submit for state approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas which determines: the optimal system design for ambulance service and advanced life support services in the EMS area, and the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

Current Status:

Meet Minimum Standard

Please refer to Standard 1.24 for details.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

Please refer to Standard 1.24 for details.

Objective:

Please refer to Standard 1.24 for details.

Staffing/Training

Local EMS Agency

Standard

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

Goal

Current Status:

Meet Minimum Standard

While retaining necessary oversight, the San Francisco EMS Section has empowered EMT-Paramedic service providers to manage their own quality improvement and training programs. EMT-Paramedic providers train employees on deficiencies identified through their quality improvement programs, thus assuring training is relevant to field practice.

The San Francisco Fire Department and San Francisco City College provide EMT-I, and EMT-I recertification courses and EMT challenge tests throughout the year.

The San Francisco Fire Department operates an EMT-Paramedic training program, primarily to ensure an adequate supply of paramedics for that agency; however, they recruit and accept students from outside the SFFD.

Seven authorized continuing education providers provide a wide range of prehospital-focused continuing education.

The San Francisco EMS Section Field Provider Committee provides a forum for system stakeholders to assess and discuss training issues, including training deficiencies, training goals and integration of training with system goals. Should personnel or training deficiencies be identified, the EMS Section collaborates with EMT-Paramedic service providers to address this issue.

By December 1998, all provider training programs were assessed through site visits, including the firefighter-paramedic training program.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

Standard met.

Objective:

No objective needed to meet standard.

Staffing/Training

Local EMS Agency

Standard Goal

2.02 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.

Current Status:

Meet Minimum Standard

The EMS Section is responsible for review and approval of EMS education programs pursuant to State Title 22.

The EMS Section maintains policies for the following:

EMT-I program approval (Reference No. 3010)

EMT-Paramedic program approval (Reference No. 3011)

continuing education provider approval (Reference No. 3060)

continuing education pre-approved courses (Reference No. 3061)

remedial education and training for prehospital personnel (Ref. No. 3075).

Integral to the approval process, the EMS Section relies on regular site reviews to determine the appropriateness and efficacy of education programs within its purview.

The EMS Section recently evaluated all EMT-I, EMT-P and continuing education programs through recurrent site visits. The EMS Section also evaluates all EMT-I and EMT-P service providers through site visits, monitoring of Q.I. indicators, and other evaluating techniques.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. The EMS Section needs to establish regular spot checking of education programs.

Objective:

1. Establish regular spot checking of education programs.

Staffing/Training

Local EMS Agency

Standard

2.03 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 certification.

Goal

Current Status:

Meet Minimum Standard

The EMS Section has the following mechanisms in place for approval of EMS Personnel:

- Reference No. 2120, ALS Provider Standards
- Reference No. 2130, BLS Provider Standards
- Reference No. 3021, EMT-I Certification
- Reference No. 3031, EMT-Paramedic Accreditation

The Certificate Review Process for Prehospital Personnel (Reference No. 3070) outlines certificate review and remediation procedures for the EMS Section.

Reference No. 2030 provides guidelines for reporting prehospital care unusual occurrences and possible violation of Health and Safety Code 1798.200.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. The San Francisco EMS section need to collaborate with other Bay Area EMSAs and governments to standardized EMT certification.

Objective:

1. Institute background checks of all EMTs in the San Francisco System to comply the certification process with State guidelines.
2. In order to standardize the quality of prehospital provider certification in the Bay Area, the San Francisco EMSA will advocate for the adoption of this policy on a regional basis.

Staffing/Training

Dispatchers

Standard

2.04 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 the EMS Authority's Emergency Medical Dispatch Guidelines.

Goal

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:

Meet Minimum Standard

The standards for medical dispatch centers and personnel are set by the EMS Section's Policy Reference No. 2160, Medical Dispatch Standards. Through this policy, personnel are trained in accordance with the policies and procedures of the Medical Dispatch Center. The Dispatch Center, in turn, meets the minimum requirements found in the H & S Code, Division 2.5, section 1797.220, as well as abides by the letter and intent of applicable Federal and State codes and statutes. The Dispatch Center is subject to quality improvement standards and procedures, and has recently been inspected per EMS policy.

The EMS Section is involved in planning San Francisco's Combined Emergency Communications Center (CECC) for police, fire and medical dispatch. Fire and medical dispatch co-relocated to the same center (Fire Communications) in December 1998. Calls are routed from 9-1-1 operators to the Fire Comm. Dispatching Center where Criteria Based Dispatch protocols are followed.

All relevant personnel must participate in a 24-hour training course, in addition to whatever training individual providers require.

Alternative PSAPs exist within the EMS system at the University of California sites, San Francisco State University, and the Presidio. The EMS Section occasionally assesses the adequacy of these resources.

Coordination With Other EMS Agencies:

On-going collaboration with King County for upgrades/CQI in Criteria-Based Dispatch.

Need(s):

1. The EMS Section needs to ensure that the EMS dispatching standards are met as the new CECC becomes operational.
2. The EMS Section needs to ensure provision of appropriate medical dispatch training for public safety answering point (PSAP) operators. Medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.
3. The EMS Section needs to set standards and protocols for the alternative PSAPs in its system to more regularly guide their activities.

Objective:

1. Participate in operational planning of the CECC to ensure EMS standards are met.
2. Ensure medical orientation and training of PSAP personnel in accordance with the EMSA's Emergency Medical Dispatch Guidelines.
3. Set standards and protocols to guide other PSAPs within the EMS system. These guidelines should approximate those already in place for 9-1-1 operations.

Staffing/Training

First Responders (non-transporting)

Standard

2.05 At least one person on each nontransporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.

Goal

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:

Meet Recommended Guideline

All San Francisco Fire Department First Responders are staffed with at least one EMT who is defibrillation-trained. First Responders defibrillate cardiac arrest victims as outlined by the Early Defibrillation Program, and prior to the arrival of advanced life support units according to Reference No. 6060, Firefighter Early Defibrillation Program: Interface with EMT-Paramedics.

EMS first responders are San Francisco Fire Fighters. The San Francisco EMS Section Policy Manual, Reference No. 2150, First Responder Standards, requires that current Emergency Medical Technician-I certification is required for a minimum of one Firefighter per responding unit as of July, 1992.

Private BLS providers do not provide defibrillation. Public providers may be equipped for defibrillation provision although it is not part of the EMS system. Private ALS providers are equipped to provide defibrillation.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. Presently, San Francisco Police Department officers and their vehicles are not universally equipped to provide defibrillation as first responders to an emergency. The EMS Section sees the need to collaborate with the SFPD to establish this skill within the SFPD.

Objective:

1. Collaborate with the SFPD to establish a defibrillation program within the SFPD field responders.

Staffing/Training

First Responders (non-transporting)

Standard

2.06 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

Goal

Current Status:

Meet Minimum Standard

Currently, the San Francisco Fire Department provides EMS first response, BLS and ALS ambulance response and transportation according to the EMS Section policies and procedures.

The San Francisco Police Department provides first response on high risk calls as requested by the EMS providers.

Smaller PSAPs exist within the EMS system at the University of California San Francisco sites, San Francisco State University, and the Presidio. The EMS Section occasionally assesses the adequacy of these resources.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. To further delineate roles and responsibilities of the SFPD as part of the organized EMS response system.
2. To define first response standards for those responding within the jurisdictions of the alternative PSAPs.

Objective:

1. Develop policy and procedure defining roles and responsibilities of the SFPD in the EMS System.
2. Develop policy and procedure for first responding agencies acting within the jurisdiction of an alternative PSAP.

Staffing/Training

First Responders (non-transporting)

Standard

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

Current Status:

Goal

Meet Minimum Standard

Non-transporting EMS first responders operate under medical direction policies as specified by the San Francisco EMSA Policy Manual and approved by the EMS Section Medical Director.

Coordination With Other EMS Agencies:

Not applicable.

Need(s):

Standard met.

Objective:

No further objective necessary to meet standard.

Staffing/Training

Transport Personnel

Standard

2.08 All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.

Goal

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:

Meet Minimum Standard

The Ambulance Ordinance, San Francisco Municipal Code Part II, Chapter V, Ambulances and Routine Medical transport, Sections 912 and 913 require that ambulance or routine medical vehicle drivers and attendants have successfully completed an EMT-1A course accredited by the State of California Department of Health.

According to San Francisco EMS Policy Manual Reference No. 2120, Advanced Life Support Provider Standards: all ALS units responding to emergency calls shall be staffed with two EMT-Paramedics certified and accredited to practice in the City and County of San Francisco. Currently, a one Paramedic-one EMT-I configuration is permitted only for pre-arranged inter-facility transfers.

The Basic Life Support Standards (Reference No. 2130) require that BLS personnel staffing an ambulance shall be trained and certified as an EMT-I according to the requirements in Title 22, California Administrative Code, Division 9, Chapter 2. Currently, only SFFD BLS ambulances are certified to defibrillate.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. BLS transport personnel need to be certified to defibrillation.

Objective:

1. Develop and implement policy to authorize BLS transport personnel to defibrillate.

Staffing/Training

Hospital

Standard

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

Goal

Current Status:

Meet Minimum Standard

The EMS Section's Receiving Hospital Standards (Reference No. 2110) require all allied health personnel providing direct emergency patient care to be CPR-trained.

Coordination With Other EMS Agencies:

Not applicable.

Need(s):

Standard met.

Objective:

No further objective necessary to meet standard.

Staffing/Training

Hospital

Standard

All emergency department physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support.

Goal

All emergency department physicians should be certified by the American Board of Emergency Medicine.

Current Status:

Meet Minimum Standard

According to the San Francisco Emergency Medical Services Agency Policy Manual, Reference No. 2110. Receiving Hospital Standards:

Emergency Department physician coverage shall be provided by individuals board eligible, board prepared, or board certified in emergency medicine, internal medicine, surgery or family practice, all with Advanced Cardiac Life Support (ACLS) certification, (ACLS not required for individuals board certified in emergency medicine). Or, if sole resident coverage is provided, this must be PG III level or above in medicine, surgery, family practice, or emergency medicine with ACLS certification under direct staff supervision.

All registered nurses regularly scheduled in the Emergency Services Unit shall be trained or certified in ACLS. All Emergency Department staff shall maintain current Basic Life Support certification. A grace period of six months for newly hired registered nurses is acceptable when at least one registered nurse per shift is ACLS certified or trained.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

Standard met.

Objective:

No further objective necessary to meet standard.

Staffing/Training

Advanced Life Support

Standard

Goal

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

Current Status:

Meet Minimum Standard

The EMS Section has in place a procedure for accrediting ALS personnel (Policy Manual Reference No. 2120). Under the guidance of the EMS Section, each provider agency implements this policy, which includes orienting all ALS personnel to the local EMS system, testing ALS personnel's knowledge of treatment protocols and local scope of practice, and evaluating ALS personnel's field care. This accreditation process and employment with an approved provider agency ensures enrollment of the ALS provider in the EMS system quality assurance/quality assistance plan.

The EMS Section's ALS Provider Standards also require provider agencies to provide ongoing education of its staff in new technology and advances in prehospital care.

The EMS Section recurrently monitors provider agencies' compliance with this policy through a formalized and comprehensive site visit and evaluation process.

Coordination With Other EMS Agencies:

Not applicable.

Need(s):

Standard met.

Objective:

No further objectives required to meet this standard.

Staffing/Training

Advanced Life Support

Standard

Goal

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

Current Status:

Meet Minimum Standard

Please refer to Standard 2.05 for further details.

The San Francisco Early Defibrillation Program (Reference No. 2140) establishes policies for local accreditation of any agency or service in the City and County of San Francisco wishing to utilize defibrillation as an optional skill.

Public safety personnel seeking to utilize early defibrillation skills must complete a First Aid and Cardiopulmonary Resuscitation (CPR) course approved as outlined in Title 22, Chapter 1.5, Article 4.

Basic Life Support provider agencies using early defibrillation shall assure that BLS personnel trained in this skill are currently certified in California as an EMT-I.

Public Access Defibrillation program standards were adopted in early 1999

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

- 1. PAD programs initiated in the community will need to comply with these standards.

Objective:

- 1. Implement Public Access Defibrillation program.

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Staffing/Training

Advanced Life Support

Standard

Goal

2.13 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 technique

Current Status:

Meet Minimum Standard

The EMS Section's Base Hospital Standards, Reference No. 2100, require that the Base Hospital provide orientation on EMS operations, policies and procedures to any staff member who provides medical direction. Base Hospitals must also ensure that personnel can capably maintain necessary communication equipment.

Coordination With Other EMS Agencies:

Not applicable.

Need(s):

Standard met.

Objective:

No further objectives needed to meet standard.

Section 3 Communications

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Communication

Communications Equipment

Standard

3.01 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.

Goal

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

Current Status:

Meet Recommended Guideline

The San Francisco Fire Department manages the Fire/EMS Dispatch Center at 2789 – 25th Street. Fire service vehicles and ambulances share five radio frequencies. The three primary channels are Control 1, Control 2 and Control 3, which correspond to the geographical fire suppressions divisions of the City and County of San Francisco.

Control 1 is primarily used in Division 1 which encompasses most of the Northeast (downtown) area of San Francisco. Control 2 is used in Division 2 which encompasses the Northwest and Southwest areas of San Francisco. Control 3 is used in Division 3, which includes the Southeast areas of San Francisco.

Control 4 and Control 5 are the tactical fire ground channels used by the Incident Commander to manage the incident and direct the suppression and rescue efforts of Fire Department personnel. Control 4 and Control 5 are separate channels allowing the fire department to manage two separate large-scale incidents without overtaxing the radio system. EMS personnel in the Fire Department use these same tactical channels.

Control channels 1, 2 and 3 are repeated frequencies and all users on their particular control channel are able to monitor other units' radio traffic. Channels 4 and 5 are non-repeated and operate on a direct line-of-sight basis.

Med Channels 8 and 9 are set aside for Base hospital communications. Over the years, the field treatment protocols have progressively reduced the need for paramedic to contact the Base Hospital. Base Hospital contact is currently running at fewer than 5 contacts per day for medical control. When this occurs, paramedics either call in on landline from the scene or use Med Channels 8 or 9. Paramedics are also required under certain conditions to directly notify receiving hospitals when they are inbound. In these circumstances they make contact through a radio to landline patch at the dispatch center.

The private ambulance providers and the supervisory staff of the San Francisco Fire Department routinely use cellular phones. Satellite phones are not currently in use by EMS providers in this county.

The Hospital Emergency Administrative Radio Network, known as HEARNet, is located at all receiving hospitals, PSAPs, the Fire/EMS Dispatch Center, the EMS Section and other selected locations for use during a MCI or disaster.

All receiving hospitals, Dispatch and the EMS Section are linked by computer. Effective January 1999, the new system, known as TRENDS continually displays each hospital's status regarding accepting ambulance patients, critical care diversion or total diversion. This system replaced CHORAL.

The City and County of San Francisco is currently building a new 911 dispatch center called the Consolidated Emergency Communications Center (CECC) at 1011 Turk Street. All Police, Fire and EMS calls for service will be handled from a single location. At the same time, the City and County will connect to the 800 MHz trunking system of portable radios for all public safety personnel. This site will also house the Mayor's Office of Emergency Services.

Coordination With Other EMS Agencies:

The San Francisco EMS Section is an active participant in the OADMHC which is comprised of all the LEMSAs in the greater Bay Area. Communications issues are part of the on-going agenda.

Need(s):

1. The EMS Section needs to ensure that EMS System needs are adequately addressed in the planning and operations of the CECC.
2. The EMS Section needs to ensure all EMS providers and hospitals are using the 800 mghz system.

Objective:

1. Actively participate in planning for operations of the new CECC.
2. Ensure that all EMS Systems providers migrate to the 800 mghz system.

Communication

Communications Equipment

Standard

3.02 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.

Goal

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 both ambulances and non-transporting first responder units) communication.

Current Status:

Meet Minimum Standard

All emergency medical transport vehicles and non-transporting ALS responders are equipped with radio equipment as described in Standard 3.01. This equipment covers contact with the Fire/EMS Dispatch Center and with the Base Hospital. Ambulance personnel are able to communicate with hospital staff through the dispatch center that patches ambulance radio into receiving hospital landline.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. The EMS Section needs to ensure all EMS providers and hospitals are using the 800 mghz system.

Objective:

Same as 3.01

Data Collection/System Evaluation

Standard

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

Goal

Current Status:

Meet Minimum Standard

The EMS Section Policy Manual Reference No. 2020, Documentation Policy establishes standards for initiation, completion, distribution, review, evaluation, and retention of the Prehospital Care Record by all prehospital providers. With the development of the new communications center, a new pen based computer system for patient care records is being designed and implemented.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. Integration of EMS Section documentation standards into new pen-based computing systems for CECC.

Objective:

1. Integrate EMS Section documentation standards into new pen-based computing systems for CECC.

Data Collection/System Evaluation

Standard

6.03 Audits of prehospital care, including both system response and clinical aspects, shall be conducted.

Goal

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

Current Status:

Meet Minimum Standard

Under the direction of the Quality Improvement Council, audits and special studies are undertaken from time to time. Two attempts at fully linked data systems have been tried in San Francisco without success. With the development of the new communications center, linked data systems are again in the design and will be implemented over the next year

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. The EMS Section needs to provide input into computer system design to ensure linkages are meaningful.

Objective:

1. The EMS Section shall oversee development of linked data systems.

Data Collection/System Evaluation

Standard

6.04 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.

Goal

Current Status:

Meet Minimum Standard

The EMS Section Policy # Medical Dispatch Standards calls for monitoring and site evaluations of the medical dispatch centers. Site reviews were last conducted in November 1999.

Providers are required to monitor dispatch activities. Since the inception of Criteria Based dispatching, a CQI team monitors the use and appropriateness of CBD.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

The EMS Section needs to ensure implementation of the CBD CQI plan.

Objective:

1. Participate in the CBD CQI committee and ensure changes are made as appropriate.

Data Collection/System Evaluation

Standard

6.05 The local EMS agency shall establish a data management system which supports its systemwide 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.

Goal

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:

Meet Minimum Standard

Currently, the EMS Section collects dispatch, patient record and hospital outcome data. These databases are not linked. Research, special studies and audits are conducted by provider agencies from time to time and reviewed by the Quality Improvement Council.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. Secure project funding for epidemiological studies in EMS.
2. Completing a study on shortness of breath.

Objective:

1. Secure funding and support research and epidemiological studies in EMS.
2. Complete the shortness of breath study and use the data gathered and process utilized to begin compiling data on specific patient care.

Data Collection/System Evaluation

Standard

Goal

6.06 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.

Current Status:

Meet Minimum Standard

Reference No. 2000 of the San Francisco Emergency Medical Services Policy Manual establishes the EMS Section's Quality Assurance Plan. According to this Plan, the EMSA, prehospital care providers, and the Receiving Hospitals of San Francisco are committed to providing an optimal, achievable level of patient care, to maintaining an effective method for monitoring and evaluating patient care, to developing broad data collection and utilization, to establish standards of patient care and to resolve identified problems through a systematic quality assurance program.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

Standard met.

Objective:

No further objective needed to meet standard.

Data Collection/System Evaluation

Standard

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

Goal

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

Current Status:

Meet Minimum Standard

The EMS Section derives authority to require provider participation in system wide evaluation through memoranda of understanding, the Quality Assessment Plan, the Quality Improvement Council, and State regulations. EMS Section staff continuously performs activities that support this function.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. The EMS Section needs to secure funding for system evaluation projects.

Objective:

1. Secure funding for system evaluation projects.

Data Collection/System Evaluation

Standard

Goal

6.08 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).

Current Status:

Meet Minimum Standard

The EMS Section reports annually to the Health Commission, appointed by the Mayor. The annual Department of Public Health is forwarded to the Board of Supervisors by the Director of Health. Provider agencies receive reports on EMS system evaluations through direct mail, committees, news bulletins, web site and on-going contact with the EMS Section. San Francisco no longer has an Emergency Medical Care Committee.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

Standard met.

Objective:

No further objective necessary to meet standard.

Data Collection/System Evaluation

Advanced Life Support

Standard

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

Goal

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

Current Status:

Meet Minimum Standard

The EMS Section Base Hospital Standards (Reference No. 2100), the Advanced Life Support Provider Standards (Reference No. 2120) and the Basic Life Support Provider Standards (Reference No. 2130) that require compliance with EMS Section QI Plan monitoring and evaluation. These routines include site visits and other auditing means.

System protocols recently changed, conforming with the State's Uniform Treatment Protocols. As a result, the role of the MICN is now primarily prehospital education and the role of base hospital physician is primarily direct consult for field medics.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. To evaluate the effectiveness of the new Base Hospital design standards.

Objective:

Same as 5.07

Data Collection/System Evaluation

Trauma Care System

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

Current Status:

Does not meet Standard

The San Francisco EMS system includes one Level I Trauma Center, located within San Francisco General Hospital. The Center maintains records of trauma patients, officially reporting to the EMS Section on an annual basis.

Coordination With Other EMS Agencies:

Not applicable for this standard

Need(s):

1. To develop a system-wide trauma registry, to include records from all San Francisco hospitals.

Objective:

1. Expand the trauma registry, to include records from all San Francisco hospitals.

Data Collection/System Evaluation

Trauma Care System

Standard

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

Goal

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:

Meet Minimum Standard

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. The local EMS agency needs to 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.

Objective:

See objective for standard 6.10

Public Information and Education

Standard

Goal

- 7.01 The local EMS agency shall promote the development and dissemination of information materials for the public which addresses:
- understanding of EMS system design and operation,
 - proper access to the system,
 - self help (e.g., CPR, first aid, etc.),
 - patient and consumer rights as they relate to the EMS system,
 - health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
 - appropriate utilization of emergency departments.
- The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area.

Current Status:

Meet Recommended Guideline

The EMS Section staffs a Community Education Committee whose mission is to enhance the effectiveness of EMS for the residents and visitors of San Francisco by involving them as active participants in the EMS system. The CEC has five goals:

1. Establish and EMS identify in the community
2. Increase public awareness of EMS community resources
3. Recreate active participation from community/civic leaders into the committee
4. Set up coordinated information and referral
5. Promote CPR/PAC training at schools, business and in the community at large.

The EMS Section promotes the following programs:

- "Make the Right Call" 911 education materials
- Bystander CPR and Public Access Defibrillation
- Disaster Registry for Seniors and Disabled Persons
- Stroke Awareness Campaign
- Stop Red Light Running Campaign
- Child Passenger Safety Program

In 1998, EMS section staff completed an extensive community needs assessment. The assessment included telephone interviews of a randomly selected sampling of 650 San Francisco residents and 10 focus groups – six in English, two in Spanish and two in Cantonese. The needs assessment addressed four distinct topic areas: 9-1-1 utilization, the status of CPR, stroke symptom awareness and disaster planning and preparedness. Results of this survey along with utilization statistics, mortality and morbidity statistics guide program development.

Coordination With Other EMS Agencies:

Not applicable to this standard.

Need(s):

Standard met.

Objective:

No further objective necessary to meet standard.

Public Information and Education

Standard

7.02 The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

Goal

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:

Meet Recommended Guideline

The EMS Section has two traffic injury prevention programs: Stop Red Light Running Campaign and the Child Passenger Safety Program.

Coordination With Other EMS Agencies:

The Child Passenger Safety program is coordinated with San Mateo County EMS Agency.

Need(s):

Standard met.

Objective:

No further objective necessary to meet standard.

Public Information and Education

Standard

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

Goal

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:

Meet Recommended Guideline

The EMS Section's Disaster Registry for Seniors and Disabled Persons is a program of preparedness targeted towards these specific vulnerable populations.

Coordination With Other EMS Agencies:

Not applicable to this standard.

Need(s):

Standard met.

Objective:

No further objective necessary to meet standard.

Public Information and Education

Standard

7.04 The local EMS agency shall promote the availability of first aid and CPR training for the general public.

Goal

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:

Meet Recommended Guideline

Approximately 55% of San Franciscans are CPR-trained, but only 33% of witnessed cardiac arrest victims receive CPR from bystanders.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

The EMS Section intends to increase the percentage of bystander CPR performance to 50%.

Current efforts to promote the availability of CPR in San Francisco are as follows:

- The EMS Section is establishing baseline data for bystander CPR – including qualitative perceptions as well as access factors.
- This data collected will function as the basis for the EMS Section, in conjunction with appropriate organizations, to evolve a more suitable CPR curriculum for San Franciscans.
- The EMS Section has produced a directory of CPR training resources for the public.
- At present, the cost of most CPR courses in the County is at least \$35. On occasion, special events provide training for the public at no cost.
- The EMS Section is targeting CPR training for those who have family members subject to or who are themselves prone to hypertension and cardiac arrest. One approach to reach this group is to enforce mandatory, on-site 9-1-1 use and CPR training for individuals and their families before discharge from the hospital for related conditions.
- The EMS Section has formed the Cardiac Survival Coalition on Public Access to Defibrillators (PAD) to design and implement PAD standards that extend the State's AED standards to San Francisco.

Objective:

1. Expand current activities to promote bystander CPR and increase the bystander CPR rate to 50%.

Section 8

Disaster Medical Response

Current Status

Medical Services

The Medical Services Section is currently in a state of readiness to respond to a disaster. The Section is currently in a state of readiness to respond to a disaster. The Section is currently in a state of readiness to respond to a disaster.

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Disaster Medical Response

Standard

Goal

8.01 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.

Current Status:

Meet Minimum Standard

As of December 1996, the OES has updated The City and County's Emergency Operations Plan (EOP), with participation from all agencies, including the San Francisco Emergency Medical Services Section. The EMS Section meets routinely with the OES as an integral part of this citywide disaster planning body.

The EMS Section is currently the project manager for the Metropolitan Medical Response System development.

Coordination With Other EMS Agencies:

The EMS Section coordinates relevant efforts with other regional agencies as well as with those who are involved with the OES through the OADMHC Committee.

Need(s):

1. All EMS providers' plans need to be implemented as outlined in the City EOP.
2. Develop and implement the Department of Public Health's plan for emergency shelters.

Objective:

1. Coordinate provider plans with the City EOP. Develop five-year work plan and identify priorities on an annual basis (according to S.F. fiscal year).
2. Develop and implement the Department of Public Health's plan for emergency shelters.

Disaster Medical Response

Standard

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

Goal

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:

Meet Minimum Standard

The San Francisco Department of Public Health's Emergency Response Plan has been incorporated into the revised CCSF Emergency Operations Plan (12/1996), which includes updates pertinent to this standard.

Coordination With Other EMS Agencies:

By definition, the EOP and SFDPH ERP include mutual aid agreements with neighboring LEMSA's in the EMS Section's region.

The EMS Section participates in the OADMHC Committee.

Need(s):

1. The EMS Section needs to continue implementation of the DPH ERP.
2. The EMS Section needs to ensure that the MMRS is implemented.
3. The EMS System needs to ensure that training is required.

Objective:

1. Implement a decentralized response system according to the Department of Public Health's ERP and EOP.
2. Oversee development of the medical and health component of the MMRS system.
3. Develop a DPH and EMS disaster training plan.

Disaster Medical Response

Standard

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

Goal

Current Status:

Meet Minimum Standard

According to system design, the San Francisco Fire Department, in conjunction with the Department of Public Health's Environmental Health Toxics Division, responds to all hazardous materials incidents.

In order for a hospital to become accredited, it must comply with JCAHO standards for decontamination capabilities.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

Currently, the EMS Section is augmenting its response system in accordance with MMRS requirements. The EMS Section is defining components for management of hazardous materials incidents to address chemical and biological acts of terrorism and needs:

1. To evaluate hospital capabilities for responding to hazmat, to include anti-terrorism response.
2. To define appropriate level of care for hospitals in the context of MMRS requirements.
3. To augment the medical and public health system to support MMRS activation.
4. To facilitate the development of a sustainable training program.

Objective:

1. The EMS Section will revise hazardous materials incident response standards to address the threat of potential acts of terrorism on San Francisco,
2. The EMS Section will continue to liaison with the State and Federal governments regarding their commitment to the MMRS effort
3. The EMS Section will determine and request the funding and resources to proceed with system implementation.

Disaster Medical Response

Standard

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

Goal

The local EMS agency should ensure that ICS training is provided for all medical providers.

Current Status:

Meet Recommended Standard

ICS is the framework for all disaster planning in the EMS system, including the field providers.

Since 1996, the San Francisco EMS system is compliant to SEMS regulations.

ICS is recommended for hospital use adapting the Hospital Emergency Incident Command System (HEICS). Hospitals continue to customize to meet their needs.

Drills and exercises use the ICS structure and principles.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. Integrate ICS into provider standards and compliance review.

Objective:

1. Develop ability to monitor and assess ongoing compliance with ICS I field provider disaster plans and response.

Disaster Medical Response

Standard

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

Goal

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:

Meet Minimum Standard

The EMS Section Policy: Multi-casualty Incident Plan (Reference No. 5010) defines level I disaster response procedures.

Currently, the agency is writing the EMS emergency operations policy for level II and level III disasters. The CCSF Emergency Operations Plan identifies the roles and responsibilities of all response agencies. EOP and DPH are compliant to SEMS mandate.

Coordination With Other EMS Agencies:

The EMS Section participates on a regional planning body to identify regional disaster response issues.

Need(s):

The EMS Section needs:

1. To develop an MCI plan to address all levels as described in the EOP to include terrorist response.
2. To develop the medical, health and EMS plans for level II and level III incidents.
3. To participate in regional disaster planning.

Objective:

1. To develop an MCI plan to address all levels as described in the EOP to include terrorist response.
2. Implement DPH command system to oversee medical and public health in this arena.
3. Integrate hospitals into MMRS system.
4. To develop the medical, health and EMS plans for level II and level III incidents.

Disaster Medical Response

Standard

8.06 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.

Goal

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

Current Status:

Meet Minimum Standard

During disasters, the EMS Section reports to and follows the lead of the OES to assess needs.

The EMS Section uses forms and procedures developed by the State EMSA to assess and communicate local needs in the event of a disaster.

Coordination With Other EMS Agencies:

The OADMHC Committee regularly reviews regional communications protocol.

Need(s):

The EMS Section needs to:

1. Complete its review of current communication infrastructure to ensure viability with all critical providers during a major emergency.
2. Complete the communications plan to address procedures and means for outside communications..
3. Identify appropriate format and data elements for collecting information on needs assessments.

Objective:

1. Implement communications training plan.
2. Develop multiple methods for collecting and disseminating assessment data.

Disaster Medical Response

Standard

8.07 A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

Goal

Current Status:

Does not meet Standard

EMS providers are able to communicate on specific channels today. They are not able to directly communicate with other public safety agencies. To correct this situation, the 800mghzt system will go on line in November, 1999.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

The EMS Section needs to ensure the 800 mghzt system is implemented and meets the needs of all EMS system providers.

Objective:

1. The EMS Section shall implement the 800 MHz frequency, to facilitate interagency communication.

Disaster Medical Response

Standard

8.08 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.

Goal

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:

Does not meet Standard

The Vehicle Equipment and Supply List (Reference No. 7040) establishes a minimum of equipment and supplies to be available on First Responder, Basic Life Support, and Advanced Life Support provider units for prehospital response. The requirements are absolute minimums and agencies are encouraged to maintain sufficient supplies to meet needs.

Current assessments and discussion are occurring within DPH and at the City planning level to develop the resources and a system for disaster caches.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. To assess and recommend disaster cache system.
2. To develop an inventory mechanism specific to medical and health providers.

Objective:

1. The EMS Section shall develop and install standard caches throughout the city, to address disaster medical needs.

Disaster Medical Response

Standard

8.09 The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

Goal

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

Current Status:

Meet Recommended Guideline

The EMS Section participates in the regional Level II DMAT team. Six staff members are active team members. The EMS Section supports efforts to develop the capabilities of the team to evolve it into a Level I by 2000.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. The Bay Area Regional DMAT team needs to become Level I-ready.

Objective:

1. Participate to ensure that the EMS Section's DMAT team is Level I-ready by 2000.

Disaster Medical Response

Standard

Goal

8.10 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.

Current Status:

Meet Minimum Standard

Currently, EMS Section policies address:

- Procedure for Central Medical Emergency Dispatch to Send Ambulance Medical Mutual Aid (Reference No. 5040)
- The Bridge Response Policy, which includes Alameda County and Marin County (Reference No. 8050)
- Inter-county Response and Transport Policy: San Mateo and San Francisco Counties (Reference No. 8060)

An inter-county agreement regarding medical mutual aid is pending state recommendations.

Coordination With Other EMS Agencies:

The EMS Section coordinates with other EMS agencies through the OADMHC meeting to address mutual aid issues.

Need(s):

1. The EMS Section needs to develop an inter-county medical mutual aid.

Objective:

1. Develop procedures for requesting and receiving personnel and supplies through yet to be developed mutual aid agreements (as it has done for ambulances.)
2. Pending State recommendation, pursue disaster mutual aid agreements with other surrounding counties.

Disaster Medical Response

Standard

8.11 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).

Goal

Current Status:

Meet Minimum Standard

The San Francisco EMS system has identified casualty collection points using the traditional model.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s)

1. To revise current CCP model to address local response needs and facilitate patient distribution requirements.
2. The EMS Section is developing Standard Operating Procedures for Casualty Collection Points.
3. The EMS Section needs to develop disaster or Austere Care System protocols to correspond to disaster caches.

Objective:

1. Assess available casualty care collection points to determine optimal plans for utilization in various disaster scenarios.
2. Identify casualty collection points, command structure, staffing needs, supplies and equipment.
3. Develop disaster or Austere Care System protocols to correspond to disaster caches.

Disaster Medical Response

Standard

8.12 The local EMS agency, in coordination with the local OES, shall develop plans for establishing CCPs and a means for communicating with them.

Goal

Current Status:

Does not meet Standard

The San Francisco EMS system has identified casualty collection points using the traditional model.

Coordination With Other EMS Agencies:

Need(s):

1. Same as 8.11

Objective:

1. Same as 8.11

Disaster Medical Response

Standard

8.13 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.

Goal

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:

Meet Minimum Standard

EMS Section policy requires all EMS providers to prepare and train for hazardous materials incidents. Annual drills and exercises emphasize this policy

Coordination With Other EMS Agencies:

Not applicable for this standard

Need(s):

1. Throughout the development of the MMRS, the EMS Section will review training needs for proper management of casualties exposed to or contaminated by toxic or radioactive substances.
2. MMTF protocols need to be incorporated in every protocol book – in all ambulances and at all dispatch centers.
3. The EMS Section needs to develop a comprehensive training plan for all EMS providers.

Objective:

1. Develop MMRS system to include training for proper management of casualties exposed to or contaminated by toxic or radioactive substances
2. Develop a disaster training plan that addresses both DPH and EMS provider needs.
3. Incorporate MMRS protocols into field treatment protocol manuals.

Disaster Medical Response

Standard

8.14 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).

Goal

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:

Meets minimum Standard

Hospitals are compliant to their disaster roles per JCAHO and are adapting HEICS to their organizational structures.

Integrating with city services requires further development.

In 1997, a citywide drill was held at 3-Com park. Hospital personnel participated in the drill. The drill scenario was a boiler explosion in a building.

In October 1998, a Terrorism Table Top exercise, hosted by the FBI, was held at our local Office of Emergency Services. The drill scenario was a biological weapon (anthrax) release. Hospitals also participated in this exercise.

In November 1998, a Terrorism Functional Exercise for Weapons of Mass Destruction was held at the Hunter's Point Naval Shipyard. The drill scenario called for a Sarin gas release affecting between 50-100 volunteer victims. Hospital personnel participated as drill observers. Five hospitals also held their own drill to coincide with the City's.

Coordination With Other EMS Agencies:

Not applicable for this standard

Need(s):

1. The EMS Section needs to address disaster preparedness with hospitals to better coordinate response and needs to facilitate annual drills.

Objective:

1. The EMS Section will facilitate development of coordinated hospital disaster plans through the MMRS system development and incident planning for specific events (e.g. Millenium celebrations).
2. The EMS Section will facilitate discussions to encourage multiple hospital and/or system wide hospital disaster training, drills or exercises.

Disaster Medical Response

Standard

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

Goal

Current Status:

Meet Minimum Standard

Hospitals are able to communicate via telephone landline, cellular phones, HEARNET radio, and Trends on line computer system. Some hospitals also have amateur radio capability.

The 800 MHz radio system planned to go on line in November 1999 will include hospitals.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

The EMS Section needs:

1. to consider recommendations for hospital communications system improvements
2. to maintain the existing systems.
3. To train system participants on new and alternative frequencies, including 800 MHz.
4. To integrate HAM radio into the communications system.

Objective:

1. Complete and implement the EMS Section communication plan.
2. On an on-going basis, augment the EMS communications system with new and appropriate technology.

Disaster Medical Response

Standard

8.16 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.

Goal

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 hospital staffs in its service area.

Current Status:

Meet Minimum Standard

All receiving hospital are accredited by JCAHO.

Training plan requires development.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

Need(s):

1. Same as 8.14

Objective:

1. Same as 8.14

Disaster Medical Response

Advanced Life Support

Standard

8.17 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.

Goal

Current Status:

Meets Minimum Standard

The San Francisco Emergency Medical Services Agency Procedure for Medical Emergency Dispatch to Send Ambulance Medical Mutual Aid (Reference No. 5040) allows for mutual aid responders from other EMS systems to respond and function during disasters and significant medical incidents.

Coordination With Other EMS Agencies:

The EMS Section coordinates with those agencies and providers that provide mutual aid.

Need(s):

Standard met.

Objective:

Same as 8.14

Disaster Medical Response

Specialty Care Systems

Standard

Goal

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

Current Status:

Meet Minimum Standard

EMS Section policy addresses the roles and responsibilities of receiving hospitals and specialty care centers in level I MCI's.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. The EMS Section needs to consider hospital capabilities in Level II and Level III disasters.

Objective:

1. Develop destination protocols for Level II and Level III disasters.

Disaster Medical Response

Exclusive Operating Areas/Ambulance Regulation

Standard

8.19 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.

Goal

Current Status:

Meet Minimum Standard

Current EMS Section policy supports ambulances as mutual aid resources. Therefore, by definition, mutual aid agreements entered into by the EMS Section and EMS system providers include processes through which exclusivity may be waived in the event of significant medical disaster.

Coordination With Other EMS Agencies:

Coordination must exist between those agencies and providers engaged in mutual aid agreements with the EMS SECTION.

Need(s):

Standard met.

Objective:

No further objective needed to meet standard.

The City and County of San Francisco is currently building a new 911 dispatch center called the Consolidated Emergency Communications Center (CECC) at 1011 Turk Street. All Police, Fire and EMS calls for service will be handled from a single location. At the same time, the City and County will connect to the 800 MHz trunking system of portable radios for all public safety personnel. This site will also house the Mayor's Office of Emergency Services.

Coordination With Other EMS Agencies:

The San Francisco EMS Section is an active participant in the OADMHC which is comprised of all the LEMSAs in the greater Bay Area. Communications issues are part of the on-going agenda.

Need(s):

1. The EMS Section needs to ensure that EMS System needs are adequately addressed in the planning and operations of the CECC.
2. The EMS Section needs to ensure all EMS providers and hospitals are using the 800 mghztz system.

Objective:

1. Actively participate in planning for operations of the new CECC.
2. Ensure that all EMS Systems providers migrate to the 800 mghztz system.

Communication

Communications Equipment

Standard

3.02 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.

Goal

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 both ambulances and non-transporting first responder units) communication.

Current Status:

Meet Minimum Standard

All emergency medical transport vehicles and non-transporting ALS responders are equipped with radio equipment as described in Standard 3.01. This equipment covers contact with the Fire/EMS Dispatch Center and with the Base Hospital. Ambulance personnel are able to communicate with hospital staff through the dispatch center that patches ambulance radio into receiving hospital landline.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. The EMS Section needs to ensure all EMS providers and hospitals are using the 800 mghtz system.

Objective:

Same as 3.01

Communication

Communications Equipment

Standard

3.03 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.

Goal

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.

Current Status:

Meet Minimum Standard

All emergency medical transport vehicles communicate with the County as previously described. For interfacility transports that originate in San Francisco and travel outside radio range, the standard practice is to carry cellular phones. Existing policy addresses radio failure but does not require cellular or satellite phones.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

- 1. The EMS Section needs to evaluate various technologies available for communications when traveling outside our jurisdiction.

Objective:

- 1. Consider revising interfacility policy to require cellular or satellite phones when out of radio range.

Communication

Communications Equipment

Standard

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

Goal

Current Status:

Meet Minimum Standard

All emergency medical transport vehicles have the ability to communicate with the City's medical dispatch center.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

Standard met.

Objective:

No further objectives necessary to meet standard.

Communication

Communications Equipment

Standard

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

Goal

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

Current Status:

Meet Recommended Guideline

All hospitals in the EMS system can communicate directly with each other via the HEARNet frequency, land line telephones, and fax machines. They are also linked by the on line network, TRENDS computer system.

Hospitals have access to specialized services by land line telephones and Fax. The Poison Control Center for the entire region is located at the Base Hospital and is also available by HEARNet.

EMS Section staff plans to coordinate a possible HAM radio system for hospitals through the local OES.

Coordination With Other EMS Agencies:

Not applicable.

Need(s):

1. To establish a HAM radio back-up communications system at each receiving hospital.

Objective:

1. Establish a HAM radio back-up communications system at each receiving hospital.

Communication

Communications Equipment

Standard

3.06 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.

Goal

Current Status:

Meet Minimum Standard

The Communications Plan for the EMS System and for the Department of Public Health's disaster operations is the responsibility of the EMS Section. This plan (in draft form) assesses the current equipment and needs of the users and projects future needs. This plan will be forwarded for approval through appropriate channels.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. The EMS Section needs to complete the communications plan.

Objective:

1. Complete the communications plan.

Communication

Public Access

Standard

3.07 The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

Goal

The local EMS agency should promote the development of enhanced 9-1-1 systems.

Current Status:

Meet Minimum Standard

The new Combined Emergency Communications Center (CECC) is scheduled for opening in November 1999. The EMS Section participates in new 911 planning as needed.

Coordination With Other EMS Agencies:

Not applicable.

Need(s):

Standard met.

Objective:

No further objective necessary to meet standard.

Communication

Public Access

Standard

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

Goal

Current Status:

Meet Minimum Standard

Brochures describing the 911 system are available for the public. All public safety vehicles (Police, Fire, EMS) have 911 stickers on them to instruct the public. All local phone directories have information on the 911 system and what to do in emergencies.

EMS section staff participate in educational presentations to the public.

The EMS Section staff recently completed a community needs assessment assessing the public's understanding of using 911.

Coordination With Other EMS Agencies:

Not applicable.

Need(s):

1. Based upon utilization data and recently completed needs assessment, develop and implement a targeted public education program to educate the public regarding appropriate use of 911.

Objective:

1. Develop and implement a targeted public education program to educate the public regarding appropriate use of 911.

Communication

Resource Management

Standard

3.09 The local EMS agency shall establish guidelines for proper dispatch triage which identifies appropriate medical response.

Goal The local EMS agency should establish a emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instruction

Current Status:

Meet Recommended Guideline

Emergency Medical Dispatchers use the Criteria Based Dispatch protocol that originated in King County, Washington. Training is ongoing. The Field Providers Committee coordinated by EMS Section, along with other committees, regularly reviews this system.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

Standard met.

Objective:

No further objective necessary to meet standard.

Communication

Resource Management

Standard

3.10 The local EMS system shall have a functionally integrated dispatch with systemwide emergency services coordination, using standardized communications frequencies.

Goal

The local EMS agency should develop a mechanism to ensure appropriate systemwide ambulance coverage during periods of peak demand.

Current Status:

Meets Recommended Guidelines

The local EMS system uses a computer aided dispatch 911 system which routes all emergency medical calls to either the Fire/EMS Dispatch Center on the U.S. Park Service Dispatch Center at the Golden Gate National Recreation Area. A total of ten different radio frequencies are available for communication depending upon the nature of the situation.

The EMS Section reviews the Integrated Response Plan on a regular basis. This written protocol is designed to activate when the San Francisco Fire Department-EMS providers are short-handed during peak periods.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

Standard met.

Objective:

No further objective necessary to meet standard.

Section 4
Response/Transportation

Response/Transportation

Standard

4.01 The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

Goal

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:

Meet Recommended Guideline

The San Francisco Ambulance Ordinance, Municipal Code Part II Chapter V: Ambulances and Routine Medical Transport Vehicles defines San Francisco's exclusive operating area for providers of ALS and for emergency ambulance services. The exclusive operating area is the City and County of San Francisco, which is a single medical transport service area.

Authorized providers may operate routine medical transport vehicles for non-urgent transportation in San Francisco. San Francisco Health Code Sections 901 et seq. Routine Medical transport vehicles provide BLS service. Routine medical transport vehicles may not provide emergency ambulance services. As part of the reconfiguration plan, the San Francisco EMS Section is currently piloting BLS response as part of a plan to create a tiered response system.

The San Francisco Fire Department also provides first response for emergency incidents on Treasure Island and at San Francisco International Airport.

Coordination With Other EMS Agencies:

The San Francisco Emergency Medical Services Section maintains an Intercounty Response and Transport Policy: San Francisco and San Mateo Counties (Reference No. 8060). While the San Francisco Fire Department provides EMS first response at San Francisco International Airport, the medical transport policies are authorized by San Mateo County EMS.

Additionally, the Bridge Response Policy (Reference No. 8050 and attachments A, B and C) coordinates response and transport for emergency incidents on the Bay and Golden Gates Bridges. Entities with whom the EMS Section coordinates include: the National Park Service, California Highway Patrol, Marin County and Alameda County first responders and ambulance transfer services, Marin General Hospital, Summit Medical Center, and Highland General Hospital. The San Francisco EMS Section also maintains a memorandum of understanding on accidents on the Bay Bridge with Bay Area Navy Support Services (Reference No. 210, on file).

Need(s):

1. Once completed, the San Francisco EMS Section needs to evaluate the effectiveness of the BLS response pilot is completed update the system accordingly.
2. Additionally, the EMS system will need to ensure medical response to and transport within newly developed regions of the City and County, such as Treasure Island and the Mission Bay district.

Objective:

1. Evaluate BLS tier pilot study and implement plan for tiered medical response.
2. Ensure medical response to and transport within newly developed regions of the City and County.

Response/Transportation

Standard Goal

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

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 local ambulance regulatory programs within the EMS area.

Current Status:

Meet Recommended Guideline

The local ambulance ordinance enables the EMS Section to set policy and standards that govern the practice of the BLS and ALS ambulance providers.

To ensure compliance with appropriate parameters, the EMS Section monitors emergency medical transport services. The EMS Section also routinely permits and inspects EMS transport services.

Regularly scheduled site visits and the implementation of quality improvement processes are a central component of the monitoring EMS transportation services.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. The EMS Section needs to develop formal memoranda of understanding to ensure that ambulances are compliant with State and EMS Section policies.

Objective:

1. Develop a formal memorandum of understanding for emergency medical transportation services to ensure compliance with relevant statutes, regulations, policies and procedures.

Response/Transportation

Standard Goal

4.03 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.

Current Status:

Meet Minimum Standard

The Medical Dispatch Standards (Reference No. 2160), ensures that Dispatch personnel shall be trained in, at a minimum, the current concepts of emergency medical dispatch determined by the EMS Section and any approved recommendations introduced by the State EMS Authority.

The San Francisco Emergency Medical Services Section has adopted the King County, Washington Criteria Based Dispatch system. This system allows EMS call-takers to prioritize calls as code 2 or code 3 priorities and to dispatch the appropriate response staffed and equipped response/transportation vehicle.

This system encompasses an emergency medical dispatch priority system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

Because many 911 calls do not require ambulance response, referrals to social service agencies may effectively meet some callers' needs as well as reserve ambulance response for true medical emergencies. To address this facet of dispatch, the EMS Section Plan includes development of referral protocols and resources.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. Continued refinement of the CBD system to determine appropriate level of response.

Objective:

1. Continue to develop and implement protocols for dispatching response and transportation vehicles according to the Fire Based System Implementation Plan.
2. Continue to refine criteria-based dispatch system based on prospective, concurrent and retrospective reviews.

Response/Transportation

Standard

4.04 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.

Goal

Current Status:

Meet Minimum Standard

All medical transport vehicles are authorized by the San Francisco County Ambulance Ordinance.

Private ambulance services are the main provider of pre-scheduled medical transportation services in San Francisco. The services that provide such transport are not routinely available for 9-1-1 response or other emergency calls.

Furthermore, all providers operating within the San Francisco EMS system are governed by various response time standards, including the Advanced Life Support Provider Standards and the Integrated Response Plan.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

Standard met.

Objective:

No further objective needed for this standard.

Response/Transportation

Standard Goal

4.05 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.

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

d. the response time for an EMS transportation unit (not functioning as the first responder) does not exceed:

Metro/urban--8 minutes

Suburban/rural--20 minutes

Wilderness--as quickly as possible.

Current Status:

Meet Recommended Guideline

Definition of response time

In accordance with Reference No. 4010, Integrated Response Plan, "total response time is measured from the closest possible point in time to ALS provider dispatch's initial reception of ambulance request until ambulance arrival on scene.

Although the EMS Section does not have a formal policy to address the response time goals for BLS, CPR-capable units or defibrillation-capable units, data demonstrate that such EMS System providers do meet the recommended guideline.

State Goal/Recommended Guideline	San Francisco Standard
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	Does not exist/not applicable to San Francisco EMS
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	Does not exist/not applicable to San Francisco EMS
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	10 minutes
d. the response time for an EMS transportation unit (not functioning as the first responder) does not exceed: Metro/urban--8 minutes Suburban/rural--20 minutes Wilderness--as quickly as possible.	10 minutes

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

Standard met.

Objective:

No further objective necessary to meet standard.

Response/Transportation

Standard Goal
4.06 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.

Current Status:

Meet Minimum Standard

Standards and policies articulated in EMS Section documentation, such as the ALS and BLS Providers Standards (Reference Numbers 2120 and 2130 respectively) institutionalize statutes, regulations, policies, and procedures for the EMS system in accordance with State and Federal guidelines.

To ensure compliance with appropriate parameters, the EMS Section monitors emergency medical transport services, through the San Francisco Ambulance Ordinance that enables licensure and certification. The EMS Section has a process for permitting and appropriate inspection of EMS transport services according to this ordinance.

Regularly scheduled site visits and the implementation of quality improvement processes form a central component to monitoring EMS transportation services.

According to Section 902 of the San Francisco Ambulance Ordinance, no person shall operate an ambulance or routine medical transport vehicle without a Certificate of Operation. Furthermore, Section 903 delineates that no ambulance or routine medical transport vehicle shall be operated without a permit issued by the Director. Section 903 states the regulations that determine appropriate vehicle equipping to receive a permit.

ALS Provider Standards mandate that all equipment required per the Vehicle Equipment and Supply List policy, California Highway Patrol standards and other applicable laws, regulations, and policies, shall be maintained in clean and working order of sufficient quality to perform the intended function, and in adequate supply to support operations.

According to Basic Life Support Provider Standards, BLS vehicles shall have all equipment and supplies as prescribed in the Vehicle Equipment and Supply List.

The EMS Section inspects ambulances on a yearly and as-needed basis for compliance with State and local regulations. Vehicles that do not pass inspection are prohibited from operating in San Francisco.

In addition, the California Highway Patrol annually inspects vehicles to ensure that they meet vehicle safety requirements.

Coordination With Other EMS Agencies:

Not applicable.

Need(s):

Standard met.

Objective:

No further objective needed for this standard.

Response/Transportation

Standard

4.07 The local EMS agency shall integrate qualified EMS first responder agencies

Goal

(including public safety agencies and industrial first aid teams) into the system.

Current Status:

Meet Minimum Standard

In the City and County of San Francisco, the San Francisco Fire Department is the first responder agency, complies with the EMS Section's standards, and is incorporated into the EMS system to the degree possible and desirable.

Coordination With Other EMS Agencies:

Not applicable.

Need(s):

1. The EMS Section is completing its responsibilities in installing Fire Communications and overseeing the implementation of Criteria-Based Dispatch protocols.
2. The EMS section needs to institute a more regular means to integrate autonomous first responders and PSAPs in San Francisco.

Objective:

1. Ensure the completion of Fire Communications center and CBD protocols.
2. Integrate autonomous first responders and PSAPs into the EMS system.

Response/Transportation

Standard

4.08 – 4.10

4.08 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,

orientation of pilots and medical flight crews

to the local EMS system, and

addressing and resolving formal complaints

regarding EMS aircraft.

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

4.10 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:

Does not meet Standard

The EMS Section does not routinely utilize medical and rescue aircraft. Reference No. 8043, Helicopter Standard for Interfacility Transfers, establishes procedures to ensure timely ground transportation for patients and helicopter personnel without burdening the 9-1-1 system.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. The EMS Section needs to draft a policy for the San Francisco EMS Section regarding rescue aircraft.
2. After assessing the need, the EMS Section will establish an appropriate helipad site.

Objective:

1. Draft a rescue aircraft policy
2. Assess need for helipad site and establish one accordingly.

Goal

Response/Transportation

Standard

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

Goal

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:

Meet Minimum Standard

The San Francisco EMS Section has cliff and water rescue and transportation resources, etc. through the National Park Service, the Coast Guard, the San Francisco Fire Department, the Multi-casualty Incident Plan and Heavy Rescue capabilities. San Francisco General Hospital maintains a multi-casualty vehicle with additional supplies.

Coordination With Other EMS Agencies:

When necessary the San Francisco EMS Section and Fire Department first responders cooperate with the National Park Service and or the Coast Guard.

Need(s):

Standard met.

Objective:

No further objective necessary to meet standard.

Response/Transportation

Standard

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

Goal

Current Status:

Meet Minimum Standard

The EMS Section facilitates planning for private and public providers and participates in City-wide planning efforts. The roles and responsibilities of EMS are enumerated in the Emergency Operations Plan coordinated by the San Francisco Mayor's Office of Emergency Services.

Coordination With Other EMS Agencies:

The EMS Section participates in regional EMS disaster planning efforts.

Need(s):

1. The EMS Section needs to develop formal agreements with other operational areas in the EMS Section's region.

Objective:

1. Develop agreements with the other operational areas in its region for medical transportation services in a disaster.

Response/Transportation

Standard

4.13 The local EMS agency shall develop agreements permitting intercounty response of emergency medical transport vehicles and EMS personnel.

Goal

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

Current Status:

Meet Minimum Standard

The EMS Section currently maintains and enforces a Bridge Response Policy (Reference No. 8050), an Intercounty Response and Transport Policy (Reference No. 8060) as well as policies addressing Border Incidents.

Medical mutual aid procedures exist that describe how to request/send mutual aid.

Coordination With Other EMS Agencies:

Coordination exists with appropriate agencies to ensure proper implementation of the aforementioned policies.

Need(s):

1. The Bridge Response Policy may require re-assessment and possible updating.
2. The EMS Section needs to establish formal medical mutual aid agreements between Bay Area counties.

Objective:

1. Update the Bridge Response Policy as needed.
2. Pending State recommendation, pursue disaster mutual aid agreements with other surrounding counties.

Response/Transportation

Standard

4.14 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.

Goal

Current Status:

Meet Minimum Standard

The EMS Agency is responsible for the coordination of the EMS, Department of Public Health, and health-related City disaster planning units. The EMS Multi-Casualty Incident Plan was recently revised. The primary agencies involved in routine emergency response (Level I) are the San Francisco Fire Department, The SF Police Department, the SF Department of Public Health, private ambulance providers and hospitals.

Roles and responsibilities for all EMS responders in a multi-casualty incident are delineated in Reference No. 5010, Multi-casualty Incident Response Plan. The San Francisco Fire Department, as the County's primary provider, has adopted the Incident Command System for responding to multi-casualty incidents. The Multi-casualty Incident Response Plan also applies to private providers, integrating them into Incident Command System as well.

The City Emergency Operations Plan (EOP), adopted in September 1996, provides policy and guidelines for Citywide disaster coordination and planning efforts, including City Agencies and private sector services. The Board of Supervisors has approved the EOP.

Coordination With Other EMS Agencies:

Not applicable.

Need(s):

1. The San Francisco EMS Section needs to complete the revision of its Multi-casualty Incident Plan. Response for larger-scale disasters (II/III) would require additional participants, such as the EMS Agency, other Public Health divisions and the Office of Emergency Services. Austere medical care (currently under development) would be the standard of care policy used to address large numbers of casualties. Current plans call for transporting victims to surviving hospitals, ad hoc casualty collection points or first aid centers for treatment. During level II and III response, the EMS Agency activates the Department of Public Health command, coordinates casualty care and reporting to the City's Emergency Command Center.
2. The EMS Section needs to ensure that all providers have an MCI plan in tandem with the Section's specifications. Once established, these plans will require integration, if necessary, as well as drills and exercises to maintain an appropriate level of preparedness.

Objective:

1. Develop EMS Level II and Level III disaster response plan.
2. Ensure all system providers maintain appropriate MCI plans and update personnel as necessary.
3. Ensure continued compliance with the Multi-casualty Incident Response Plan during the reconfiguration of the 9-1-1 response with the San Francisco Fire Department.

Response/Transportation

Standard

4.15 Multi-casualty response plans and procedures shall utilize state standards and guidelines.

Goal

Current Status:

Meet Minimum Standard

Primary provider agencies have adopted the Incident Command System that utilizes SEMS standards and guidelines for responding to multi-casualty incidents.

Coordination With Other EMS Agencies:

The EMS Section coordinates around this standard through ambulance medical mutual aid for the region.

Need(s):

1. To integrate private provider agencies within the EMS system.
2. To evaluate all providers (Private and San Francisco Fire Department) on compliance with ICS standards.

Objective:

1. The EMS Section will evaluate all provider agencies within the EMS system to ensure integration and compliance with ICS standards and will develop a plan to bring them into compliance.

Response/Transportation

Advanced Life Support

Standard

4.16 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.

Goal

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 members.

On any emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

Current Status:

Meet Recommended Guideline

Firefighter First Responders defibrillate cardiac arrest victims as outlined by the Early Defibrillation Program, and prior to the arrival of advanced life support units according to Reference No. 6060, Firefighter Early Defibrillation Program: Interface with EMT-Paramedics.

EMS first responders are San Francisco Fire Fighters. The San Francisco EMS Section Policy Manual, Reference No. 2150, First Responder Standards, requires that Current Emergency Medical Technician-I certification is required for a minimum of one Firefighter per responding unit as of July, 1992.

Private sector providers do not act as first responders in the current EMS system.

Private BLS providers do not provide defibrillation and while private ALS providers may be equipped to, defibrillation provision by these units is not part of the EMS system.

San Francisco's Emergency Medical Services Section is in the process of reconfiguring from a "third service" to a fire-based system to be completed by December 1999. During this process, the EMS Section may authorize the San Francisco Fire Department to evaluate and deploy ALS engines staffed by cross-trained firefighter-paramedics. By completion of the transformation, there will be sufficient cross-trained personnel to allow for staffing of all ambulances with two paramedics and over twenty ALS engines. Alternatively, some or all of the ambulances might instead be staffed with one paramedic and one EMT that would allow for the deployment of more ALS engines.

Coordination With Other EMS Agencies:

Not applicable.

Need(s):

The following three system changes were universally accepted for implementation during the reconfiguration planning process:

Multi-tiered response and transport: dispatch of responding and transport units should be tailored to the patient's chief complaint. Known as criteria based dispatch, this system ensures ALS unit availability for critical calls.

Advanced life support first response: The San Francisco Fire Department, as a first responder, should be capable of delivering ALS services with cross-trained, dual role paramedic/fire fighters onboard engine companies.

Consolidation of the Fire Department and the Paramedic Division.

As fire fighters complete their paramedic training, they will be deployed onto ambulances to gain experience and proficiency in ALS level care. These new paramedics will cover the positions of former Department of Public Health paramedics, who will then, in turn, complete Fire College. The system will become increasingly flexibility as the pool of cross-trained personnel expands.

The San Francisco EMS Section needs to transition from the previous system to one reconfigured to with these changes.

Objective:

1. Complete the evolution of the EMS system according to the reconfiguration plan, including assessment and evaluation.

Response/Transportation

Advanced Life Support

Standard

4.17 All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.

Goal

Current Status:

Meet Minimum Standard

Standards and policies articulated in EMS Section documentation, such as the ALS and BLS Providers Standards (Reference Numbers 2120 and 2130 respectively) institutionalize statutes, regulations, policies, and procedures for the EMS system in accordance with State and Federal guidelines.

To ensure compliance with appropriate parameters, the EMS Section monitors emergency medical transport services, through the San Francisco Ambulance Ordinance that enables licensure and certification. The EMS Section has a process for permitting and appropriate inspection of EMS transport services according to this ordinance. Regularly scheduled site visits and the implementation of quality improvement processes form a central component to monitoring EMS transportation services.

According to Section 902 of the San Francisco Ambulance Ordinance, no person shall operate an ambulance or routine medical transport vehicle without a Certificate of Operation. Furthermore, Section 903 delineates that no ambulance or routine medical transport vehicle shall be operated without a permit issued by the Director. Section 903 states the regulations that determine appropriate vehicle equipping to receive a permit. The EMS Section inspects ambulances on a yearly and as-needed basis for compliance with State and local regulations. Vehicles that do not pass inspection are prohibited from operating in San Francisco. In addition, the California Highway Patrol annually inspects vehicles to ensure that they meet vehicle safety requirements.

ALS Provider Standards mandate that all equipment required per the Vehicle Equipment and Supply List policy, California Highway Patrol standards and other applicable laws, regulations, and policies, shall be maintained in clean and working order of sufficient quality to perform the intended function, and in adequate supply to support operations.

According to Basic Life Support Provider Standards, BLS vehicles shall have all equipment and supplies as prescribed in the Vehicle Equipment and Supply List.

ALS Provider Standards mandate that all equipment required per the Vehicle Equipment and Supply List policy, California Highway Patrol standards and other applicable laws, regulations, and policies, shall be maintained in clean and working order of sufficient quality to perform the intended function, and in adequate supply to support operations.

Coordination With Other EMS Agencies:

Not applicable.

Need(s):

Standard met.

Objective:

No further objective necessary to meet standard.

Response/Transportation

Ambulance Regulation

Standard

4.18 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.

Goal

Current Status:

Meet Minimum Standard

The San Francisco Municipal Code Part II, Chapter V, Ambulances and Routine Medical Transport Vehicles is the compliance mechanism used by the EMS Section to ensure appropriate practice by EMS system transportation agencies.

Standards and policies articulated in EMS Section documentation, such as the ALS and BLS Providers Standards (Reference Numbers 2120 and 2130 respectively) institutionalize statutes, regulations, policies, and procedures for the EMS system in accordance with State and Federal guidelines.

To ensure compliance with appropriate parameters, the EMS Section monitors emergency medical transport services, through the San Francisco Ambulance Ordinance that enables licensure and certification. The EMS Section has a process for permitting and appropriate inspection of EMS transport services according to this ordinance.

Regularly scheduled site visits and the implementation of quality improvement processes form a central component to monitoring EMS transportation services.

In addition, the California Highway Patrol complements EMS Section licensure and certification of vehicles by inspecting and licensing vehicles according to State requirements.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. The EMS Section needs to develop formal memoranda of understanding to ensure that ambulances are compliant with State and EMS Section policies.

Objective:

1. Develop a formal memorandum of understanding for emergency medical transportation services to ensure compliance with relevant statutes, regulations, policies and procedures.

Response/Transportation

Exclusive Operating Permits

Standard

4.19 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.

Goal

Current Status:

Meet Minimum Standard

San Francisco established an exclusive operating area under the grandfather provision of HS 1797.224 in 1991 (see "Exclusive Operating Areas EMS Plan – Zone Summary").

The standards for transportation services are delineated in the First responder, ALS and BLS provider standards as well as the Fire Based Response and Transportation System Implementation Plan.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

Standard met.

Objective:

No further objective necessary to meet standard.

Response/Transportation

Exclusive Operating Permits

Standard

4.20 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.

Goal

Current Status:

Meet Minimum Standard

San Francisco established an exclusive operating area under the grandfather provision of HS 1797.224 in 1991 (see "Exclusive Operating Areas EMS Plan – Zone Summary").

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

Standard met.

Objective:

No further objective necessary to meet standard.

Response/Transportation

Exclusive Operating Permits

Standard

4.21 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 operations and patient care.

Goal

Current Status:

Meet Minimum Standard

Please refer to Standard 4.02.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

Standard met.

Objective:

No further objective necessary to meet this standard.

Response/Transportation

Exclusive Operating Permits

Standard

4.22 The local EMS agency shall periodically evaluate the design of exclusive operating areas.

Goal

Current Status:

Meet Minimum Standard

The Department of Public Health EMS Section conducted an open planning process in 1995 to review the EMS system and develop a plan to optimize patient care using existing resources. The Optimizing the configuration of San Francisco's Emergency Medical Services final report contains recommendation to adopt a fire based emergency medical system for response and transportation. This system maintains the public primary provider agency and continues the practice of back up by multiple private ambulance providers. In February 1997 the Fire Based Response and Transportation System Implementation Plan (5 year plan) was approved at a Joint Meeting of the Fire and health Commissions.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

Standard met per San Francisco's unique configuration.

Objective:

No further objective necessary to meet standard.

Section 5 Facilities/Critical Care

Current Status

Upper Limb/Shoulder/Elbow

The FMS Section is currently reviewing the application for the proposed new facility. The FMS Section is currently reviewing the application for the proposed new facility. The FMS Section is currently reviewing the application for the proposed new facility.

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California Health Care
The FMS Section is currently reviewing the application for the proposed new facility. The FMS Section is currently reviewing the application for the proposed new facility. The FMS Section is currently reviewing the application for the proposed new facility.

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California Health Care

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Facilities/Critical Care

Standard

5.01 The local EMS agency shall assess and periodically reassess the EMS-related capabilities of acute care facilities in its service area.

Goal

The local EMS agency should have written agreements with acute care facilities in its services area.

Current Status:

Meet Recommended Guideline

The EMS Section maintains Memoranda of Understanding with all of the acute care facilities designated as Receiving Hospitals in San Francisco. The terms and conditions within these Memoranda provide the basis upon which the EMS Section regularly assesses the capabilities of acute care facilities.

San Francisco has one Base Hospital and nine designated emergency receiving hospitals. San Francisco General Hospital is the system's comprehensive emergency department, as well as the only Level I Trauma Center in the County. Eight other system hospitals function as basic emergency departments. These hospitals include: California Pacific Medical Center – Pacific Campus, California Pacific Medical Center -- Davies Campus, Kaiser Permanente Medical Center, University of California – San Francisco -- Mount Zion Medical Center, University of California at San Francisco St. Francis Memorial Hospital, St. Luke's Hospital, St. Mary's Medical Center, UCSF. Chinese Hospital operates as a standby emergency department, as does the Federal Veterans Administration Medical Center within the County.

Basic emergency receiving hospitals have 24-hour emergency department coverage with ACLS-certified physicians and nurses.

The San Francisco EMS Section has clinical triage guidelines for a number of clinical conditions, including: psychiatric, trauma, burns, reimplantation, adult medical, pediatric, and obstetrics. Hospitals meeting the appropriate categorization standards receive patients in those categories.

The Ambulance Destination Policy is updated as changes occur within the acute care hospitals.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. The San Francisco EMS Section needs to develop ED closure impact evaluation criteria and policy in response to new legislation.

Objective:

1. Develop ED closure impact evaluation criteria and policy in response to new legislation.
2. Perform periodic assessments of acute care hospitals/EMS-related capabilities.

Facilities/Critical Care

Standard

5.02 The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

Goal

Current Status:

Meet Minimum Standard

Section 8000 of the San Francisco EMS Policy Manual includes:

- Critical Trauma Triage Decision Scheme (Ref. No. 8020)
- Critical Trauma Patient Transfer Guidelines (Ref. No. 8021)
- Interfacility Transfer Standards (Ref. No. 8040)
- Procedures and Guidelines for Determining Level of Transfer (Ref. No. 8041)
- Interfacility Psych. Transfer Policy (Ref. No. 8042)
- The Ambulance Destination Policy (Ref. No. 8000) addresses triage protocols.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. The EMS Section needs to facilitate the development of memoranda of understanding between receiving hospitals for transfer agreements.
2. The EMS Section needs to update its field triage protocols – standardizing their criteria and tracking their implementation.

Objective:

1. To facilitate development of inter hospital transfer agreements.
2. Revise field triage protocols to address changes in receiving hospital status and to consider referrals to other agencies or facilities.

Facilities/Critical Care

Standard

Goal

5.03 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.

Current Status:

Meet Minimum Standard

The EMS Section policies # 8040, 8041, 8041A and 8042 address interfacility transfer standards, procedures, and guidelines. The EMS Section in coordination with local hospitals also established model transfer agreement for local hospitals.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. During the initial EMS System planning process, participants identified increasingly appropriate patient transfer as an objective.

Objective:

The following objectives are from the EMS System planning phase I document:

1. Revise guidelines for appropriate level of care to reflect changes in scope of practice regulation.
2. Expand EMT scope of practice to perform skills needed for routine transfers.
3. Receiving hospitals and ambulance providers to jointly review and revise transfer policies and procedures to ensure standardization and continuity.
4. Train staff in new transfer policies as needed
5. Develop relationships with managed care organizations and transport service providers.

Facilities/Critical Care

Standard

Goal

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

Current Status:

Meet Minimum Standard

The EMS Section's Ambulance Destination Policy and Schematic identifies the criteria for designation for hospitals that receive emergency patients transported emergency ambulances. Specialty care designation categories include: obstetrics, pediatric, major trauma, burns, psychiatric and microsurgery. The Receiving Hospital Standards set forth the minimum standards to be satisfied by those hospitals participating in the San Francisco EMS system.

San Francisco has one Base Hospital and nine designated emergency receiving hospitals. San Francisco General Hospital is the system's comprehensive emergency department, as well as the only Level I Trauma Center in the County. Eight other system hospitals function as basic emergency departments. These hospitals include: California Pacific Medical Center – Pacific Campus, California Pacific Medical Center -- Davies Campus, Kaiser Permanente Medical Center, University of California – San Francisco -- Mount Zion Medical Center, University of California at San Francisco St. Francis Memorial Hospital, St. Luke's Hospital, St. Mary's Medical Center, UCSF. Chinese Hospital operates as a standby emergency department, as does the Federal Veterans Administration Medical Center within the County.

With frequent changes in the hospital industry in San Francisco, the Ambulance Destination Policy is frequently updated.

Coordination With Other EMS Agencies:

Northern San Mateo County routinely transports major trauma care to San Francisco General Hospital's Trauma Center.

Need(s):

1. The EMS Section needs to consider the adequacy of the capacity of the receiving hospital system especially during peak demand periods such as the winter flu season.
2. The EMS Section needs to consider new specialty care centers/services such as stroke and cardiac.
3. The EMS Section needs to consider policy that would allow for alternative destinations for ambulance transport, that is, detox centers, clinics and other non-emergency departments.
4. The EMS Section needs to consider the cultural and linguistic needs of the persons it serves and ensure that culturally competent services are provided throughout the EMS system.
5. The EMS Section needs to review and revise the EDAP standards.
6. Receiving services, including emergency departments, specialty care services, and alternative destinations are adequate, accessible, and efficient for receiving patients by ambulance and other means of transportation.
7. The EMS Section needs to evolve its system further to eventually support specific facilities as specialty care centers.

Objective:

1. Define criteria for receiving resources to ensure the optimal care of EMS patients, including alternative destinations. Base these criteria on established standards, current literature, research and community input.
2. Conduct a criteria-based, comprehensive evaluation to assess the need for various receiving services, as well as available resources.
3. Facilitate the review and revision of receiving hospital standards. Consider the appropriate influence of the cultural, linguistic needs of the patient along with continuity of care and physician-patient relationships. Balance availability of necessary resources at receiving hospitals with the concept of critical volume to maintain expertise. Consider the impact of transport time on the overall system response time.
4. Develop new standards that recognize that all emergency departments treat pediatric patients and permit designation of pediatric critical care centers (refer to EMS Pediatric Policy Reference Number 2112).
5. Review the trauma plan with special consideration towards level I trauma designation as defined by the American College of Surgeons and pending State regulatory changes (refer to EMS Policy Manual Destination Section (8000)).
6. Develop communications system and protocols to facilitate effective and efficient utilization of alternative destinations and referral services.
7. Develop and implement a system to measure and monitor the efficacy and efficiency of receiving facilities. Utilize customer service concepts and tools such as paramedic satisfaction surveys.
8. Develop a comprehensive referral system which field personnel may access when encountering health or social service problems that do not require ambulance transportation.

Facilities/Critical Care

Standard

5.05 The local EMS agency shall encourage hospitals to prepare for mass casualty management.

Goal

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

Current Status:

Meet Recommended Guideline

The EMS Section facilitates hospital mass casualty management, delineating the role, duties and responsibilities of receiving hospitals during such events. Communication for all entities participating in a multi-casualty incident response is directed by Fire Communications, that uses the Incident Command System for organizational structure and integration of activities. The San Francisco General Hospital Emergency Department receives the first four immediate trauma victims according to the trauma triage criteria, unless otherwise directed. All hospitals, beginning with those closest to the incident, receive those remaining immediate victims up to their confirmed ability to accept patients. Receiving hospitals farthest from the incident receive minor and delayed victims.

Coordination With Other EMS Agencies:

The San Francisco EMS Section coordinates through the Regional Disaster Medical Health Coordinator (Contra Costa County) with Bay Area LEMSAs to meet this standard.

Need(s):

The EMS Section needs to:

1. Develop an assessment of hospital preparedness for mass casualty management in Level II and III incidents.
2. Ensure the use of the most recent Hospital Emergency Incident Command System.
3. Improve hospital communications for routine and disasters.

Objective:

1. Develop an assessment of hospital preparedness for mass casualty management in Level II and III.
2. Facilitate the adoption of the Hospital Emergency Incident Command System as a model for hospital emergency preparedness plans.
3. Evaluate inter hospital communications needs and make recommendations for systems improvements.

Facilities/Critical Care

Standard

Goal

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

Current Status:

Does not meet Standard

The San Francisco EMS Section does not currently meet this standard.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. The San Francisco EMS Section needs to develop a plan for hospital evacuation including its impact on system providers.

Objective:

1. Develop a plan for hospital evacuation.

Facilities/Critical Care

Advanced Life Support

Standard

5.07 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.

Goal

Current Status:

Meet Minimum Standard

San Francisco uses only one Base Hospital that is located at San Francisco General Hospital in the Emergency Department.

During the system planning process, the base hospital needs were assessed. It was determined at that time that because call volume was being reduced under new treatment protocols, a single Base Hospital would meet the needs for on-line medical control. There was not expressed interest by other facilities to perform this function.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. To maintain the memorandum of understanding between the Base Hospital and the EMS Agency.
3. To develop back-up base hospital capability.

Objective:

1. Maintain the formal relationship between the EMS Section and the Base Hospital through as-needed updates to the memorandum of understanding.
2. Conduct regular compliance reviews.
3. Develop back-up base hospital capability.

Facilities/Critical Care Facilities/Critical Care

Trauma Care System

Standard	Goal
5.08	Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:
a)	the number and level of trauma centers (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.

Current Status:

Meet Minimum Standard

The EMS Section currently has several mechanisms for ensuring the above criteria are met in its trauma care system, most recently reassessed and approved in 1991. The criteria are met as follows:

- San Francisco has one Level I Trauma Center, located at San Francisco General Hospital. This Trauma Center serves Northern San Mateo County, as well as San Francisco.
- The City and County of San Francisco and Northern San Mateo County make up the catchment area for the trauma center.
- From the EMS Section Policy Manual, the Trauma Triage Criteria and Triage Decision Scheme, Interfacility Transfer Standards and Interfacility Transfer Procedures identify patients whom should be triaged or transferred.
- The role of non-trauma center hospitals is delineated in the Receiving Hospital Standards, the Multi-casualty Incidents Plan and the 1991 Trauma Plan.
- The EMS Section maintains a policy specific to Quality Assurance in Trauma Care (Reference No. 2040).

At the time of this document, a formal review of the San Francisco Emergency Medical Services Authority Trauma Plan is pending new regulations from the State EMS Authority.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

- To review and update the Trauma Plan at the local level pending new State regulations.
- To support the Trauma Center as it seeks to obtain American College of Surgeons consultation and verification surveys in FY 1999-2000.
- To conduct trauma education in the community.

4. To conduct injury analysis by linking trauma registry data with other data and design interventions accordingly.
5. To explore multi-disciplinary review with Stanford University.
6. To review Golden Gate Bridge incidents.

Objective:

1. To support the Trauma Center as it seeks to obtain American College of Surgeons consultation and verification surveys in FY 1999-2000.
2. Facilitate trauma education in the community.
3. Facilitate projects that will conduct injury analysis by linking trauma registry data with other data and design interventions accordingly.
4. To explore multi-disciplinary review with Stanford University.
5. To review Golden Gate Bridge incidents.

Facilities/Critical Care

Trauma Care System

Standard

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

Goal

Current Status:

Meet Minimum Standard

The EMS Section ensures extensive public involvement in all of its program and policy development project (see Section 1 for detailed description.)

Planning specific to the trauma aspects of this standard was last completed in 1990.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. Standard met.

Objective:

No further objectives necessary to meet standard.

Facilities/Critical Care Facilities/Critical Care

Pediatric Emergency Medical and Critical Care System

Standard

Goal

5.10 – 5.11

- 5.10 Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:
- the number and role of system participants, particularly of emergency departments,
 - the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
 - 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,
 - identification of providers who are qualified to transport such patients to a designated facility,
 - identification of tertiary care centers for pediatric critical care and pediatric trauma,
 - the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
 - a plan for monitoring and evaluation of the system.

Standard

Goal

5.11 Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:

- staffing,
- training,
- equipment,
- identification of patients for whom consultation with a pediatric critical care center is appropriate,
- quality assurance/quality

improvement, and

- data reporting to the local EMS

agency.

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:

Meet Minimum Standard

The EMS Section Policy Reference Number 2112, Emergency Departments approved for Pediatrics Standards sets forth the minimum requirements for San Francisco Receiving Hospitals accepting pediatric patients from the EMS System by ALS ambulances. The EDAP will be a basic emergency department as designated by the State Administrative Code, Title 22, Division 2.5.

Presently, San Francisco General Hospital is a level I trauma center that is pediatric-capable. Additionally, UCSF and California Pacific Medical Center have licensed pediatric intensive care units.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. The EMS Section needs to ensure that local EDAP policies are in compliance with State guidelines.
2. The EMS Section needs to clearly differentiate existing Pediatric ICUs as well as establish a more comprehensive, system-wide structure.
3. The EMS Section needs to monitor and conduct site reviews of designated EDAP facilities.

Objective:

1. Revise EDAP program policies and revise as needed to ensure compliance with State guidelines.
2. Clearly differentiate existing Pediatric ICUs as well as establish a more comprehensive, system-wide structure.
3. Implement monitoring activities and conduct site reviews of designated EDAP facilities.

Facilities/Critical Care

Pediatric Emergency Medical and Critical Care System

Standard

Goal

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

Current Status:

Meet Minimum Standard

The EMS Section ensures extensive public involvement in all of its program and policy development project (see Section 1 for detailed description.)

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

Standard met.

Objective:

No further objectives necessary to meet standard.

Facilities/Critical Care

Other Specialty Care Systems

Standard

Goal

- 5.13 Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved including:
- the number and role of system participants,
 - 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,
 - the role of non-designated hospitals including those which are outside of the primary triage area, and
 - a plan for monitoring and evaluation of the system.

Current Status:

Meet Minimum Standard

The EMS Section's Ambulance Destination Policy (Reference No. 8000) addresses specialty care plans for EMS-targeted clinical conditions, defining optimal system for specific conditions including: burns, amputation and devascularization, adult medical care, pediatric medical care, obstetrics, psychiatric care and major trauma. These factors were considered in the development of the standards and designations.

Coordination With Other EMS Agencies:

For certain incidents of trauma, the EMS Section coordinates with San Mateo County's EMSA to accept trauma patients from North San Mateo into the Trauma Center at SFGH.

Need(s):

- Standard met.

Objective:

No further objectives necessary to meet standard.

Facilities/Critical Care

Other Specialty Care Systems

Standard

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

Goal

Current Status:

Meet Minimum Standard

The EMS Section ensures extensive public involvement in all of its program and policy development project (see Section 1 for detailed description.)

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

Standard met.

Objective:

No further objective needed to meet standard.

Section 6 Data Collection/System Evaluation

The data collection and system evaluation process is a critical component of the overall project. It involves gathering information about the current system and the proposed changes to ensure that the new system meets the needs of the organization and provides a return on investment.

The data collection process involves identifying the data sources, determining the data to be collected, and developing a data collection plan. The system evaluation process involves comparing the current system to the proposed system and determining the benefits and costs of the proposed system. This process is essential for making informed decisions about the project and ensuring that the organization is getting the most out of its investment.

Objectives and Standards

The objectives of this project are to improve the efficiency of the data collection process and to ensure that the data is accurate and reliable. The standards for this project are to follow best practices for data collection and system evaluation.

1. Identify the data sources and determine the data to be collected.
2. Develop a data collection plan that includes the following: a. The data to be collected b. The data collection methods c. The data collection schedule d. The data collection personnel
3. Compare the current system to the proposed system and determine the benefits and costs of the proposed system.
4. Determine the return on investment for the proposed system.

The data collection and system evaluation process is a complex one, but it is essential for the success of the project. By following the objectives and standards outlined above, the organization can ensure that the data collection process is efficient and that the data is accurate and reliable. This will enable the organization to make informed decisions about the project and to ensure that it is getting the most out of its investment.

Conclusion With Other Agencies

The data collection and system evaluation process is a complex one, but it is essential for the success of the project. By following the objectives and standards outlined above, the organization can ensure that the data collection process is efficient and that the data is accurate and reliable. This will enable the organization to make informed decisions about the project and to ensure that it is getting the most out of its investment.

The data collection and system evaluation process is a complex one, but it is essential for the success of the project. By following the objectives and standards outlined above, the organization can ensure that the data collection process is efficient and that the data is accurate and reliable. This will enable the organization to make informed decisions about the project and to ensure that it is getting the most out of its investment.

Data Collection/System Evaluation

Standard

6.01 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 mortality and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.

Goal

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

Current Status:

Meet Recommended Standard

Reference No. 2000 of the San Francisco Emergency Medical Services Policy Manual establishes the EMS Section's Quality Assurance Plan

Each provider in the EMS system is guided by the QA program, and must develop its own Quality Assurance Plan, to ensure that the following goals are met:

1. appropriate care to patients that preserves self-determination;
2. identification of prehospital needs;
3. competence of caregivers;
4. minimizing of patient risk;
5. responsiveness to perceived care needs;
6. up-to-date technology;
7. continuous evaluation and improvement of patient care;
8. compliance with all legislative and local policy requirements (California Health and Safety Code and Title 22, California Administrative Code).

The EMS Section also staffs the Quality Improvement Council – a multidisciplinary committee composed of representatives from all EMS System components charged with Quality Improvement Plan oversight. The QIC reviews a number of ongoing and periodic evaluations of patient care including the cardiac arrest registry data, special studies such as the Status Epilepticus Study, the Shortness of breath study.

Coordination With Other EMS Agencies:

Not applicable for this standard.

Need(s):

1. The EMS Section needs to identify outcome data useful for EMS System evaluation and incorporate into the QI plans of each system participant.

Objective:

1. Identify outcome data for system evaluation and integrate them into system participant QI plans.

TABLE 2: SYSTEM RESOURCES AND OPERATIONS
System Organization and Management

EMS System: SAN FRANCISCO EMS SECTION Reporting Year: 1998

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: SAN FRANCISCO

- | | |
|---|------|
| 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:

A

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

- a - Public Health Officer
- b - Health Services Agency Director/Administrator
- c - Board of Directors
- d - Other:

A

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 | X |
| Designation of other critical care centers | X |
| Development of transfer agreements | |
| Enforcement of local ambulance ordinance | X |
| Enforcement of ambulance service contracts | |
| Operation of ambulance service | |

Table 2 - System Organization & Management (cont.)

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

5. EMS agency budget for FY 98-99

A. EXPENSES

Salaries and benefits (all but contract personnel)	<u>\$996,981</u>
Contract Services (e.g. medical director)	<u>90,000</u>
Operations (e.g. copying, postage, facilities)	<u>145,989</u>
Travel	<u>4,854</u>
Fixed assets	<u>0</u>
Indirect expenses (overhead)	<u>0</u>
Ambulance subsidy	<u>0</u>
EMS Fund payments to physicians/hospital	<u>335,239</u>
Dispatch center operations (non-staff)	<u>0</u>
Training program operations	<u>0</u>
Other:	
Other:	
Other:	
TOTAL EXPENSES	\$1,573,063

Table 2 - System Organization & Management (cont.)

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA]

Preventive Health and Health Services (PHHS) Block Grant \$ 20,000

Office of Traffic Safety (OTS) 0

State general fund 0

County general fund 1,142,825

Other local tax funds (e.g., EMS district) 0

County contracts (e.g. multi-county agencies) 0

Certification fees 2,085

Training program approval fees 0

Training program tuition/Average daily attendance funds (ADA)

Job Training Partnership ACT (JTPA) funds/other payments 0

Base hospital application fees 0

Base hospital designation fees 0

Trauma center application fees 0

Trauma center designation fees 0

Pediatric facility approval fees 0

Pediatric facility designation fees 0

Table 2 - System Organization & Management (cont.)

Other critical care center application fees	<u>0</u>
Type:	
Other critical care center designation fees	<u>0</u>
Type:	
Ambulance service/vehicle fees	<u>9,000</u>
Contributions	<u>0</u>
EMS Fund (SB 12/612)	<u>399,153</u>
Other grants:	<u>0</u>
Other fees:	<u>0</u>
Other (specify):	<u>0</u>
TOTAL REVENUE	<u>\$1,573,063</u>

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

6. Fee structure for FY 98-99

 We do not charge any fees

 X Our fee structure is:

First responder certification	\$ <u> </u>
EMS dispatcher certification	<u> 0 </u>
EMT-I certification	<u> 0 </u>
EMT-I recertification	<u> 7.00 </u>
EMT-defibrillation certification	<u> 7.00 </u>
EMT-defibrillation recertification	<u> 0 </u>
EMT-II certification	<u> N/A </u>
EMT-II recertification	<u> N/A </u>
EMT-P accreditation	<u> 35.00 </u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u> 0 </u>
MICN/ARN recertification	<u> 0 </u>
EMT-I training program approval	<u> N/A </u>
EMT-II training program approval	<u> 0 </u>
EMT-P training program approval	<u> 0 </u>
MICN/ARN training program approval	<u> 0 </u>
Base hospital application	<u> 0 </u>
Base hospital designation	<u> 0 </u>
Trauma center application	<u> 0 </u>
Trauma center designation	<u> 0 </u>
Pediatric facility approval	<u> 0 </u>
Pediatric facility designation	<u> 0 </u>

Other critical care center application

Type: _____

Other critical care center designation

Type: _____

Ambulance service license

\$ N/A

Ambulance vehicle permits

142.00

Other: Ambulance Certificate of Operations

159.00

Other: _____

Other: _____

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 98-99

Table 2 - System Organization & Management (cont.)

EMS System: San Francisco

Reporting Year: 98-99

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./Coord./Dir.	EMS Administrator	1.0	35.5745	25%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./Trng Coord.	EMS Specialist	3.0	32.5875	25%	
Program Coord./Field Liaison (Non-clinical)					
Trauma Coord.					
Med. Director	Medical Director	1.0	74.1342	25%	
Other MD/Med. Consult./Trng. Med. Dir.					
Disaster Med. Planner	EMS Disaster Specialist	1.0	32.5875	25%	

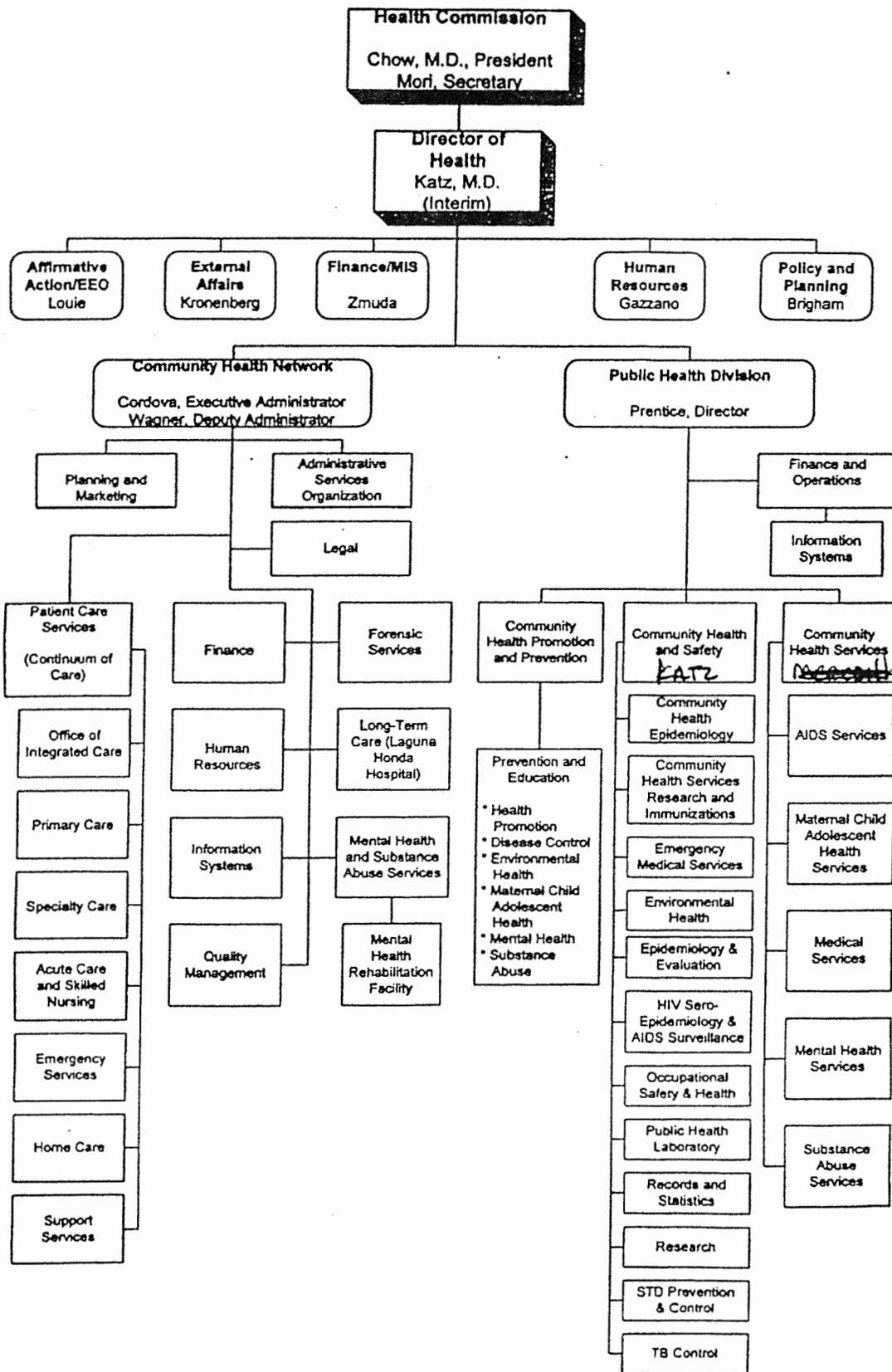
Include an organizational chart of the local EMS agency and a county organizational chart(s) indicating how the LEMSA fits within the county/multi-county structure.

Table 2 - System Organization & Management (cont.)

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	Network Administrator	1.0	21.0403	25%	
QA/QI Coordinator	Clinical Nurse Specialist	1.0	35.1085	25%	
Public Info. & Ed. Coord.					
Ex. Secretary	Office Manager	1.0	20.4288	25%	
Other Clerical	Certification Specialist	1.0	18.4548	25%	
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.

1996-97 ORGANIZATIONAL CHART



**City and County of San Francisco
Emergency Medical Services Section
Organizational Chart**

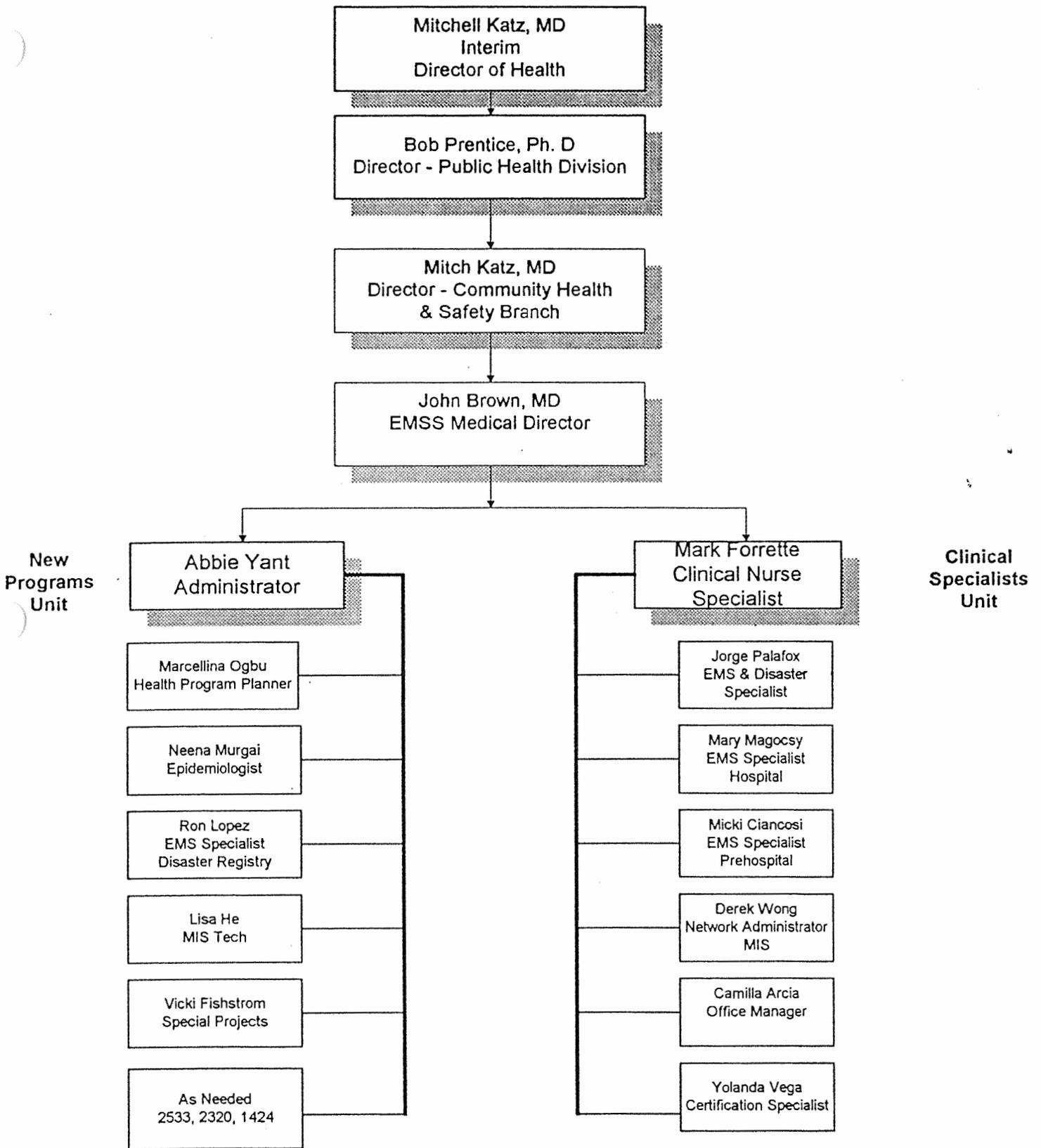


TABLE 3: SYSTEM RESOURCES AND OPERATIONS -- Personnel/Training

EMS System: SAN FRANCISCO EMS SECTION

Reporting Year: 1998

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIIs	EMT - Ps	MICN	EMS Dispatchers
Total certified					
Number of newly certified this year	188		28	0	
Number of recertified this year	123				
Number of certificate reviews resulting in:					
a) formal investigations	2		0	0	
b) probation	1		0	0	
c) suspensions					
d) revocations	0		0	0	
e) denials					
f) denials of renewal	1		0	0	
g) no action taken	0		0	0	

1. Number of EMS dispatchers trained to EMSA standards: 27
2. Early defibrillation:
 - a) Number of EMT-I (defib) certified 1356
 - b) Number of public safety (defib) certified (non-EMT-I) 0
3. Do you have a first responder training program? yes
 no

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

EMS System: SAN FRANCISCO EMS SECTION

Reporting Year: 1998

NOTE: Table 6 is to be reported by agency.

Trauma care system (1996 Data)

1. Trauma patients:

a) Number of patients meeting trauma triage criteria	<u>2,654</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>2,654</u>
c) Number of major trauma patients transferred to a trauma center	<u>unk.</u>
d) Number of patients meeting triage criteria who weren't treated at a trauma center	<u>unk.</u>

Emergency departments:

2. Total number of emergency departments	<u>11</u>
a) Number of referral emergency services	<u>0</u>
b) Number of standby emergency services	<u>2</u>
c) Number of basic emergency services	<u>9</u>
d) Number of comprehensive emergency services	<u>9</u>
3. Number of receiving hospitals with agreements	<u>11</u>

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: San Francisco City and County

County: San Francisco

Reporting Year: 1998

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? Various (see City EOP)
- b. How are they staffed? No formal systems at this time; perceived as alternative for hospital

operations.

- c. Do you have a supply system for supporting them for 72 hours? **no**

2. CISD

Do you have a CISD provider with 24 hour capability? **yes**

3. Medical Response Team

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

4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams? **yes**
- b. At what HazMat level are they trained? Level I
- c. Do you have the ability to do decontamination in an emergency room? **yes**
- d. Do you have the ability to do decontamination in the field? **yes**

OPERATIONS

- 1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? **yes**
- 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? **1**

3. Have you tested your MCI Plan this year in a:

a. real event? yes X no

b. exercise? yes X no

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

Bay Area Region Medical Mutual Aid.

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? *CHORAL Contract need to relook at current contract language.* yes X no

6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? *10 Clinics are Public/City Clinics* yes X no

7. Are you part of a multi-county EMS system for disaster response? yes X no

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 X no

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: SAN FRANCISCO EMS AGENCY

County: SAN FRANCISCO

Reporting Year: 1998

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

ST. JOSEPH'S Name, address & telephone: <u>1418 Lincoln Ave. (415) 460-6022</u> Primary Contact: <u>Richard Angotti</u> <u>San Rafael, CA 94901</u>					
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: ____ PS <u>15</u> BLS ____ LALS ____ PS-Defib ____ EMT-D ____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>3</u>

Name, address & telephone:			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input 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: ____ PS ____ BLS ____ LALS ____ PS-Defib ____ EMT-D ____ ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _____

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: SAN FRANCISCO EMS AGENCY

County: SAN FRANCISCO

Reporting Year: 1998

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

KING AMERICAN Name, address & telephone: 2570 Bush St., SF., CA 94115		(415) 931-1400		Primary Contact: Ray Lim	
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: _____ PS 22 BLS _____ LALS _____ PS-Defib _____ EMT-D 15 ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>13</u>

BAYSHORE AMBULANCE Name, address & telephone: P.O. BOX 4622 Foster City, CA 94404		(415) 525-9700		Primary Contact: William Bockholt	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS 15 BLS _____ LALS _____ PS-Defib _____ EMT-D _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>9</u>

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: SAN FRANCISCO EMS AGENCY

County: SAN FRANCISCO

Reporting Year: 1998

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

SAN FRANCISCO FIRE DEPT		Name, address & telephone: P.O. Box 29176 Presidio of SF		San Francisco, CA 94129 Primary Contact: Rich Shortall	
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	(415) 355-7361 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: PS _____ PS-Defib _____ 1300 BLS 1300 EMT-D LALS 156 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 checked="" 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: <u>21</u>

AMERICAN MEDICAL RESPONSE		Name, address & telephone: 2829 California St. SF., CA 94115		(415) 922-9400 Primary Contact: Lann Wilder	
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: PS _____ PS-Defib _____ 31 BLS _____ EMT-D _____ LALS 19 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: <u>19</u>

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

Revision #1 [2/16/95]

EMS System: SAN FRANCISCO EMS AGENCY

County: SAN FRANCISCO

Reporting Year: 1998

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

Training Institution Name SAN FRANCISCO FIRE DEPARTMENT

Contact Person telephone no. JANE SMITH (415) 561-5906

Address

P.O. Box 29176
Presidio of San Francisco
San Francisco, CA 94129-0176

<p>Student Eligibility: *</p> <p>Fire Department personnel only.</p>	<p>Cost of Program</p> <p>Basic <u>N/A</u></p> <p>Refresher <u>N/A</u></p>	<p>**Program Level: <u>First Responder, EMT-I, EMT-P</u></p> <p>Number of students completing training per year:</p> <p>Initial training: _____</p> <p>Refresher: _____</p> <p>Cont. Education _____</p> <p>Expiration Date: _____</p> <p>Number of courses: _____</p> <p>Initial training: _____</p> <p>Refresher: _____</p> <p>Cont. Education: _____</p>
--	--	---

Training Institution Name CITY COLLEGE OF SAN FRANCISCO

Contact Person telephone no. Mary Allen (415) 561-1900

Address

John Adams Campus-Allied Health Program
1860 Hayes Street
San Francisco, CA 94117

<p>Student Eligibility: *</p> <p>OPEN</p>	<p>Cost of Program</p> <p>Basic <u>\$13 per unit</u></p> <p>Refresher <u>\$13 per unit</u></p>	<p>**Program Level: <u>EMT-I</u></p> <p>Number of students completing training per year:</p> <p>Initial training: _____</p> <p>Refresher: _____</p> <p>Cont. Education _____</p> <p>Expiration Date: _____</p> <p>Number of courses: _____</p> <p>Initial training: _____</p> <p>Refresher: _____</p> <p>Cont. Education: _____</p>
---	--	---

* 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 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #2 [9/14/95]

EMS System: SAN FRANCISCO EMS AGENCY

County: SAN FRANCISCO

Reporting Year: 1998

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

SAN FRANCISCO FIRE DEPT.				Name, address & telephone: 2789-25th Street (415) 206-7832				Primary Contact: JIM FAZACKERLEY			
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 San Francisco, CA 94110		Number of Personnel providing services:					
						<input type="checkbox"/> EMD Training <input type="checkbox"/> BLS		<input type="checkbox"/> EMT-D <input type="checkbox"/> LALS		<input type="checkbox"/> ALS <input type="checkbox"/> Other	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private				If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____		If public: <input checked="" type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal					

KING AMERICAN AMBULANCE				Name, address & telephone: 2570 Bush Street (415) 931-1400				Primary Contact: Ray Lim			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster San Francisco, CA 94115		Number of Personnel providing services:					
						<input type="checkbox"/> EMD Training <input type="checkbox"/> BLS		<input type="checkbox"/> EMT-D <input type="checkbox"/> LALS		<input type="checkbox"/> ALS <input type="checkbox"/> Other	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private				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					

TABLE 10: RESOURCES DIRECTORY -- Facilities

Revision #1 (2/16/95)

EMS System: SAN FRANCISCO EMS AGENCY County: SAN FRANCISCO Reporting Year: 98-99

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

UCSF/Mt. ZION MEDICAL CENTER		Name, address & telephone: 1600 Divisadero Street San Francisco, CA 94115		Primary Contact: Marcia Robinson (415) 885-3630	
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	Pediatric Critical Care Center:*
		Standby emergency service	<input type="checkbox"/>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		Basic emergency service	<input type="checkbox"/>		
		Comprehensive emergency service	<input checked="" type="checkbox"/>		
EDAP:**	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	If Trauma Center what Level:****
				<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
			<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
				<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	

CPMC-PACIFIC CAMPUS		Name, address & telephone: P.O. Box 7999 San Francisco, CA 94120		Primary Contact: Edward Sams (415) 923-3428	
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	Pediatric Critical Care Center:*
		Standby emergency service	<input type="checkbox"/>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		Basic emergency service	<input type="checkbox"/>		
		Comprehensive emergency service	<input checked="" type="checkbox"/>		
EDAP:**	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	If Trauma Center what Level:****
				<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
			<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
				<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	

- * Meets EMSA Pediatric Critical Care Center (PCCC) Standards.
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
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- **** Levels I, II, III and Pediatric.

TABLE 10: RESOURCES DIRECTORY -- Facilities

Revision #1 (2/16/95)

EMS System: SAN FRANCISCO EMS AGENCY County: SAN FRANCISCO Reporting Year: 98-99

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

GPMC-DAVIES CAMPUS		Name, address & telephone: Castro & Duboce Streets San Francisco, CA 94114		Primary Contact: Mary Chris Valerio (415) 565-6060	
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>		
		Basic emergency service	<input type="checkbox"/>		
		Comprehensive emergency service	<input checked="" type="checkbox"/>		
EDAP:**	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
				Trauma Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
				If Trauma Center what Level:****	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no

ST. FRANCIS MEMORIAL HOSPITAL		Name, address & telephone: P.O. Box 7726 San Francisco, CA 94121		Primary Contact: Claire Dyer (415) 353-6257	
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>		
		Basic emergency service	<input type="checkbox"/>		
		Comprehensive emergency service	<input checked="" type="checkbox"/>		
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"/> yes <input type="checkbox"/> no
				Trauma Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
				If Trauma Center what Level:****	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no

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TABLE 10: RESOURCES DIRECTORY -- Facilities

Revision #1 (2/16/95)

EMS System: SAN FRANCISCO EMS AGENCY County: SAN FRANCISCO Reporting Year: 1998

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SAN FRANCISCO GENERAL HOSPITAL		Name, address & telephone: 1001 Potrero Avenue San Francisco, CA 94110		Primary Contact: Chris Wachsmuth (415) 206-6888	
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>		
		Basic emergency service	<input type="checkbox"/>		
		Comprehensive emergency service	<input checked="" type="checkbox"/>		
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"/> yes <input type="checkbox"/> no
				Trauma Center:	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
				If Trauma Center what Level:****	I

UCSF MEDICAL CENTER		Name, address & telephone: 505 Parnassus Street, L-138 San Francisco, CA 94143		Primary Contact: Katty Duffy (415) 502-4535	
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		Standby emergency service	<input type="checkbox"/>		
		Basic emergency service	<input type="checkbox"/>		
		Comprehensive emergency service	<input checked="" type="checkbox"/>		
EDAP:**	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
				Trauma Center:	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
				If Trauma Center what Level:****	

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TABLE 10: RESOURCES DIRECTORY -- Facilities

Revision #1 [2/16/95]

EMS System: SAN FRANCISCO EMS AGENCY County: SAN FRANCISCO Reporting Year: 1998

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CHINESE HOSPITAL		Name, address & telephone: 845 Jackson Street San Francisco, CA 94133		Primary Contact: Brenda Yee/Dolores Ong (415)677-2478	
Written Contract	<input type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	Pediatric Critical Care Center:*
		Standby emergency service	<input checked="" type="checkbox"/>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		Basic emergency service	<input type="checkbox"/>		
		Comprehensive emergency service	<input type="checkbox"/>		
EDAP:**	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	If Trauma Center what Level:****
				<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	

KAISER PERMANENTE MEDICAL CENTER		Name, address & telephone: 2425 Geary Blvd. San Francisco, CA 94115		Primary Contact: Carol Hayden (415) 202-3301	
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	Pediatric Critical Care Center:*
		Standby emergency service	<input type="checkbox"/>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		Basic emergency service	<input type="checkbox"/>		
		Comprehensive emergency service	<input checked="" type="checkbox"/>		
EDAP:**	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:***	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center:	If Trauma Center what Level:****
				<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	

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Revision #1 [2/16/95]

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ST. LUKE'S HOSPITAL		Name, address & telephone: 3555 Army Street San Francisco, CA 94110		Primary Contact: Jane Cino (415) 641-6862	
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	Pediatric Critical Care Center:*
		Standby emergency service	<input type="checkbox"/>		
		Basic emergency service	<input type="checkbox"/>	<input type="checkbox"/> yes	<input type="checkbox"/> yes
		Comprehensive emergency service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> no	<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:	Trauma Center:
				<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
					If Trauma Center what Level:****

ST. MARY'S HOSPITAL & MEDICAL CENTER		Name, address & telephone: 450 Stanyan Street San Francisco, CA 94117		Primary Contact: Shareen Salem (415) 750-5700	
Written Contract	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service	<input type="checkbox"/>	Base Hospital:	Pediatric Critical Care Center:*
		Standby emergency service	<input type="checkbox"/>		
		Basic emergency service	<input type="checkbox"/>	<input type="checkbox"/> yes	<input type="checkbox"/> yes
		Comprehensive emergency service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> no	<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:	Trauma Center:
				<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
					If Trauma Center what Level:****

- * Meets EMSA Pediatric Critical Care Center (PCCC) Standards.
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- **** Levels I, II, III and Pediatric.

Plan Development Process

TIMELINE/HIGHLIGHTS

DATE	ACTION
August 1999	EMS Plan technical document submitted to State EMS Authority
May 1999	EMS Section Update to Health Commission
October 1998	EMS Annual Report to Health Commission
July 1997	San Francisco Fire Department assumes responsibility for the function of the DPH Paramedic Division
Feb 1997	Fire Based Response and Transportation System Implementation Plan Approved at Joint meeting of Fire and Health Commission; approval to transfer the function of the DPH Paramedic Division to the SFFD
December 1996	Joint Meeting of the Fire and Health Commission; hearing regarding the Fire Based Response and Transportation System Implementation Plan
October 1996	Joint Meeting of the Fire and Health Commission; hearing regarding the Fire Based Response and Transportation System Implementation Plan
May 1996	Joint Meeting of the Fire and Health Commission; approval of the Optimizing the Configuration of San Francisco's Emergency Medical Services Final Report. Appointment of Steering Committee to develop implementation plan for fire based system.
February 1996	Health Commission hearing regarding the Optimizing the Configuration of San Francisco's Emergency Medical Services Final Report.
September 1995	Health Commission directs the EMS Section to conduct an open planning process to review the EMS system and develop a plan to optimize patient care using existing resources.

SUMMARY OF PLANNING PROCESS

(excerpted from the final reports)

In September 1995, the Department of Public Health, EMS Section was directed by the Health Commission to conduct a community planning process to review the EMS system and develop a plan to optimize patient care using existing resources.

PHASE 1 COMMUNITY PLANNING:

An open community process was chosen as the method for creating the plan recognizing that there were conflicting opinions as to what system San Francisco should pursue. When one looks across the nation, there are many different EMS models, which are successful for their locality. The question for us was: what is the best model for San Francisco, recognizing our City's special needs, resources, traditions, and philosophies. We felt that a community process would incorporate a wider range of views than would an expert panel or an appointed task force. Perhaps more importantly, we recognized that any major change in our system would require the support of all the constituencies of EMS. As you will see in our extensive recommendations for significant change in our system, this community process resulted in an extraordinary consensus in a large number of areas.

Our community process consisted of three Town Hall meetings, which dealt with broad system issues and 51 work group meetings. To facilitate progress, the EMS system was divided into six major components:

- Community Education
- Communications, Dispatch, Base Hospital
- Response and Transportation
- Destination and Specialty Care
- Disaster Medical Response
- Regulatory Function

Issues which link the six groups were discussed jointly by the respective groups and resolved so that the recommendations from each group would fit together as a system. All meetings were open to anyone who wished to attend. EMS Agency staff prepared minutes and fulfilled requests for information. Each group appointed its own Chair and Co-Chairs. The meetings were facilitated by a superb outside Facilitator, Lenore Goldman. Groups which were represented at the meetings included: the San Francisco Paramedic Division, King American Ambulance Company, San Francisco Ambulance Service, American Medical Response, BayStar Medical Services, Bayshore Ambulance Service, the Fire Department, the Police Department, Chief Administrative Office, San Francisco Emergency Physicians' Association, San Francisco Chapter Emergency Nurses Association, San Francisco Paramedic Association, Paramedic Union Local 790, Firefighters Union Local 798, California Fire Chiefs Association, International Association of Fire Chiefs, Chinese Hospital, California Pacific Medical Center, Davies Medical Center, Kaiser Hospital and Permanente Medical Group, UCSF Mount Zion Medical Center, St. Luke's Hospital, St. Francis Memorial Hospital, San Francisco General Hospital, UCSF, Mayor's Office of Emergency Services, California Highway Patrol, National Park Service, Hospital Council, Clinic Consortium, American Red Cross, American Heart Association, Pediatric Intensive Care Network, and many others. In all, over 300 persons participated in the process. We met for a total of 213 hours in a four month period, which

Section 5

Description of Plan Development Process

translates to over 1900 person hours. I should note that this does not include EMS Agency staff time, preparatory time, or our Facilitator's time. But these 1900 hours represent men and women donating their time because of their commitment to EMS in San Francisco and their commitment to system improvement. While it is a truism of management consulting that the best way to improve a product or a service is to involve the people on the front lines, it is rarely done. The recommendations that follow are the recommendations of the consensus process, not just staff recommendations developed after community input. Each recommendation was discussed, worded, reworded, rediscussed, and debated until there was a consensus. Remarkably, given this diverse group of people, there was consensus on all recommendations. Within the Regulatory Function Work Group, we did not reach consensus on how to characterize the issue of Conflict of Interest, but we did agree on how to resolve the problem.

Regarding consensus, ... the definition we used was: overwhelming sentiment for a particular point of view after having listened respectfully to alternative points of view. Thus, we did not reach unanimous consensus regarding all recommendations. Other points of view were expressed during our process.

The recommendations are the culmination of our planning process, but beginning of feasibility analysis and implementation phases. The EMS Agency estimates that the implementation phase for the recommendations ranges from one month for some and three years for others. Some of the recommendations will be easy to carry out. Some, especially those that require major system change, such as those for Response and Transportation, will require complex negotiations with City officials, City department heads, unions, and affected employees

Our configuration process produced a total of 247 recommendations. The vast majority of our recommendations are revenue neutral. Some of the changes proposed, especially those of Response and Transportation, may increase or decrease costs depending on how these recommendations are implemented. With regard to costs, I should also note that these recommendations were not based on a cost effectiveness analysis. We did not attempt to determine what the most cost efficient method for providing these services would be. Rather, we sought to make more effective use of our current resources while maintaining high standards for quality of care and delivery.

Recent changes in health care financing, especially those due to managed care and capitation, will certainly impact our system. The Destination Work Group with participation from managed care providers, considered policies relating to managed care. However, much more detailed discussions need to occur with managed care providers in the implementation phases of the project.

PHASE II: THE IMPLEMENTATION PLAN

At the Joint meeting of the Health and Fire Commissions on May 7, 1996, the Commissions heard a report on the San Francisco Emergency Medical Services Configuration plan. The plan, based on a consensus process, called for a Fire-based response and transportation system. The Commissions supported this recommendation and asked that the Fire and Health Departments form a seven member Steering Committee to develop an implementation plan. The plan would include a timetable, an operations plan, an organizational chart, a budgetary analysis, and an integration plan for staff, quality assurance, and communications.

Section 5 Description of Plan Development Process

To develop the implementation plan, the Steering Committee established six subcommittees. They are:

1. Operations
2. Administration and Staffing
3. Training
4. Labor
5. Medical Oversight
6. Budget

The Steering Committee appointed members representing a balance of Fire and Health Department employees from both management and rank and file. When specific subject expertise was required, others were invited to participate.

To begin the process, two All Subcommittee Meetings were held. Participants learned the operations of the Fire Department, adopted action plans, and identified resource lists and work products. Subcommittees met between twice a week and every two weeks depending on the committee. There were a total of 64 subcommittee meetings for a total of more than 174 hours of planning.

Subcommittee meetings were open only to Steering Committee appointed members. To get broader input for the plan, all members of the EMS community were invited to attend three Town Hall meetings. Unfortunately, the first Town Hall meeting was not well advertised and only 35 persons attended. Since this meeting was held early in the process, not much progress had yet been made by the subcommittees. However, by the second Town Hall meeting, which 81 persons attended, much of the basic material had been worked out. Participants, working in small groups, made recommendations to the Subcommittee and Steering Committee presenters. Many of the recommendations were incorporated into the final document. Prior to the third Town Hall meeting, written materials and a video were widely distributed. By providing the materials ahead of time we were able to focus the third Town Hall on suggestions and comments from participants. In addition to the Town Hall meetings, the EMS agency prepared and distributed seven bulletins about the process, established voice mail information lines, and produced and distributed over 80 copies of a video explaining the proposed implementation plan. To supplement the process, the EMS agency facilitated a meeting with women paramedics and firefighters and a meeting with private ambulance providers in San Francisco. In addition, the Fire Department established a 13-member implementation team to provide input into the subcommittee meeting process via meetings and updates. The Paramedic Division also had a reconfiguration workgroup which included all paramedic subcommittee members and other interested paramedics. The group met weekly. In addition, the Paramedic Division and the Fire Department held two of its own Town Hall meetings to keep staff fully informed about the plan and enable them to provide input into the plan.

Approval On October 1, 1996, at a Joint Fire and Health Commission meeting the EMS Steering Committee presented an implementation plan for creation of a fire based response and transportation system. At that time, the Commissions supported the plan in principal, but requested that we provide updates on a number of crucial implementation issues prior to each respective Commission taking action on the transfer of function of the Health Department Paramedic Division to the Fire Department. We provided the Commissions with an update regarding the implementation plan presented on December 5, 1996. Our update included the

Section 5

Description of Plan Development Process

creation of the Fire Department Paramedic Training Academy, the status of the meet and confer process, and a briefing regarding the preparation of the transition budget as a supplemental to the Fire Department budget in order to allow the transfer of function to occur on July 1, 1997. At that time the Joint Commission directed us to continue our work and to return with a progress report in 60 days.

At the Town Hall meetings, as well as in informal discussions, some EMS community members expressed concern that Phase 2 was not conducted as an open, consensus process, in the way that Phase 1 was conducted. Although information was widely disseminated, there remained fears that things were being said in the subcommittee meetings that were not being openly shared. The Steering Committee considered having meetings be completely open, but felt that it was not possible to deliver a complicated, operational plan, in a relatively short time line, in a completely open process. The feeling of the Committee was that having had an open process to determine the type of configuration San Francisco should have, the actual implementation details were primarily administrative issues. To incorporate the spirit of Phase 1, front line paramedics and firefighters were involved in the subcommittee work. Many excellent ideas emanated from these front line personnel. Nonetheless, those persons who were not members of a subcommittee felt ignored. Efforts to include them in other forums, such as Town Hall meetings, did not change their views because they felt they were not included in the subcommittee meetings.

Related to this, there is a perception among some EMS community members that their input has not been listened to. It is true that the Steering Committee did not always change the plan in response to suggestions that were made. As is always true with complex decisions, changes that would meet with the approval of some would cause disapproval of others. The Steering Committee took its job of listening to and considering input very seriously. Ultimately, the Steering Committee weighed the plusses and minuses of different options. The plan is designed to improve patient care, with the use of existing resources, without diminishing fire suppression capability. Other options, besides the ones in this plan, were considered and will undoubtedly be raised in the public comment at the Joint Commission meeting, but were not chosen by the Steering Committee because they were not deemed to be in the best interest of the San Francisco community.

Section 5

Description of Plan Development Process

Health Commission Resolution No. 10-96
Fire Commission Resolution No. 96-03

**JOINT RESOLUTION OF THE
HEALTH AND FIRE COMMISSIONS**

**SUPPORTING THE RECOMMENDATIONS OF THE 1996
SAN FRANCISCO EMERGENCY MEDICAL SERVICES
CONFIGURATION PLAN**

WHEREAS, the Health and Fire Commissions have received a full report on the San Francisco Emergency Medical Services Configuration Plan; and,

WHEREAS, this plan represents a broad consensus of public and private paramedics, firefighters, emergency medicine physicians and nurses, and other members of the Emergency Medical Services community; and,

WHEREAS, this plan offers the residents and visitors of San Francisco a faster response with more skilled personnel response by sending highly trained paramedics on Fire Department vehicles; and,

WHEREAS, this plan achieves its goals through the close cooperation of the Health and Fire Departments; now, therefore, be it

RESOLVED, that the Health and Fire Commissions support the recommendations of the 1996 San Francisco Emergency Medical Services Configuration Plan; and,

FURTHER RESOLVED, that the Health and Fire Commissions support a fire-based response and transportation Emergency Medical Services system to be accomplished through the consolidation of the Department of Public Health Paramedic Division with the Fire Department; and,

FURTHER RESOLVED, that the combined system will provide a tiered response, including both ALS (Advanced Life Support) and BLS (Basic Life Support) services so as to tailor the response to the need of citizens; and,

FURTHER RESOLVED, that the Health and Fire Commissions direct their Departments to form a seven-member Steering Committee to develop an Implementation Plan which would include a timetable, an organizational chart, a budgetary analysis, and an integration plan for staff, quality assurance and communications. The Steering Committee should consist of:

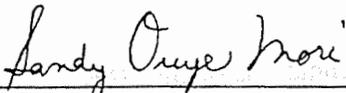
Health Commission Resolution No. 10-96
Fire Commission Resolution No. 96-03

- Chief Robert L. Demmons or his representative;
- Dr. Sandra R. Hernández or her representative;
- Two additional Fire Department representatives to be appointed by Chief Demmons, including one representative of the Fire Department Medical Services;
- Two additional Health Department representatives to be appointed by Dr. Hernández, including one representative of San Francisco General Hospital, and one of the Paramedic Division;
- One Mayor's Office representative; and
- Medical Director of the Emergency Medical Services Agency serving as the Convener of the Steering Committee;

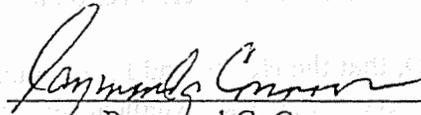
and,

FURTHER RESOLVED, that the Health and Fire Commissions direct the Steering Committee to bring a progress report on the Implementation Plan to a time-certain Joint Commission meeting in August 1996.

I hereby certify that the foregoing resolution was unanimously adopted by the Health Commission and the Fire Commission at a Joint Commission Meeting on Tuesday, May 7, 1996.



Sandy Ouye Mori
Executive Secretary to
the Health Commission



Raymond G. Connors
Secretary,
Fire Commission

**Health Commission Resolution No. 21-96
Fire Commission Resolution No. 96-05**

**TRANSFERRING THE FUNCTION OF THE PARAMEDIC DIVISION
FROM THE DEPARTMENT OF PUBLIC HEALTH INTO
THE SAN FRANCISCO FIRE DEPARTMENT**

WHEREAS, the Health and Fire Commissions have approved an Emergency Medical Services Reconfiguration Plan, (Phase I); and,

WHEREAS, the Health and Fire Commissions directed the Health and Fire Department to develop an implementation plan for a fire-based emergency response and transportation system; and,

WHEREAS, this plan offers the residents and visitors of San Francisco a faster and more coordinated response to emergency medical calls, multi-casualty incidents, and disasters; and,

WHEREAS, this plan increases field supervision, medical oversight, training opportunities and quality improvement activities for emergency medical services; now, therefore, be it

RESOLVED, that the Health and Fire Commissions support the recommendations of the Phase II Implementation Plan for a fire-based emergency response and transportation system; and, be it

RESOLVED, that the Health and Fire Commissions support a transfer of paramedic function from the Health Department to the Fire Department; and, be it

FURTHER RESOLVED, that the Health and Fire Commissions support a paramedic training academy for the cross-training of firefighters as paramedics; and, be it

FURTHER RESOLVED, that the Health and Fire Commissions support the proposed administrative structure for the delivery of emergency medical services, the creation of two new employee classifications, Fire Rescue Paramedic and Firefighter Paramedic; and, be it

FURTHER RESOLVED, that the Departments work with the City Attorney's Office to ensure that all changes are appropriate in light of the current Consent Decree case, U.S. vs. City and County of San Francisco, No. C84-7089 MHP (May 20, 1988); and, be it



JOINT RESOLUTION OF
THE HEALTH COMMISSION
AND
FIRE COMMISSION

Health Commission Resolution # 10-97
Fire Commission Resolution #97-02

APPROVING AMENDMENTS TO PHASE II OF THE EMERGENCY MEDICAL SERVICES CONFIGURATION PLAN, APPROVING THE TRANSFER OF THE PARAMEDIC FUNCTION FROM THE DEPARTMENT OF PUBLIC HEALTH TO THE FIRE DEPARTMENT, URGING THE MAYOR AND THE BOARD OF SUPERVISORS TO PROVIDE THE NECESSARY APPROVALS AND TO TAKE ALL ACTIONS NECESSARY TO IMPLEMENT THE TRANSFER, AND AUTHORIZING THE DIRECTOR OF PUBLIC HEALTH AND FIRE CHIEF TO TAKE ALL ACTIONS NECESSARY TO IMPLEMENT THE TRANSFER

WHEREAS, the Health and Fire Commissions have approved an Emergency Medical Services Reconfiguration Plan (Phase I); and,

WHEREAS, the Health and Fire Commissions directed the Health and Fire Departments to develop an Implementation Plan for a fire-based emergency response and transportation system; and,

WHEREAS, the Health and Fire Commissions supported the recommendations of the Phase II Implementation Plan for a fire-based emergency response and transportation system; and,

WHEREAS, the Health and Fire Commissions directed the Departments to work with the City Attorney's Office and Employee Relations Division of the Department of Human Resources to ensure that all changes be implemented consistent with Civil Service Commission rules and collective bargaining contracts, and that any changes which impact wages, hours or terms of employment within the scope of representation be handled appropriately through meet and confer procedures with the Unions involved; and,

WHEREAS, the Health Department through the Director of Public Health and the Emergency Medical Services Agency will continue to provide management and control of the new fire-based Emergency Medical Services system, as provided by the Phase II Plan, as amended; and,

WHEREAS, the Health Commission shall continue to govern the Emergency Medical Services Agency and Emergency Medical Services Medical Director as the regulators of the Emergency Medical Services system in the City and County of San Francisco; and,



Health Commission Resolution # 10-97
Fire Commission Resolution #97-02

WHEREAS, the Fire Commission shall continue to oversee the operations of the San Francisco Fire Department; and,

WHEREAS, San Francisco Health Code Section 112 authorizes and directs the Department of Public Health to maintain emergency ambulance services; and,

WHEREAS, the Health Code should be amended to recognize the respective roles of the Health and Fire Departments over Emergency Medical Services when the paramedic function is transferred to the Fire Department; and,

WHEREAS, the Director of Public Health and Fire Chief may need to take additional actions to implement the transfer, such as approving interdepartmental agreements; now, therefore, be it

RESOLVED, that the Health and Fire Commissions approve the Phase II of the Emergency Medical Services Configuration, as amended in February 1997; and, be it

FURTHER RESOLVED, that the Health and Fire Commissions urge the Mayor and Board of Supervisors to provide the necessary approvals and take all actions necessary to implement the transfer; and, be it

FURTHER RESOLVED, that the Health and Fire Commissions recommend the repeal of San Francisco Health Code Section 112 and the adoption of a new ordinance recognizing the respective roles of the Health and Fire Departments in the provision of emergency medical services; and, be it

FURTHER RESOLVED, that the Health and Fire Commissions approve the transfer of function of the Department of Public Health Paramedic Division to the San Francisco Fire Department; and, be it

FURTHER RESOLVED, that the Director of Public Health and Fire Chief are hereby authorized to take all actions necessary to implement the transfer.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, February 18, 1997.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Raymond G. Connors
Secretary to the Fire Commission

(EMERGENCY MEDICAL SERVICES)

AMENDING PART II, CHAPTER V OF THE SAN FRANCISCO MUNICIPAL CODE (HEALTH CODE) BY REPEALING SECTION 112 AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH TO PROVIDE EMERGENCY MEDICAL SERVICE AND BY ADDING A NEW SECTION 112 RELATING TO THE PROVISION OF EMERGENCY MEDICAL SERVICES BY THE FIRE DEPARTMENT WITH HEALTH COMMISSION APPROVAL.

NOTE: The entire section is new.

Be it ordained by the People of the City and County of San Francisco:

Section 1. Part II, Chapter V of the San Francisco Municipal Code is hereby amended by repealing Section 112.

Section 2. Part II, Chapter v of the San Francisco Municipal Code is hereby amended by adding Section 112 to read as follows:

SEC. 112. EMERGENCY MEDICAL SERVICES. The Fire Department is hereby authorized to provide emergency medical services with the approval of the Health Commission and subject to such conditions and requirements as the Health Commission may establish pursuant to Charter Section 4.110. The Department of Public Health shall determine which Fire Department personnel may provide emergency medical services and shall determine the standards, policies and medical protocols that shall govern the Fire Department in its operations with respect to these services. Nothing herein is intended to affect the authority granted to the San Francisco Emergency Medical Services Agency, which services as the local emergency medical services agency under State law.

Cont'd.

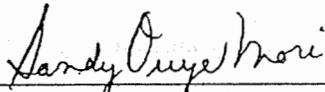
**Health Commission Resolution No. 21-96
Fire Commission Resolution No. 96-05**

FURTHER RESOLVED, that the Departments work with the City Attorney's Office and the Employee Relations Division of Human Resources to ensure that all changes be implemented consistent with Civil Service Commission rules and collective bargaining contracts and that any changes which impact wages, hours, or terms of employment within the scope of representation are handled appropriately through meet and confer procedures with the Unions involved; and, be it

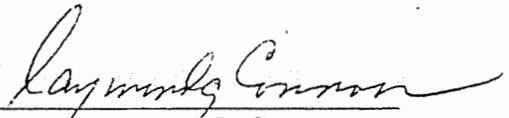
FURTHER RESOLVED, that the Steering Committee continue to function as a transition team and bring regular program reports to the Health and Fire Commission; and, finally, be it

FURTHER RESOLVED, that the Health and Fire Commissions direct the Steering Committee to provide a status report and update on the unresolved issues at a Joint Commission meeting before the end of 1996.

I hereby certify that the foregoing resolution was unanimously adopted by the Health Commission and the Fire Commission at a Joint Commission Meeting on Tuesday, October 1, 1996.



Sandy Ouye Mori
Executive Secretary to
the Health Commission



Raymond G. Connors
Secretary,
Fire Commission

THE SAN FRANCISCO MUNICIPAL CODE
PART II, CHAPTER V
AMBULANCES AND ROUTINE MEDICAL TRANSPORT VEHICLES

AMBULANCE ORDINANCE

- Section 901 Definitions
- Section 902 Certificate of Operation Required
- Section 903 Permit Required
- Section 904 Exemptions
- Section 905 Findings to Be Made by Director
- Section 906 Liability Insurance
- Section 908 Dispatcher and Office Requirements
- Section 910 Color Scheme-Adoption-Applications
- Section 911 Operation Requirements
- Section 912 Driver Requirements
- Section 913 Attendant Requirement
- Section 914 Proof of Compliance
- Section 915 Penalty

SECTION 901 - DEFINITIONS

The following words and phrases when used in this article have the meanings set forth herein:

- a) **City** means the City and County of San Francisco.
- b) **Color scheme** means a particular design, consisting of appliances, colors, figures and letters, or any combination thereof, assigned to a particular person for application to the ambulance or ambulances, or to routine medical transport vehicle or vehicles authorized to be operated by such person, for purposes of identification and distinction.
- c) **Director** means the Director of Health Care Services, or his/her designated agents or representatives, of City.
- d) **Person** means and includes an individual, a proprietorship, firm, partnership, joint venture, syndicate, business trust, company, corporation, association, committee, or any other legal entity.
- e) **Ambulance** means a vehicle specially constructed, modified, equipped, or arranged to accommodate a stretcher and operated commercially for the purpose of urgent transportation of sick, injured, convalescent, infirm, or otherwise incapacitated persons. As used herein, urgent transportation means transporting by ambulance of a person (1) requiring immediate measures to prevent loss of life or worsening of a traumatic injury or illness, or (2) having sudden need of medical attention.
- f) **Routine medical transport vehicle** means a vehicle specifically constructed, modified, equipped, or arranged to accommodate a stretcher and operated commercially for the purpose of transporting sick, injured, convalescent, infirm, or otherwise incapacitated persons not requiring urgent transportation.

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g) Department, unless otherwise indicated, means the Department of Public Health of the City and County of San Francisco.

h) Certificate means a Certificate of Operation which shall be issued by the Director to a person who qualifies to operate an ambulance or routine medical transport vehicle service in the City and County of San Francisco.

l) Permit means a permit which shall be issued by the Director for an ambulance or routine medical transport vehicle conforming to the requirements of this article which is owned or controlled by a person holding or qualifying for a Certificate pursuant to this article.

j) Operator means a person to whom a Certificate of Operation and permit or permits have been issued for purposes of operating an ambulance or routine medical transport vehicle service.

(Added Ord. 231-78; App. 5/19/78)

SECTION 902 - CERTIFICATE OF OPERATION REQUIRED

a) No person shall operate an ambulance or routine medical transport vehicle upon the streets of City until after application, the Director has issued a Certificate of Operation therefore.

b) A Certificate issued pursuant to this article shall set forth the commercial or public uses permitted and shall be valid until suspended or revoked. Said Certificate shall not be transferable, and shall be deemed revoked upon sale, transfer or assignment of the commercial use for which the Certificate was issued.

c) A Certificate may be suspended or revoked for violations of this article after a hearing by the Director, upon suspension or revocation the offices for which the Certificate was issued shall be posted with the order of the Director. The Director shall remove a suspension upon determination that violations have been remedied and compliance with this article thereby exists.

d) All applications for a Certificate shall be filed upon forms provided by the Department. Said application shall be verified under oath and shall furnish the following information:

- (1) The name, business and residence address and status of the applicant.
- (2) The financial status of the applicant, including the amounts unpaid of all judgments against the applicant and the nature of the transaction or acts giving rise to said judgments.
- (3) The experience of the applicant in the transportation and care of sick or injured persons.
- (4) Any facts which the applicant believes tend to warrant the issuance of a Certificate.
- (5) The actual or projected number of ambulances and/or routine medical transport vehicles, the mode, make and year, condition and stretcher.

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AMBULANCES AND ROUTINE MEDICAL TRANSPORT VEHICLES

patient capacity of each ambulance or routine medical transport vehicle proposed to be operated by the applicant and a description and address of offices which are to serve as the base of operations.

- (6) The color scheme to be used to designate the ambulance or ambulances and/or routine medical transport vehicle or vehicles of the applicant.
- (7) Such further information as the Director may reasonably require.

(Added Ord. 231-78; App. 5/19/78)

SECTION 903 - PERMIT REQUIRED

a) No ambulance or routine medical transport vehicle owned or controlled by any person to whom a Certificate has been issued shall be operated upon the streets of City until, after application, the Director has issued a permit therefore. Prior to the issuance of a permit, the Director shall thoroughly examine and inspect the ambulance or routine medical transport vehicle for compliance with the requirements of this article. An ambulance under valid permit may provide routine medical transport service without the necessity of an additional permit.

b) Ambulances shall be equipped in accordance with:

- (1) The requirements of the California Highway Patrol, and any revisions thereto; and
- (2) The standardized drug and equipment list, and any revisions thereto, adopted by the Director, who shall consider the recommendations of the San Francisco Emergency Medical Care Committee.

c) Routine medical transport vehicles shall be equipped in accordance with:

- (1) The standard vehicle safety and equipment requirements of the California Highway Patrol for ambulances and any revisions thereto
- (2) Standard patient carrying fixtures and restraints necessary for the comfort and safety of patients.

d) Any permit issued hereunder shall be valid for a period of one year from the date when issued and shall be renewed annually upon determination by the Director that the ambulance or routine medical transport vehicle for which the permit applies conforms to all requirements set forth in this article. Such requirements shall include the provision that all equipment be maintained in a fresh, clean and sanitary condition at all times.

(Added Ord. 231-78; App. 5/19/78)

SECTION 904 - EXEMPTIONS

a) All persons operating an ambulance or ambulances in City on the effective date of this ordinance shall be exempted from the requirements of Sections 902(a), 902(d) and 905 for a Certificate of Operation for a period of one year from the effective date of this ordinance. A certificate shall be issued by the Director to any person who qualifies for exemption pursuant to this section upon condition that compliance with all other sections of this article otherwise exists.

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PART II, CHAPTER V
AMBULANCES AND ROUTINE MEDICAL TRANSPORT VEHICLES

b) Any person operating an ambulance or ambulances in City on the effective date of this ordinance pursuant to a permit issued by the Director by authority of law existing immediately prior to that date shall be exempted from the requirements of Sections 903 and 905 for a period of one year, from the effective date of this ordinance, during which existing permits will continue to be valid unless suspended revoked or terminated. Upon expiration of the permit, an operator shall otherwise comply with all provisions of this article.

c) Any person operating an ambulance or ambulances, or routine medical transport vehicle or vehicles in City on or after the effective date of this ordinance which does not involve the transporting of persons from a place of origin to a place of destination, both of which are solely within City, shall be exempted from the requirements of this article.

(Added Ord. 231-79; App. 5/19/78)

SECTION 905 - FINDINGS TO BE MADE BY DIRECTOR

a) Pursuant to the provisions of this article relating to Certificates of Operation and permits, the Director shall not renew a Certificate of Operation or a permit or issue a new Certificate of Operation or a new permit for an ambulance or routine medical transport vehicle service until he/she has caused such investigation as he/she deems necessary to be made of the applicant and of his proposed operations.

b) The Director shall issue hereunder a Certificate of Operation or a permit for a specific ambulance or routine medical transport vehicle service, said Certificate of Operation or permit for a specified ambulance or routine transport vehicle to be valid for one year unless earlier suspended, revoked or terminated, when he/she finds:

- (1) That each such ambulance or routine medical transport vehicle, its required equipment and the premises designated in the application, complies with the requirements of this article.
- (2) That the applicant is a responsible and proper person to conduct or work in the proposed business.
- (3) That only drivers and attendants who comply with the requirements of this article are employed in such capacities.
- (4) That all the requirements of this article and all other applicable laws and regulations have been met.

(Added Ord. 231-78; App. 5/19/78)

SECTION 905.1

Notwithstanding Sections 902 and 905, the Director shall not issue a Certificate of Operation authorizing the operation of ALS services or and ambulance permit to any person not authorized by San Francisco's Emergency Medical Services (EMS) Plan to provide ALS or emergency ambulance services in the City and County of San Francisco, which San Francisco's EMS Plan has established as an exclusive operating area.

(Added Ord. 132-91; App. 4/5/91)

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SECTION 906 - LIABILITY INSURANCE

a) No Certificate or permit shall be issued, nor shall such certificate or permit be valid after issuance, nor shall any ambulance or routine medical transport vehicle be operated unless there is at all times in full force and effect to provide adequate protection against liability for damages which may be or have been imposed for each negligent operation of each such ambulance, or routine medical transport vehicle, its driver or attendant, a liability insurance policy or policies approved by the Director and issued by an insurance company authorized to do business in the State of California.

b) Such policy or policies shall provide protection against liability of the Certificate and permit holder in amounts, at least, as follows:

- (1) \$250,000 on account of bodily injuries to or death of one person;
- (2) \$500,000 for any occurrence on account of bodily injuries to or death of more than one person;
- (3) \$50,000 for any one accident on account of damages to or destruction of property of others.

c) In lieu of the separate limits stated in (b), the Certificate and permit holder may provide a policy or policies in, at least, the following amount:

- (1) \$500,000 for Combined Single Limit of Liability for each occurrence for bodily injury and/or property damage, which shall include bodily injury to one or more persons and/or damage to property of others.

d) Satisfactory evidence that the liability insurance required by this section is at all time in full force and effect shall be furnished to the Director by each operator required to provide such insurance.

(Added Ord. 231-78; App. 5/19/78)

SECTION 908 - DISPATCHER AND OFFICE REQUIREMENTS

a) Each operator shall utilize a dispatcher whose sole or primary function shall be to receive and dispatch all calls for ambulance or routine medical transport vehicle service.

b) Each operator shall maintain an operational an manned office from which an ambulance or ambulances or routine medical transport vehicle or vehicles shall be based on a continuous 24 hours per day basis.

(Added Ord. 231-78; App. 5/19/78)

SECTION 910 - COLOR SCHEME-ADOPTION-APPLICATION

a) The operator of every ambulance or routine medical transport vehicle service shall adopt a color scheme and, after approval thereof by the Director, shall apply such color scheme to each ambulance or routine medical transport vehicle authorized by a permit. The Director shall not approve or allow adoption or application of any color scheme which imitates or conflicts with any other color scheme, authorized by this article, in such manner as is misleading and would tend to deceive the public.

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No sign, letter, color, appliance or thing of decorative or distinguishing nature shall be attached or applied to any ambulance or routine medical transport vehicle other than such as have been approved by the Director in the color scheme authorized for each such ambulance.

b) Notwithstanding Section 910(a) and in lieu thereof, an operator may adopt a color scheme consistent with specifications recommended by the National Highway Traffic Safety Administration of the United States Department of Transportation, as contained in Federal Specification Number KKK-A-1822, published January 2, 1974. At such time as the color scheme recommended in Specification Number KKK-A-1822 becomes mandatory for ambulances operated in the State of California, the requirements of Section 910(a) shall become inoperative.

(Added Ord. 231-78; App. 5/19/78)

SECTION 911 - OPERATION REQUIREMENTS

a) All operations shall be required to comply with such reasonable rules and regulations regarding ambulance or routine medical transport vehicle equipment and maintenance, equipment safety, and sanitary conditions as the Director shall prescribe.

b) Each operator shall provide a security area not on the public streets of City for purposes of maintaining all ambulances when not in service.

c) In addition to the requirements of this article, an operator shall comply with all State and Federal requirements pertaining to the operation of an ambulance or routine medical transport vehicle service.

d) Every ambulance or routine medical transport vehicle and office from which it is operated shall be inspected by the Director once annually or more often as shall be determined by the Director, to insure compliance with equipment, equipment safety, sanitary and other rules and regulations relating to ambulance service operations.

e) Each ambulance or routine medical transport vehicle providing service shall be manned and operated at all times by a qualified driver and attendant.

f) Each operator, driver, and attendant shall be required to prohibit and constrain the smoking of tobacco products within the confines of any ambulance or routine medical transport vehicle while engaged in the transport of a patient passenger.

g) Each operator shall provide annually to the Director an equipment inventory, proof of state licensure, and such other information as the Director may reasonably require relating to ambulance or routine medical transport vehicle service operations.

(Added Ord. 231-78; App. 5/19/78)

SECTION 912 - DRIVER REQUIREMENTS

**THE SAN FRANCISCO MUNICIPAL CODE
PART II, CHAPTER V
AMBULANCES AND ROUTINE MEDICAL TRANSPORT VEHICLES**

A person employed as an ambulance or routine medical transport vehicle driver shall possess a current valid ambulance driver's license issued by the Department of Motor Vehicles.

Effective six months from the date of enactment of this ordinance, all persons employed as an ambulance driver shall have successfully completed an EMT-1A course accredited by the State of California Department of Health.

(Added Ord. 231-78; App. 5/19/78)

SECTION 913 - ATTENDANT REQUIREMENTS

On the effective date of this ordinance, persons employed as ambulance attendants shall have successfully completed an EMT-1A course accredited by the State Department of Health; and persons employed as routine medical transport vehicle attendants shall have successfully completed a course of training equivalent to the advanced course in first aid given by the American Red Cross.

Effective 18 months from the date of enactment of this ordinance, all persons employed as ambulance attendants must qualify as mobile intensive care paramedics certified by the Director; and persons employed as routine medical transport vehicle attendants shall have successfully completed an EMT-1A course accredited by the State Department of Health.

(Added Ord. 231-78; App. 5/19/78)

SECTION 914 - PROOF OF COMPLIANCE

a) An operator shall, within 48 hours after employing a driver or attendant, submit written proof to the Department and local California Highway Patrol office that the driver or attendant complies with the requirements of Sections 912 and 913.

b) Termination of employment of any driver or attendant shall require written notification by an operator to the Department and local California Highway Patrol office within 48 hours.

c) The Director shall maintain records of data required to be submitted by this article.

(Added Ord. 231-78; App. 5/19/78)

SECTION 915 - PENALTY

Any person violating any of the provisions of this article shall be guilty of a misdemeanor and upon conviction thereof shall be punishable by a fine not in excess of \$500 or by imprisonment in the county jail for a period not to exceed six months, or by both such fine and imprisonment.

(Added Ord. 231-78; App. 5/19/78)

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FILE NO 118-91-1

ORDINANCE NO 132-91

1 (Medical Transport Vehicles)

2 AMENDING PART II, CHAPTER V OF THE SAN FRANCISCO MUNICIPAL CODE
3 (HEALTH CODE) BY ADDING SECTION 905.1 THERETO TO PROHIBIT
4 AMBULANCE OPERATIONS BY ANY PROVIDER NOT AUTHORIZED UNDER SAN
5 FRANCISCO'S EMS PLAN

6 Note: The entire section is new.

7 Be it ordained by the People of the City and County of San
8 Francisco:

9 Section 1. Part II, Chapter V of the San Francisco
10 Municipal Code (Health Code) is hereby amended by adding Section
11 905.1 thereto to read as follows:

12 SEC. 905.1. Notwithstanding Sections 902 and 905, the
13 Director shall not issue a Certificate of Operation authorizing
14 the operation of ALS services or any ambulance permit to any
15 person not authorized by San Francisco's Emergency Medical
16 Services (EMS) Plan to provide ALS or emergency ambulance
17 services in the City and County of San Francisco, which San
18 Francisco's EMS Plan has established as an exclusive operating
19 area.

20
21 APPROVED AS TO FORM:

RECOMMENDED:

22 LOUISE H. RENNE
23 City Attorney

24 Paula Jenson
25 Deputy City Attorney

26 Flora Steward
27 Director of Public Health

28 Andy O'Connell
29 Health Commission
30

ADDENDA TO THE EMS AGENCY
EMERGENCY MEDICAL SERVICES PLAN
FOR THE CITY AND COUNTY OF SAN FRANCISCO

The following provisions are added to Section V of the EMS Agency Emergency Medical Services Plan for the City and County of San Francisco in two places: (1) Page 2 of System Design and Management; and (2) Page 12 of Section 1 (Minimum Standard 1.6):

San Francisco has established an exclusive operating area for providers of ALS and for emergency ambulance services. The exclusive operating area is the City and County of San Francisco, which is a single medical transport service area.

The four authorized providers of ALS are: (1) The Paramedic Division of San Francisco General Hospital; (2) King & American Ambulance; (3) San Francisco Ambulance; and (4) Federal Ambulance Co. (See Appendices A-1, B-1 and G-19.) No other persons may provide ALS or emergency ambulance services in San Francisco.

Authorized providers may operate routine medical transport vehicles for non-urgent transportation in San Francisco. San Francisco Health Code Sections 901 et seq. Routine medical transport vehicles provide BLS service. Routine medical transport vehicles may not provide emergency ambulance services.

**Exclusive Operating Area
EMS Plan- Zone Summary**

<p>Local EMS Agency or County Name: San Francisco Department of Public Health EMS Section</p>
<p>Area or subarea (Zone) Name or Title: City and County of San Francisco</p>
<p>Name of Current Provider(s) City and County of San Francisco American Medical Response King American Ambulance Service</p>
<p>Area of subarea (zone) Geographic Description: The exclusive operating area is the City and County of San Francisco, which is a single medical transport service area. 49 square miles of urban area. Borders San Mateo County on the South. San Francisco is connected by bridges to Alameda and Marin Counties. The Golden Gate National Recreational Area includes the Presidio that is under the jurisdiction of the National Park Service. Beginning in 1997, the CCSF assumed responsibility for Treasure island (formally a U.S. Navel Base). The San Francisco Airport (property of the CCSF) is served by San Francisco on site first responders and San Mateo County ALS ambulance response and transport services.</p>
<p>Statement of Exclusively, Exclusive or Non-Exclusive (HS 1797.6): <i>Include intent of local EMS Agency and Board Action.</i> San Francisco has established an exclusive operating area for providers of ALS and for emergency ambulance services. The exclusive operating area is the City and County of San Francisco, which is a single medical transport service area. Authorized providers may operate routine medical transport vehicles for non-urgent transportation in San Francisco. San Francisco Health Code Sections 901 <u>et seq.</u> Routine medical transport vehicles provide BLS service. Routine medical transport vehicles may not provide emergency ambulance services.</p> <p>San Francisco Municipal Code Part II Chapter V Section 905.1 Notwithstanding Sections 902 and 905, the Director shall not issue a Certificate of Operation authorizing the operation of ALS services or any ambulance permit to any person not authorized by San Francisco's EMS Plan to provide ALS or emergency ambulance services in the City and County of San Francisco, which San Francisco's EMS Plan has established as an exclusive operating area.</p>

Type of Exclusivity, "Emergency Ambulance", ALS", LALS" (HS 1797.85):
ALS and emergency ambulance services.

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

In 1981, the ALS providers were City and County of San Francisco, Federal Ambulance, SF Ambulance and King-American Ambulance. These providers have continued to operate within the SF EMS area in the manner and scope in which services have been provided without interruption since January 1, 1981.

There has been a change of ownership since 1981 for two of the providers. In 1990, Federal was acquired by Mercy Lifecare. In 1993 Mercy Lifecare was acquired by Baystar. In 1993, Baystar (also known at Med Trans) was acquired by Laidlaw (doing business as American Medical Response). Then, in 1995 AMR bought SF Ambulance. In February 1997 AMR became a wholly owned subsidiary of Laidlaw (DBA as AMR). Thus, AMR is the legal successor to both SF Ambulance and Baystar.

Notwithstanding the change in ownership, there have been no changes since 1981 that would alter the manner and scope of the services provided.

Received
4/17/00

INTEGRATED RESPONSE PLAN

I. PURPOSE

To establish the procedure, in adherence with *Advanced Life Support (ALS) Provider Standards*, by which authorized private ALS units are utilized as part of the 911 system in order to provide prompt ambulance response to an emergency.

II. DEFINITIONS

Total Response Time is measured from the closest possible point in time to ALS provider dispatch's initial reception of ambulance request until ambulance arrival on scene.

Roll Time is measured from time of receipt of call by ambulance arrival on scene.

Dispatch Time is measured from the closest possible point in time to dispatch's initial reception of ambulance request until time of receipt of call by ambulance.

Life-Threatening Code 3 Calls: When C-MED determines or there is probable cause to believe that calls are:

- A. Resuscitations (trauma and medical)
- B. Obstructed airway or choking patients
- C. Severe allergic reactions

III. APPLICATION

This policy shall only apply to those circumstances when a private ALS unit has a response time that is less than the closest available Department of Public Health (DPH) Paramedic Division unit.

IV. POLICY

- A. The criteria for initiating the *Integrated Response Plan (IRP)* are as follows:

- 1. Code 3 calls

- a. Life-threatening Code 3 calls

- When C-MED determines or there is probable cause to believe that there are calls of the following type, it shall dispatch the closest ALS ambulance, public or private:

- 1. resuscitations (trauma and medical)
 - 2. obstructed airway or choking patients
 - 3. severe allergic reactions

C-MED shall dispatch the closest ambulance in any other case known or suspected to require immediate response.

b. Other Code 3 calls

C-MED shall use judgment to ensure that the ALS ambulance shall reach the patient requesting service within seven minutes (roll time) or less of dispatch of ambulance in 90% of instances.

2. Code 2 calls

- a. When C-MED determines that 75% of (DPH) Paramedic Division ambulances are already committed. The response time standard for Code 2 assignments is 20 minutes or less in 90% of call instances.

3. Stand-by assignments are not authorized as part of the IRP

B. C-MED will activate the IRP response in the following manner:

1. The private provider dispatcher will enter the location and identifying number of all available units with C-MED via the color display terminal system immediately after this information is known to the dispatcher.
2. C-MED will selectively raise the private ALS unit closest to the call location over Coord II and, upon establishing radio contact, will dispatch the assignment according to standard procedure.

C. Status changes with reference to IRP request or ambulance availability:

1. It is the responsibility of the private ALS provider dispatcher to promptly enter ambulance unit availability into the color terminal display system immediately upon being notified by that unit that it is prepared for assignment.
2. In the event of a Cancellation Order (10-22), C-MED will notify the responding private unit via Coord II according to standard procedure. Thereupon, that unit will notify the provider dispatcher of its renewed availability. If cross traffic pre-exists on Coord II which prevents prompt unit notification of a 10-22, C-MED will advise the private provider dispatcher via landline accordingly, who will then be responsible for advising the unit via ambulance radio. The private provider dispatcher thereafter will advise C-MED via landline that the order has been received.

V. PROCEDURE

A. Communication

1. C-MED will assign a C-MED number to all calls dispatched to the private provider unit per standard procedure.

2. Once assigned an IRP call by C-MED, the Private ALS Unit will notify C-MED via Coord II of all pertinent status changes, to include:
 - a. enroute (10-98) on assignment
 - b. arrival (10-97) on scene
 - c. departure from the scene and enroute (10-98) to the announced hospital facility
 - d. arrival (10-7) at the hospital facility
 - e. other changes in status which relate to disposition of the patient such as: gone on arrival (GOA), 10-22 at the scene, refused-advised, Medical Examiner's case, transported by privately owned vehicle (POV), unable to locate (UTL), etc.
 - f. available and in service (10-8) from hospital
3. The private provider ALS unit will make all requests to C-MED for a Base Station telemetry channel via Coord II. If Coord II is occupied, said communication will be conducted via Coord I or through the private provider dispatcher.
4. In the event of Base Hospital medical traffic or Multi-Casualty Incident (MCI) traffic occurring on Coord II when the private provider ALS unit has a status change to report, that unit will notify C-MED of the pertinent change in status and time of said change as soon as Coord II is clear of medical/MCI traffic, as an opening allows, or via Coord I, if feasible.
5. C-MED will retain the option of assigning the private provider ALS unit to Coord I in the event that lengthy MCI traffic renders Coord II unavailable for *IRP* purposes. C-MED may also revert to landline communication with the private provider dispatcher; in this case, all assignments and status changes will be filtered through the Private Provider Dispatcher as a relay point between C-MED and the private ALS unit.
6. In the event of color display terminal equipment failure, the private provider dispatcher will advise C-MED of ALS unit availability via landline; C-MED may choose, for the sake of urgency, to directly query the private unit's availability and location via Coord II, or Coord I, if applicable.

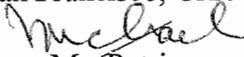
EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9TH STREET
SACRAMENTO, CA 95814-7043
(916) 322-4336 FAX: (916) 324-2875



September 6, 2000

Michael Petrie
EMS Administrator
San Francisco County
1540 Market St, Ste 220
San Francisco, CA 94102


Dear Mr. Petrie:

We have completed our review of *San Francisco County's Emergency Medical Services Plan: 1999*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*.

If you have any questions regarding the plan review, please call Michele Handewith at (916) 322-4336, extension 415.

Sincerely,



Richard E. Watson
Interim Director

RW:MR:mr