STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY
EDMUND G. BROWN JR., *Governor*

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 322-1441

February 26, 2018

Ms. Nancy Lapolla, EMS Director
San Mateo County EMS Agency
801 Gateway Boulevard, 2nd Floor
South San Francisco, CA 94080

Dear Ms. Lapolla:

This letter is in response to San Mateo County's 2017 EMS Plan submission to the EMS Authority on January 5, 2018.

I. Introduction and Summary:

The EMS Authority has concluded its review of San Mateo County's 2017 EMS Plan and is approving the plan as submitted.

II. History and Background:

San Mateo County received its last full plan approval for its 2006 plan submission, and its last annual plan update for its 2012 plan submission.

Historically, we have received EMS Plan submissions from San Mateo County for the following years:

- 1994
- 2003
- 2006
- 2008
- 2010
- 2012

Health and Safety Code (HSC) § 1797.254 states:

> *"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with HSC § 1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to San Mateo County's 2017 EMS Plan. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations, HSC § 1797.254, and the EMS system components identified in HSC § 1797.103, are indicated below:

	Approved	Not Approved	
A.	☒	☐	System Organization and Management

System Assessment Form

- Standard 1.24. Please continue to work with the City of South San Francisco to obtain a written agreement to be a provider of ALS services.

B.	☒	☐	Staffing/Training
C.	☒	☐	Communications
D.	☒	☐	Response/Transportation

Ambulance Zones

- Based on the documentation provided by San Mateo County, please find enclosed the EMS Authority's determination of the exclusivity of San Mateo County's ambulance zones.

Exclusive Operating Area

- Your plan is generally silent regarding the San Mateo County exclusive operating area. As a reminder, in the correspondence dated September 15, 2017 from the EMS Authority, if a new competitive process for San Mateo County (excluding the City of South San Francisco) is not completed and a contract in place

with the chosen contractor by June 30, 2019, the EMS Authority will recognize San Mateo (excluding the City of South San Francisco) as being non-exclusive. Enclosed for reference is a copy of this correspondence.

E. ☒ ☐ Facilities/Critical Care

System Assessment Form

- Standard 5.01. In the next EMS Plan submission, please provide an update on the status of written agreements with receiving hospitals.

F. ☒ ☐ Data Collection/System Evaluation

G. ☒ ☐ Public Information and Education

H. ☒ ☐ Disaster Medical Response

IV. Conclusion:

Based on the information identified, San Mateo County's 2017 EMS Plan is approved.

Pursuant to HSC § 1797.105(b):

> *"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan…unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."*

V. Next Steps:

San Mateo County's 2018 EMS Plan Update will be due on or before February 28, 2019.

If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

Daniel R. Smiley for

Howard Backer, MD, MPH, FACEP
Director

Enclosure

ZONE	EXCLUSIVITY			TYPE			LEVEL										
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All ALS Ambulance Services (includes emergency and IFT)	All CCT/ALS Ambulance Services	BLS IFT	BLS Non-Emergency	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
San Mateo County		X	Competitive	X				X	X	X							
City of South San Francisco		X	Non-Competitive	X				X	X	X							

COUNTY OF SAN MATEO

EMERGENCY MEDICAL SERIVCES AGENCY

801 Gateway Blvd., Ste. 200

South San Francisco, CA 94080

EMERGENCY MEDICAL SERVICES PLAN

2017

COUNTY OF SAN MATEO
HEALTH SYSTEM

Nancy Lapolla, MPH
Director

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South San Francisco, CA 94080
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January 5, 2018

Howard Backer, MD, MPH, FACEP
Director, Emergency Medical Services Authority
10901 Gold Center Drive, Ste. 400
Rancho Cordova, CA 95670-6073

Subject: San Mateo County EMS Plan – 2017 Annual Update

Dear Dr. Backer:

Please find attached the San Mateo County EMS Agency's 2017 Updated EMS Plan. The Executive Summary should provide you with the updates requested in your letter to the Agency.

Please do not hesitate to contact me at 650-573-2579, if you should have any questions.

Sincerely,

Nancy Lapolla, MPH
EMS Director

TABLE OF CONTENTS

Section 1

Executive Summary

San Mateo County 2017 EMS Plan Executive Summary

The San Mateo County EMS system remained stable during the year 2017and continues to make progress toward achieving several of our systems long term goals. The EMS Agency continues to experience successful collaborations with key system partners including our ALS Fire First Responder Agencies, contracted ALS transport service, AMR, and our receiving and specialty care centers, several of which our located within other EMS agency jurisdictions.

Accomplishments Since Our Last Report

- 2017 Annual Trauma System Report approved by EMSA.
- EMS developed an annual report which has been shared with all system stakeholders and is available on our website.
- EMS Agency took on management of the Health System Emergency Preparedness Program merging the HPP and PHEP programs under the EMS Division in San Mateo County.
- Studied cutting-edge video laryngoscopy to confirm intubation and success rates.
- San Mateo County STEMI System continues to improve and we have re-designated our STEMI Receiving Centers and have new agreement in place.
- Implemented a tiered system of care for stroke victims.
- Currently conducting a prehospital research study with Stanford University involving paramedics with specialized training conducting a mNIHSS enroute to the receiving stroke facility using an iPad and then having their results validated and communicated back to the prehospital agency, by a stroke neurologist.
- Signed agreement with American Heart Association to obtain Get with the Guideline Stroke data from designated stroke centers in San Mateo County.
- Purchased First Watch and First Pass to establish improved clinical quality improvement oversight.
- Started APOT data collection and will begin reporting as soon as validation process is completed.
- Participated in National Cardiac Arrest to Enhance Survival.
- Implemented a high-performance cardiopulmonary resuscitation (CPR) response protocol and increased overall survival by 5% in the first year.
- Restructured EMS committee structure to provide more productive meetings with a stronger emphasis on performance improvement processes.
- Implemented Code Stat® system-wide; all cardiac arrests in San Mateo County are reviewed weekly on a Skype® conference call with the EMS medical director, EMS Agency staff and prehospital providers, both Fire and ambulance transport.
- Developed a Continuity of Operations Plan for the EMS Agency and supported each division within San Mateo's Health System in the development of their COOP activities.
- Switched from EMSystems® to ReddiNet® as our emergency communication system and expanded the system to all skilled nursing facilities within San Mateo County.
- Signed a medical and health disaster and emergency mutual aid agreement between other region II counties.
- Provided mutual aid resources to the Napa and Sonoma County wildfires.
- Implemented PulsePoint® throughout San Mateo County.
- Participated in county-wide system review evaluating a new computer-aided dispatch system.

TABLE 1: SUMMARY OF SYSTEM STATUS

A. SYSTEM ORGANIZATION AND MANAGEMENT

	Does not currently meet standard	Meets minimum standard	Meets recommended standard	Short- range plan	Long- range plan
Agency Administration:					
1.01 LEMSA Structure		**X**			
1.02 LEMSA Mission		**X**			
1.03 Public Input		**X**			
1.04 Medical Director		**X**	**X**		
Planning Activities:					
1.05 System Plan		**X**			
1.06 Annual Plan Update		**X**			
1.07 Trauma Planning		**X**	**X**		
1.08 ALS Planning		**X**			
1.09 Inventory of Resources		**X**			
1.10 Special Populations		**X**	**X**		
1.11 System Participants		**X**			
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**			

TABLE 1: SUMMARY OF SYSTEM STATUS

SYSTEM ORGANIZATION AND MANAGEMENT (Continued)

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

TABLE 1: SUMMARY OF SYSTEM STATUS

B. STAFFING/TRAINING

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

TABLE 1: SUMMARY OF SYSTEM STATUS

C. COMMUNICATIONS

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

TABLE 1: SUMMARY OF SYSTEM STATUS

D. RESPONSE/TRANSPORTATION

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

TABLE 1: SUMMARY OF SYSTEM STATUS

4.20	"Grandfathering"		**X**			
4.21	Compliance		**X**			
4.22	Evaluation		**X**			

E. FACILITIES/CRITICAL CARE

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

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

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

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

Section 2

System Assessment Forms

A. SYSTEM ORGANIZATION AND MANAGEMENT

STANDARD: 1.01 LEMSA Structure

MINIMUM STANDARD: Each local EMS agency shall have a formal organizational structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: **STANDARD MET**

The County of San Mateo has designated its Health System as its local EMS agency. The EMS program reports directly to the Chief of the Health System

The EMS program staff includes an:

1 F.T.E. EMS Administrator. who has over 20 years' experience in EMS leadership

1 F.T.E. Clinical Program Manager II who is a registered nurse with many years of experience in EMS clinical and administrative services.

1 F.T.E. Management Analyst with experience in public health

1 F.T.E. Public Health Nurse who is a registered nurse with many years' experience in EMS (clinical and administrative).

1 F.T.E. Office Administrator II who has an MBA and manages our office and oversee contracting services.

1 F.T.E. Health Emergency Preparedness Program Specialist who is has administrative experience and Disaster planning

0.375 F.T.E. EMS Medical Director who practices emergency medicine at Stanford University Medical Center and is an Associate Professor of Emergency Medicine and Trauma at Stanford University School of Medicine. He is board certified in emergency medicine.

The local EMS agency is assisted in its duties by excellent resources within the Health System for administration, fiscal, IT services and from other services provided within the county government structure. The system has strong partnerships with the organizations and individuals who participate on committees as listed:

- San Mateo County Public Safety Communications
- Office of Emergency Services (a Joint Powers Agency of the County and all Cities within the County)
- County-wide Emergency Ambulance Provider (administrative, clinical, and field personnel)
- Fire Service Agencies (administrative, training, and line personnel) including 1) a Joint Powers Authority with 18 member entities including cities and fire protection districts, 2) Cal Fire which

provides services in the unincorporated areas, and 3) the City of South San Francisco which provides first response and transport services for the City of South San Francisco. The San Francisco Fire Department provides first responder services at San Francisco International Airport

- Hospital Consortium of San Mateo County
- Hospital Council of San Mateo County
- San Mateo County Medical Society
- 9 Receiving Hospitals (emergency department physicians and nurses)
- 2 Trauma Centers
- 6 Stroke Centers including two comprehensive stroke centers (CSC)
- 5 STEMI Receiving Centers
- 2 Air Ambulance Providers
- 2 EMT-I Training Programs
- Emergency Medical Care Committee
- Medical Advisory Committee
- Executive Steering Council
- Quality Leadership Committee
- Emergency Department Nurse Leadership
- Stroke PI Committee
- STEMI PI Committee
- Operations Committee
- Triple P Committee (Policy Procedures, Protocol)

COORDINATION WITH OTHER EMS AGENCIES:

We have great relationships with our neighboring counties and respond when requested in emergencies or in San Francisco when the day-to-day system is taxed and we have the ability to provide ambulance resources.

The County signed an Emergency and Disaster Mutual Aid Agreement between most of the counties in Region II.

NEED(S):

Continued collaboration, support, cooperation, and participation of the above entities.

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 1.02 LEMSA Mission

MINIMUM STANDARD: Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement and evaluation processes to identify needed system changes.

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

The local EMS agency has identified the following mission statement:

Mission

To ensure the highest-quality of emergency medical care to the people of San Mateo County through an integrated and coordinated system of services, and to foster the medical and health resiliency of our community during disasters and emergencies.

Values

In our journey to continuously improve the quality of emergency medical services and medical and health emergency preparedness we value:

- A patient and community oriented system
- A caring environment to inspire and produce innovation
- Research, scientific examination, focused process improvement, training and exercises
- Candor, integrity and mutual respect
- Multi-disciplinary partnerships to produce excellence and enhance emergency management

Vision

To provide leadership that is proactively improving medical and health emergency preparedness and emergency medical services

The EMS agency carries out these activities by providing leadership, facilitation, mediation, and evaluation. Most activities involve the active participation of the EMS components listed in 1.01.

The EMS Agency plans, implements, and evaluates the EMS system and uses its quality assurance/quality improvement and evaluation processes to identify needed system changes. Evidence that these activities are performed is demonstrated by the continual improvements made in the EMS system. The EMS Agency has a strong emergency and disaster response system and the EMS Agency is the lead emergency and disaster coordinating agency for the San Mateo County Health System.

COORDINATION WITH OTHER EMS AGENCIES:
We work closely with the Association of Bay Area Health Officer (ABAHO) public health and medical group to coordinate planning for emergency and disaster impacting the bay areas. This was proven in the strong response from Region II MHOAC programs to the recent northern California fires.

NEED(S):
Continued collaboration, support, cooperation, and participation of the entities described in 1.01.

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan
[ ] Long-range Plan

STANDARD: 1.03 Public Input

MINIMUM STANDARD: Each local EMS agency shall have a mechanism (including the emergency medical care committee(s) and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies, and procedures, as described throughout this document.

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

There are numerous sources used to seek and obtain appropriate input including, but not limited to:

- Emergency Medical Care Committee
- Medical Advisory Committee
- Specialty Care Committees-
    - Stroke
    - STEMI
- Operations Committee
- Executive Steering Council
- Quality Leadership Committee
- Other Divisions of the Health Department
- Healthcare Coalition
- Emergency Department Nurse Leadership
- Fire Chiefs' Association
- Triple "P" Policy, Procedure, Protocol Committee
- Customer Satisfaction Surveys

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEEDS:

Continued collaboration, support, cooperation, and participation of the above entities.

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 1.04 Medical Director

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

RECOMMENDED STANDARD: The local EMS agency medical director should have administrative experience in emergency medical services systems. Each local EMS medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and prehospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

CURRENT STATUS: RECOMMENDED STANDARD MET

The EMS Medical Director is board certified in emergency medicine. This physician currently practices emergency medicine at Stanford University Medical Center, and is an Associate Professor of Emergency Medicine and of Trauma at Stanford University School of Medicine. He has over 10 years' experience as the EMS Agency Medical Director for San Mateo County.

Physicians and other non-physician providers, with expertise in many specialties, are active and valuable contributors in our EMS system. Examples include:

- Medical Advisory Committee includes an emergency physician and nurse manager from each receiving/base hospital, ALS provider management, first responder and emergency ambulance EMT-Ps, Public Safety Communications/Emergency Medical Dispatch, EMS Manager.
- Operations Committee includes AMR and fire service EMS supervisors and clinical coordinators, the SMCPSC medical dispatch supervisor, and the EMS staff.
- Quality Leadership Committee includes the EMS supervisors of each JPA zone, AMR Clinical/Education Coordinator, Cal Fire EMS Supervisor, South San Francisco EMS Chief, field paramedics and EMTs, , Public safety communications (PSC) manager , PSC quality assurance coordinator, the EMS medical director, and EMS agency clinical services manager II
- Specialty Care Committees-
    - Stroke QI Committee includes the program managers and neurologists for each of the designated stroke centers, ED physicians, EMS stakeholders, and community-based organizations involved in public education. STEMI QI Committee includes EMS system stakeholders, cardiologists and program managers for all hospitals providing primary PCI and ED physicians from STEMI referral centers.
    - STEMI Committee includes EMS stakeholders, cardiologists and program managers from all hospitals providing primary PCI and ED physicians from STEMI referral centers

COORDINATION WITH OTHER EMS AGENCIES: N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 1.05 System Plan

MINIMUM STANDARD: Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority. The plan shall:

a) assess how the current system meets these guidelines,
b) identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
c)provide a methodology and timeline for meeting those needs

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

An EMS Plan was first completed in 1986 and remains on file with subsequent plan updates and submitted and approved by EMSA at regular periodic intervals.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 1.06 Annual Plan Update

MINIMUM STANDARD: Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

This document serves as the updated 2017 EMS Plan.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 1.07 Trauma Planning

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

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

CURRENT STATUS: RECOMMENDED STANDARD MET

Since November 1997 all major trauma patient are taken to designated trauma centers; Stanford Hospital and Clinics and Zuckerman San Francisco General Hospitals. A formal trauma system plan was submitted to the EMS Authority for approval in January 1999. A revised Trauma Plan was submitted and approved at periodic intervals, 2017 Summer, being the most recent.

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

COORDINATION WITH OTHER EMS AGENCIES:

The EMS agencies of San Francisco City & County and Santa Clara County were involved in the trauma system planning and implementation processes in San Mateo County. The San Mateo County EMS Agency established a Memorandum of Understanding with San Francisco City and has a letter of agreement with Santa Clara County. In 2017both trauma centers were reviewed by the American College of surgeons and redesignated by the local EMS Agencies. San Mateo EMS Agency participated in this process.

San Mateo County actively participates in the Regional Trauma Audit Committee (TAC). The Bay Area TAC includes San Francisco EMS Agency, San Mateo County EMS Agency, Santa Clara County EMS Agency, Santa Cruz County EMS Agency, San Bonito County EMS Agency, Alameda County EMS Agency, Contra Costa County EMS Agency and Marin County EMS Agency. The EMS Agency clinical staff and EMS Medical Director attend these meetings regularly. The region implemented a "Red box/Blue box re-triage criteria which was implemented with all 911 receiving hospitals in San Mateo County this year.

NEED(S):

Work with our EMS Providers to assess scene times greater than 20 minutes to identify opportunities for improvement.

OBJECTIVE:

Establish a quality indicator to flag major trauma EMS calls for focused performance improvement review by the EMS Trauma Program Coordinator

(completed)

TIMEFRAME FOR OBJECTIVE:

[X] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 1.08 ALS Planning

MINIMUM STANDARD: Each local EMS Agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

Advanced life support services (ALS) have been available throughout our jurisdiction for twenty –five years. The minimum staff for emergency ambulances is one paramedic and one EMT. Fire service paramedic first response is also provided countywide. Every fire engine responding to a medical emergency has at least one paramedic on board. American Medical Response West (AMR) was awarded a contract to provide paramedic emergency ambulance service in the San Mateo County EOA. The County also holds a contract with the San Mateo County Prehospital Emergency Medical Services Group, a joint powers authority compromised of 18 cities and fire districts for fire ALS response services. A written agreement is also in place with the San Francisco International Airport to provide paramedic first response within their jurisdiction. The City of South San Francisco provides both first response and transport ALS services within the jurisdiction and fully cooperates with the contracted provider for mutual aid as needed.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 1.09 Inventory of Resources

MINIMUM STANDARD: Each local EMS agency shall develop a detailed inventory of EMS resources (e.g. personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS:

See tables submitted

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 1.10 Special Populations

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

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

CURRENT STATUS: RECOMMENDED STANDARD MET

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

All fire engines and ambulances have a linguistic access card to identity languages spoken by non-English speaking clients. Once the appropriate language is identified and if interpreter services are required, PSC is contacted to link field personnel to the contracted linguistic service. All paramedics are required training in linguistic access as well as cultural humility. In addition, every fire engine and ambulance has a flip-card of ICONs to communicate with non-verbal persons. All paramedics received training in the card system and dealing with non-verbal clients

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

The San Mateo Mental Health Assessment and Referral Team, created in 2006, is a joint program developed by the Health System, EMS and AMR. Allowing a specially trained paramedic respond to law enforcement.
Code 2 EMS requests for individuals having a behavioral emergency. This SMART paramedic is able to perform a mental health assessment, place a 5150 hold if needed, and transport in a special van equipped with a security barrier allowing the client to go to a psychiatric emergency services, or, in consultation with County staff arrange for other services to meet the individual's needs. Access to the new SMART program is made through the County's 9-1-1 system.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 1.11 System Participants

MINIMUM STANDARD: Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

RECOMMENDED STANDARD: Each local EMS agency should ensure that system participants conform to their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

CURRENT STATUS: MINIMUM STANDARD MET

Roles of system participants are generally identified through written agreements and in policies and procedures. These documents describe roles and responsibilities of system participants, facility designation, and exclusive operating areas. Written agreements exist with ALS providers (except the city of South San Francisco's fire department), trauma centers, STEMI Receiving Centers and stroke centers.

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

COORDINATION WITH OTHER EMS AGENCIES:

San Mateo County entered into an agreement with the City and County of San Francisco regarding San Francisco International Airport in 2009. This agreement runs concurrently with the emergency ambulance service agreement between the County and the EMT-P transport service provider. EMT-P first response is provided by the San Francisco Fire Department. Ambulance transportation is provided by AMR.

Currently, San Mateo County does not have a written agreement with the City of South San Francisco for ALS services provided by South San Francisco Fire Service per 201 legislation. The City is an active participant on all our committees and follows all San Mateo County EMS Agency policies.

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 1.12 Review and Monitoring

MINIMUM STANDARD: Each local EMS agency shall provide for review and monitoring of EMS system operations.

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

The local EMS agency continually provides for review and monitoring of EMS system operations. This occurs in a variety of ways such as:

- Provider based QI/QA programs approved by the local EMS agency
- Investigation of incidents reported to the local EMS agency
- System-wide QI activities such as performed by the Executive Steering Council, Medical Advisory Committee, Quality Leadership Committee, Emergency Department Nurse Managers, and Operations Committee.
- Certification/Accreditation Activities
- Educational programs
- Collection and analysis of data
- EMS Agency's Review of Contractor for Contract Compliance Evaluation

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 1.13 Coordination

MINIMUM: Each local EMS agency shall coordinate EMS system operations.

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

This function is carried out continually by the EMS staff through open communications with system participants, action teams, and on-going committees such as the EMCC, Medical Advisory Committee, Executive Steering Council, Quality Leadership Committee, STEMI and Stroke Committees and ED Nurse Leadership Committee.

Ongoing customer survey outcomes are shared at our EMCC meetings to determine the level of patient/family satisfaction with their recent 9-1-1 experience.

COORDINATION WITH OTHER EMS AGENCIES:

Frequent and open communication occurs between Bay Area EMS agencies.

NEED(S):

Continued collaboration, cooperation, and participation of all EMS components.

OBJECTIVE:

1.13.a. To continue to facilitate and staff committees.
1.13.b. To continue to create an atmosphere of open communication and trust.

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 1.14 Policy and Procedures Manual

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

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

All policies, procedures and protocols are available on the EMS Agency website. Updates are posted as they are revised and training is completed. EMS providers may download all clinical protocols and procedures in an easy to use electronic format. The EMS agency established the Triple "P" committee to ensure stakeholder participation on policy reviews, updates and development.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 1.15 Compliance with Policies

MINIMUM STANDARD: Each EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

The local EMS agency is able to review, monitor, and enforce compliance with system policies primarily through written agreements with key system components/participants (e.g. county-wide emergency ambulance provider and first responder paramedic agencies, base/receiving hospitals, stroke centers and trauma centers) It is somewhat more difficult to carry out these activities with components not required to have written agreements (e.g. non-emergency ambulance services, PSAPs).

The local EMS agency, in cooperation with each EMS system component's QI personnel, continually review clinical key performance indicators to ensure compliance system procedures and protocols. The agency also conducts periodic site review of our specialty care centers to ensure they meet standards as outlined in our policies and written agreements.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[X] Long-range Plan

STANDARD: 1.16 Funding Mechanism

MINIMUM STANDARD: Each local EMS agency shall have a funding mechanism which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund.

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

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

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

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S): To establish a fee structure to further enhance the EMS Agency's ability to provide adequate oversight to the EMS system

OBJECTIVE:

1) **Conduct a LEMSA fee survey to identify additional fee opportunities.**
2) **Develop a communication strategy to obtain system stakeholder support to implement additional fees and update current fees structure.**
3) **Develop and implement new fee structure for San Mateo EMS Agency.**

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 1.17 Medical Direction

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

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: MINIMUM STANDARD MET

Prospective medical control is provided through written policies and patient treatment protocols. These are developed by a subcommittee of the Medical Advisory Committee that is comprised of emergency physicians, nurses, and paramedics. The patient treatment protocols permit paramedic practice according to "standing orders" detailed in the protocols.

Immediate medical control, or "on-line" medical control, is provided by the emergency physician who will receive the patient. All nine San Mateo County receiving hospitals are designated base hospitals. Paramedics are encouraged to contact the physician for "consultation" on an as needed basis rather than calling for "permission" to treat. This on-line communication is conducted via cellular telephone from the prehospital setting. Feedback to date has been very positive with paramedics citing improved and more timely patient treatment as well as an improved quality of medical direction as compared to the previous system.

Retrospective medical control is provided at several different levels. This occurs at the receiving hospitals through their evaluation of prehospital care, by the provider's QI program, by the EMS agency staff and medical director as needed, and via system-wide multidisciplinary committee review.

Lucile Packard Children’s Hospital is our pediatric base hospitals and provided on-line pediatric medical control when needed.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 1.18 QA/QI

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

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

CURRENT STATUS: RECOMMENDED STANDARD MET

Each EMS component provider is responsible for developing and implementing its own internal QI plan based on the countywide quality improvement plan. These plans are reviewed and approved by the local EMS agency. The emergency ambulance providers and the SMCPSDC currently have plans in place.

The County Public Safety Dispatch Center has dispatched all emergency ambulances for many years and its CAD records are very useful in tracking response times for the ambulances. San Mateo EMS is fortunate to have a single dispatch center dispatching all emergency ambulances and fire service paramedic first responders (including South San Francisco Fire), therefore data on a single CAD is used to track response times for all these responses. The SMCPSDC recently has received "Center of Excellence" status.

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

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

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

OBJECTIVE:

1.18.a. To update the EMS Agency Performance Improvement Plan and work with all providers in updating their plans..

TIMEFRAME FOR OBJECTIVE:

[X] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 1.19 Policies, Procedures, Protocols

MINIMUM STANDARD: Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to,

a) triage
b) treatment
c) medical dispatch protocols
d) transport
e) on-scene treatment times
f) transfer of emergency patients
g) standing orders
h) base hospital contact
i) on-scene physicians and other medical personnel, and
j) local scope of practice for prehospital personnel

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

CURRENT STATUS: RECOMMENDED STANDARD MET

Written policies, procedures, and protocols exist for all standards listed above including pre-arrival/post-dispatch instructions.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 1.20 DNR Policy

MINIMUM STANDARD: Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the prehospital setting, in accordance with the EMS Authority's DNR Guidelines.

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

A DNR policy is in place that meets the above standard. The DNR Policy was revised to include recognition of the updated Physician Orders for Life-Sustaining Treatment (POLST) form in 2017. All pre-hospital fire first responders and paramedic transport personnel were trained to look for and follow instructions noted on the POLST form. The EMS Clinical staff and EMS Medical Director have reached out to the SNF's to make DNR/POLST forms more readily available to EMS responders to support the patient and family end of life instructions.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 1.21 Determination of Death

MINIMUM STANDARD: Each local EMS agency, in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

There is a policy on the determination of death that meets the above standard. This policy was updated in 2017.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 1.22 Reporting of Abuse

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

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

San Mateo County utilizes the standard forms for both child and elder abuse and has policy in place to facilitate any suspected abuse. Training in using the form and how to report suspected abuse is on-going. All unexpected childhood deaths are reviewed by a Child Death Review Team (CDRT) under the auspices of the Health System. The EMS Agency is represented on the CDRT. The EMS agency is also member of the Elder Abuse Committee which reviews cases of suspected elder abuse or neglect.

Paramedics have received training to recognize and report elder abuse. This training was conducted in 2017 by the Department of Health Services Aging and Adult Services Division. We frequently receive positive feedback from that Division on the excellent elder abuse reporting done by EMT-Ps. The Division also provided training for medical dispatchers at the SMCPSDC with similar positive results.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 1.23 Interfacility Transfers

MINIMUM STANDARD: The local EMS medical director shall establish policies and protocols for scope of practice of prehospital medical personnel during interfacility transfers.

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

There are policies and protocols for scope of practice of prehospital medical personnel during interfacility transfers that meet the above standard.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 1.24 ALS Systems

MINIMUM STANDARD: Advanced life support services shall be provided only as an approved part of a local EMS System and all ALS providers shall have written agreements with the local EMS agency.

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

CURRENT STATUS: RECOMMENDED STANDARD MET

San Mateo County is in compliance with both the minimum and recommended standard, except for the City of South San Francisco. This City has provided ALS service since 1975 and, therefore, appears to qualify as a Health and Safety Code Section 1797.201 City. To date, the City of South San Francisco has not executed the local EMS agency's written agreement to be a provider of ALS services with the EMS agency. Over the last 20 years, multiple attempts to enter into written agreement with the City have been unsuccessful. The City of South San Francisco continues to cooperate with all policies, protocols and procedures promulgated by the county, and participates on required EMS committees.

All other providers of ALS including the county-wide emergency ambulance provider and first responder (non-transport) fire service ALS programs have signed written agreements with the EMS agency.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[X] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 1.25 On-Line Medical Direction

MINIMUM STANDARD: Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

RECOMMENDED STANDARD: Each EMS system should develop a medical control plan which determines:

a) the base hospital configuration for the system,
b) the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and
c) the process for determining the need for in-house medical direction for provider agencies.

CURRENT STATUS: RECOMMENDED STANDARD MET

See Section 1.17.

Each receiving hospital is designated as a base hospital. All hospitals agreed to participate at this level and signed written agreements with the County.

Paramedics normally contact the emergency physician at the hospital to which the patient will be transported, if medical direction is needed.

COORDINATION WITH OTHER EMS AGENCIES:

Two out-of-county hospitals, Stanford Health Care and Zuckerman San Francisco General, serve as base hospitals for San Mateo County.

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 1.26 Trauma System Plan

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

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

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

Since November 1997 all major trauma patient are taken to designated trauma centers; Stanford and Zuckerman San Francisco General Hospitals. A updated trauma system plan was submitted to the EMS Authority in 2017 and approved. There have been no major changes to the trauma system.

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

COORDINATION WITH OTHER EMS AGENCIES:

San Mateo County EMS Staff participate in the QI committee for Santa Clara and San Francisco EMS Agencies.

We have written agreements with Santa Clara and San Francisco EMS Agencies.
NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[X] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 1.27 Pediatric System Plan

MINIMUM STANDARD: The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:

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

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

An EMS for Children Program has been in place since the early 1990s. The current status of the program is as follows:

- All paramedics are required to successfully complete and maintain training in Pediatric Education for Prehospital Personnel (PEPP). Additionally, all paramedics are required to undergo a review of infrequently utilized pediatric skills.
- San Mateo County has developed an inclusive pediatric emergency department model since children often arrive at the ED in their parent's arms versus by ambulance. All nine receiving facilities EDs have been reviewed to determine the status of their pediatric capabilities based upon the adopted standards.
- All our hospitals participated in the Pediatric Readiness survey.
- Standards for pediatric capabilities of receiving hospitals have been adopted meeting or exceeding EMSA guidelines. Our hospitals follow ACEPS guidelines.
- *Pediatric Critical Care and Trauma Interfacility Consultation and Transfer Guidelines* were developed and adopted.
- Pediatric Field Treatment Protocols have been implemented and undergo review every two-years.
- A review of the pediatric capabilities of the two designated trauma centers was performed.
- EMS clinical staff participate on the county's Child Death Review Team
- EMS clinical staff participates on the State EMS-C Coordinator Committee and Technical Advisory Committee
- Stanford Health Care is contracted to provide pediatric base hospital services.

COORDINATION WITH OTHER EMS AGENCIES

- Santa Clara County EMS was notified and support our use Stanford Health Care as the Pediatric Base Hospital for San Mateo County.

NEED(S):
Have EMS for Children regulations

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[X] Long-range Plan

STANDARD: 1.28 EOA Plan

MINIMUM STANDARD: The local EMS agency shall develop and submit for state approval, a plan, based on community needs and utilization of appropriate resources, for granting an exclusive operating area which determines:

a) the optimal system design for ambulance service and advanced life support services in the EMS area, and
b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

San Mateo County established an exclusive operating area (EOA) for advanced life support services in 1976 prior to the enactment of Health and Safety Code Section 1797.224. The zone contains all of San Mateo County and identifies a separate EOA for the City of South San Francisco.

The city of South San Francisco requested permission from San Mateo County Board of Supervisors to start a paramedic program to include transport in 1975. They have been operating continually with ambulance paramedic transport services since 1975 and are considered a "grandfathered" EOA.

The exclusive operating area was included in the 1986 San Mateo County EMS Plan and was approved by the EMSA. The language for the service was amended in 1990 to "emergency ambulance service" in place of "advanced life support". The amended language was approved by the Emergency Medical Care Committee (EMCC), the Board of Supervisors, and the EMSA. Competitive processes were conducted in 1990 and in 1997/98. Both these RFP documents were reviewed and approved by the EMSA.

The previous contract for county-wide Emergency Medical Services, held by American Medical Response (AMR) ended on June 30, 2009. The Request for Proposals (RFP) process began in 2007. To prepare the requirements for the RFP the EMS Agency coordinated an extensive EMS system redesign process. Stakeholders throughout San Mateo County were convened in several groups to recommend standards and criteria to the EMCC for inclusion in the new RFP. The 2008 RFP document was approved by the EMCC, the Board of Supervisors and the EMSA A panel comprised of persons not employed by the County reviewed the proposals and made their recommendation to the Board of Supervisors. The Board initially accepted this recommendation However, upon further review by the County the emergency ambulance contract was awarded to AMR. The current provided for a fire year extension, at the discretion of the County. The County extended the agreement which began on June 30, 2014 and will expire on June 2019. An additional contract for ALS first response between the County and the Fire JPA was approved by the EMCC and the Board of Supervisors. This contract runs concurrently with the emergency ambulance contract.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):
1). San Mateo EMS needs to update the 1975 written agreement with the City of South San Francisco.
2). San Mateo EMS need to conduct an RFP for 911 ambulance services in the contracted EOC to ensure there is continues services to the EOA outside of the city of South San Francisco, prior to June 2019.

OBJECTIVE:
1). Conduct an ALS 911 ambulance RFP and identify an ambulance service provider prior to the existing 911 ambulance agreement expiration date of June 2019.

2). Update the 1975 agreement for ALS paramedic first response and ambulance transport services within the city jurisdiction of South San Francisco.

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[X] Long-range Plan

B. STAFFING/TRAINING

STANDARD: 2.01 Assessment of Needs

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

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

The local EMS agency routinely assesses personnel and training needs. Examples of recent activities include:

- A Quality Leadership Committee comprised of EMS agency clinical staff, the EMS medical director, provider clinical coordinators, and field paramedics and EMT meets monthly. They review key performance indicators and other data, identify any deficiencies, and design a training plan targeting any problem areas.

- A Medical Advisory Committee consisting of paramedics, emergency department nurses, emergency department physicians, ground and air ambulance providers, and emergency medical dispatchers meets bi- monthly to discuss clinical issues and training needs.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 2.02 Approval of Training

MINIMUM STANDARDS: The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs which require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

We have mechanisms in place to approve and monitor for compliance the following:

a) EMT-I initial training programs, refresher courses, and continuing education.
b) Public safety AED programs
c) Paramedic initial training programs
d) EMS continuing education programs
d) Paramedic optional scope of practice skills within the orientation for accreditation to practice and updated annually with infrequent skill training.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 2.03 Personnel

MINIMUM STANDARD: The local EMS agency shall have mechanisms to accredit, authorize, and certify prehospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for prehospital providers to identify and notify the local EMS agency of unusual occurrences which could impact EMS personnel certifications.

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

Mechanisms are in place that conform to the above standard.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 2.04 Dispatch Training

MINIMUM STANDARD: Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with EMS Authority's Emergency Medical Dispatch Guidelines.

RECOMMENDED STANDARD: Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

CURRENT STATUS: RECOMMENDED STANDARD MET

There are 11 primary PSAPs within the jurisdiction. These PSAPs are instructed to immediately turn over medical calls to the SMCPSDC, which dispatches all emergency medical calls dispatching both ambulances and fire responders. The Center provides call triage, pre-arrival and post-dispatch instructions. All medical dispatchers have been trained to the recommended level via Medical Priority Dispatch, Inc. System (MPDS) format. Dispatch protocols are MPDS.

Standards for medical call taking and 9-1-1 turnover procedures for non-emergency ambulance providers are developed.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

.

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 2.05 First Responder Training

MINIMUM STANDARD: At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.

RECOMMENDED STANDARD: At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

At least one person on each non-transporting EMS first response unit should be currently certified at the EMT-I level and have available equipment commensurate with such scope of practice.

CURRENT STATUS: RECOMMENDED STANDARD MET

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

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 2.06 First Responder Response

MINIMUM STANDARD: Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

Fire service paramedic response is required throughout the jurisdiction. There are industrial first responder programs in San Mateo. These programs coordinate with the local fire departments within their jurisdiction.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 2.07 First Responder Medical Control

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

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

Medical direction policies and protocols are in place for first responder personnel.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 2.08 EMT-I Training

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

RECOMMENDED STANDARD: If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

CURRENT STATUS: RECOMMENDED STANDARD MET

All emergency ambulances are staffed by a minimum of one paramedic and one EMT with advanced training. Non-emergency ambulances are staffed by EMT-Is.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 2.09 CPR Training (Hospital)

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

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

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

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 2.10 Advanced Life Support (Hospital)

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

RECOMMENDED STANDARD: All emergency physicians should be certified by the American Board of Emergency Medicine.

CURRENT STATUS: MINIMUM STANDARD MET

All emergency physicians who direct emergency patient care are either board certified in emergency medicine or certified in advanced life support. All registered nurses working in the emergency department are certified in advanced life support and pediatric advanced life support.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 2.11 Accreditation Process

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

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

There are EMT-P accreditation procedures conforming to the above standard. The orientation and testing in optional scope of practice is carried out by the employer according to a process approved by the local EMS agency. Processes are standardized for all EMT-P service providers. The local EMS agency monitors the processes for compliance to the standard.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 2.12 Early Defibrillation

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

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

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

The entire county is served by ALS personnel, which makes this skill unnecessary for non-emergency ambulance providers.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 2.13 Base Hospital Personnel

MINIMUM STANDARD: All base hospital/alternative base station personnel who provide medical direction to prehospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

CURRENT STATUS:

The current base hospital standard is described in detail in other sections of this assessment (see 1.17 and 1.25). EMT-Ps provide medical care according to standing orders and contact the receiving hospital physician for "consultation" as needed. Physicians are kept informed of any changes to the system or treatment protocols by the physician who represents their facility on the Medical Advisory Committee. A listing of all approved EMT-P medications and skills is provided to the physicians electronically. Field to hospital communication for medical consultation occurs via telephone (cellular in the field).

Hospital emergency department staff are trained in radio communication as a back-up for use in disasters only Therefore, there is no need for the physician to have training in "radio communication techniques" for day-to-day communication.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

C. COMMUNICATIONS EQUIPMENT

STANDARD: 3.01 Communications Plan

MINIMUM STANDARD: The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.

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

CURRENT STATUS: RECOMMENDED STANDARD MET

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

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

A digital paging system is in place. All ambulance contractor medical and administrative personnel-, EMS staff, and fire services agencies that utilize the SMCPSDC paging system to cell phone as text messages. This paging system is linked to the computer aided dispatch system which can send alpha-numeric messages directly off the CAD. Ambulance and fire first responder dispatch information is communicated by this system as well as audibly over the Red Channel.

All hospitals, the SMCPSDC, and the local EMS agency office are linked by a computer system, known as the ReddiNet. ReddiNet is new to San Mateo County this year replacing our previous system EMSystems. The system continually displays each hospital's receiving status regarding its ability to accept ambulance patients on computers located in the dispatch center, the EMS office, and at each receiving hospital. San Mateo has a no diversion policy so diversion status is not routinely tracked. ReddiNet is also used for hospital polling in multi-casualty incidents and reporting inpatient hospital bed status. ReddiNet also displays the EMS Administrator and Health Officer on call status.

ReddiNet is in place in San Francisco, any many bay area counties. The region is working to slowly transition all Region II county onto ReddiNet so we have one communication system to support easier communication during large emergencies and disasters.

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

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

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 3.02 Radios

MINIMUM STANDARD: Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.

RECOMMENDED STANDARD: Emergency medical transport vehicles should have two-way radio communications equipment which complies with the local EMS communications plan and which provides for vehicle-to-vehicle (including ambulances and non-transporting first responder units) communication.

CURRENT STATUS: RECOMMENDED STANDARD MET

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

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 3.03 Interfacility Transfer

MINIMUM STANDARD: All ground and air emergency medical transport vehicles used for interfacility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

All emergency medical transport vehicles used for interfacility transfers have trunked radios and cellular telephones.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 3.04 Dispatch Center

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

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

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

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

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 3.05 Hospitals

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

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

CURRENT STATUS: RECOMMENDED STANDARD MET

All hospitals are able to directly communicate with one another. Several communications systems exist between hospitals. These include the microwave line, standard landline telephone, cell phones, email or FAX. All hospitals are equipped with the County's trunked radio system. In addition, hospitals are linked by ReddiNet web-based communication system.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 3.06 MCI/Disasters

MINIMUM STANDARD: The local EMS agency shall review communications linkages among providers (prehospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

Communication linkages are reviewed continually. The County's trunked radio system, microwave, ReddiNet, and radio all have a role in MCIs and disasters.

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

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

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 3.07 9-1-1 Planning/Coordination

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

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

CURRENT STATUS: RECOMMENDED STANDARD MET.

There is countywide enhanced 9-1-1 service. The EMS agency participates in 9-1-1 system development as needed. The county is in the process of purchasing a new Computer Aided Dispatch CAD system. EMS Agency staff and the EMS director are actively involved in the RFP process.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 3.08 9-1-1 Public Education

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

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

Use of 9-1-1 is covered in many of the community education programs offered by the ambulance contractor, the fire service, SMCPSC and the EMS Agency. In 2016 the EMS Agency along with our local hospitals developed an educational campaign, educating the public to call 9-1-1 for cardiac emergencies. We reach over 2 million viewers.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 3.09 Dispatch Triage

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

RECOMMENDED STANDARD: The local EMS agency should establish an emergency medical priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

CURRENT STATUS: RECOMMENDED STANDARD MET

The emergency medical dispatchers utilize the Medical Priority Dispatch Screening (MPDS) which includes systemized caller interrogation, dispatch triage policies, and pre-arrival instructions. This system is reviewed and updated regularly by the EMS medical director, Medical Advisory Committee, and the Quality Leadership Committee.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 3.10 Integrated Dispatch

MINIMUM STANDARD: The local EMS system shall have a functionally integrated dispatch with system wide emergency services coordination, using standardized communications frequencies.

RECOMMENDED STANDARD: The local EMS agency should develop a mechanism to ensure appropriate system-wide coverage during periods of peak demand.

CURRENT STATUS: RECOMMENDED STANDARD MET

The SMCPSDC dispatches all emergency medical responses within the county; both emergency ambulance and fire response.

The SMCPSDC uses the system status plan provided by the countywide contractor to position and dispatch emergency ambulances. The computer aided dispatch system (CAD) assists the dispatcher to determine the closest vehicle to emergency calls.

The mechanism used by the EMS agency to ensure appropriate system-wide coverage during periods of demand is reviewed as part of our ongoing contract compliance process..

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

D. RESPONSE/TRANSPORTATION

STANDARD: 4.01 Service Area Boundaries

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

RECOMMENDED: The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas (e.g. ambulance response zones).

CURRENT STATUS: RECOMMENDED STANDARD MET

There is a county-wide emergency ambulance response zone that includes all of the County's jurisdiction with the exception of the City of South San Francisco. The county-wide zone conforms to the requirements set forth in Health and Safety Code 1797.224. An EMS Agency policy restricts non-emergency ambulance providers (BLS) from responding to and/or transporting patients with emergency medical conditions.

The City of South San Francisco provides its own emergency ambulance service with its fire department. However, the county-wide emergency ambulance provider responds to calls within that city when their ambulances are not available and vice-versa.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 4.02 Monitoring

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

RECOMMENDED STANDARD: The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other ambulance regulatory programs within the EMS area.

CURRENT STATUS: RECOMMENDED STANDARD MET

The County utilized written agreements and local EMS policies to ensure regulatory requirements are being met by all ALS providers with the County. San Mateo County only utilizes ALS emergency medical response providers within each of its designated EOAs. These agreements serves as an excellent basis for establishing and ensuring compliance with all state and local EMS statutes, regulations, standards, policies, and procedures.

COORDINATION WITH OTHER EMS AGENCIES: San Mateo works collaboratively with neighboring EMS agencies and within the bay area to ensure a cohesive system that has the ability to assist neighboring jurisdictions when requested.

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 4.03 Classifying Medical Requests

MINIMUM STANDARD: The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET.

Medical requests are classified as Priority 1, Priority 2, or Priority 3 by the emergency medical dispatcher at the SMCPSDC. The classification is made using the Medical Priority Dispatch System (MPDS). The priority level for the system is determined by the EMS Medical Director.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 4.04 Prescheduled Responses

MINIMUM STANDARD: Service by emergency medical transport vehicles which can be pre-scheduled without negative medical impact shall be provided only at levels which permit compliance with local EMS agency policy.

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

The emergency ambulance providers (AMR and South San Francisco Fire Department) do not use their emergency ambulances for non-emergency transports. These units only serve from 911 requests and to support the rapid response request from a hospital utilizing the 911 dispatch system via a direct number for hospital interfacility transfers for critical patients need transfer to definitive care at another hospital with specialized services to better meet the needs of the patient.

Non-emergency BLS IFT is not part of San Mateo organized 911emergency medical services system. San Mateo EMS is in contact with these providers for use in emergencies and or disasters; the nature of non-emergency IFT business is unstable as contracts are awarded independently between hospitals, skilled nursing facilities and other healthcare provers and non-emergency services. These providers are transient within San Mateo County and change frequently, San Mateo EMS doesn't consider non-emergency BLS ambulance providers as part of our system.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 4.05 Response Time Standards

MINIMUM STANDARD: Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of the call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch intervals and driving time.

RECOMMENDED STANDARD: Emergency medical service areas (response zones) shall be designated so that for ninety percent of emergent responses:

a.the response time for priority one calls for a basic life support and CPR capable first responder does not exceed:
Urban/Suburban - 6 minutes 59 seconds
Rural - 11 minutes 59 seconds
Wilderness - 21 minutes 59 seconds

b.the response time for priority one calls for an early defibrillation-capable responder does not exceed:
Metro/urban - 5 minutes
Suburban/rural - as quickly as possible
Wilderness - 21 minutes 59 seconds

c.the response time for priority one calls for an advanced life support capable responder (not functioning as the first responder) does not exceed:
Urban/Suburban - 12 minutes 59 seconds
Rural - 19 minutes 59 seconds
Wilderness - 29 minutes 59 seconds

CURRENT STATUS: MINIMUM STANDARD MET

PSAP Time to Turnover Medical Calls

Because we do not have access to dispatch data from PSAPs (other than the SMCPSDC) we cannot attest to the times for PSAP turnover to the SMCPSDC. All PSAPs turnover medical calls to the SMCPSDC which dispatches emergency ambulances directly as well as the closest fire engine.

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

ALS first response is available countywide, exception City of South San Francisco. The response time standard in urban/suburban is 6:59 minutes 90% of the time. The ALS first responders maintain a compliance level in the high 90s Since we do not have access to the City of South San Francisco's fire service response data we cannot attest to its response times. It is our belief that the recommended standards specified for this service level are met within that City. We have not specified the response time levels as a standard for that City.

Early Defibrillation Capable Response - Not applicable.

ALS Capable Response (not functioning as first response) – Not applicable

EMS Transportation

The county-wide emergency ambulance provider, using ambulances staffed by at least one EMT-P and one EMT, meets the standards specified.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 4.06 Staffing

MINIMUM STANDARD: All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: MINIMUM STANDARD MET

All emergency ambulances and ALS fire apparatus are staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 4.07 First Responder Agencies

MINIMUM STANDARD: The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

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

A number of law enforcement agencies have AED capabilities.

Industrial first aid teams work with local fire departments, contracted 911 ambulance provider, public safety communication center and the local EMS agency to ensure a coordinated response.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 4.08 Medical & Rescue Aircraft

MINIMUM STANDARD: The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:

a)authorization of aircraft to be utilized in prehospital patient care
b)requesting of EMS aircraft
c)dispatching of EMS aircraft
d)determination of EMS aircraft patient destination
e)orientation of pilots and medical flight crews to the local EMS system, and
f)addressing and resolving formal complaints regarding EMS aircraft

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

Processes are in place meeting the above standard. Two EMS medical aircraft services are used routinely (LifeFlight and CALSTAR). The Coast Guard routinely provides air rescue services, particularly related to water incidents.

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

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

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 4.09 Air Dispatch Center

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

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

The San Mateo County Public Safety Communications Dispatch Center (SMCPSDC) coordinates the use of air ambulances and rescue aircraft.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 4.10 Aircraft Availability

MINIMUM STANDARD: The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS area.

CURRENT STATUS: STANDARD MET

The EMS Agency has written agreements with the two medical air ambulance providers (LifeFlight and CALSTAR) that routinely respond into our jurisdiction Staffing and equipment standards are specified in those agreements and in EMS policies and procedures. Both providers staff their air ambulances with a pilot and two registered nurses.

The Coast Guard regularly provides air rescue services. It is staffed with a pilot and an EMT-I. When a medical emergency exists, in addition to the rescue needs, medical care is provided by San Mateo County accredited EMT-Ps who accompany the patient in the aircraft.

COORDINATION WITH OTHER EMS AGENCIES:

Although both air ambulance providers are based outside of San Mateo County, we have not had the need to coordinate air medical response activities with those other counties.

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 4.11 Specialty Vehicles

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

RECOMMENDED STANDARD: The local EMS agency should plan for response by and use of all-terrain vehicles, snow mobiles, and water rescue vehicles in areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

CURRENT STATUS: MINIMUM STANDARD MET

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

Several fire agencies have rescue water craft, including Menlo Park Fire Protection District, Redwood City Foster City Fire Department, and South San Francisco Fire Department, which then rendezvous with the 911 ambulance provider. Cal Fire and Woodside Fire Protection District have four-wheel drive "ERV's" vehicles that can be used for patient transport in rugged areas which then rendezvous with the 911 ambulance provider.

Dispatch working with the fire ALS responders will identify what specialty vehicles are required to assist on the response. These are considers fire BLS rescue apparatus, that can bring ALS personnel to the patient when warranted and transport the patient when necessary to the waiting ALS ambulance. Since all 911 medical responses require a paramedic response, fire will respond with an engine as well as a specialty vehicle and use the paramedic and equipment from the engine on the specialty vehicle when deemed appropriate.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 4.12 Disaster Response

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

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

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

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 4.13 Inter-county Response

MINIMUM STANDARD: The local EMS agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

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

CURRENT STATUS: STANDARD MET

The EMS Agency has dispatch protocols that provide for auto aid into neighboring counties at the request of the neighboring jurisdiction as long at the 911 system status will not be impacted when responding to this request. In addition, the County signed a Region II Public Health and Medical MOU for mutual aid/assistance this year.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):
Cooperation, participation, and agreement of the above counties.

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[X] Long-range Plan

STANDARD: 4.14 Incident Command System

MINIMUM STANDARD: The local EMS agency shall develop multi-casualty response plans and procedures which include provisions for on-scene medical management, using the Incident Command System (ICS).

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

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

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIMEFRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 4.15 MCI Plans

MINIMUM STANDARD: Multi-casualty response plans and procedures shall utilize state standards and guidelines.

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

The current MCI plan was updated in 2016 and conforms to state standards and guidelines.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 4.16 ALS Staffing

MINIMUM STANDARD: All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-I level.

RECOMMENDED STANDARD: The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew member. On any emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be training to provide defibrillation, using available defibrillator.

CURRENT STATUS: RECOMMENDED STANDARD MET

All emergency ambulances are ALS staffed with at least one paramedic and one EMT with advanced training. In addition, the entire county is served by paramedic first responders.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 4.17 ALS Equipment

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

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

All emergency ALS ambulances are equipped to the above standard.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 4.18 Compliance

MINIMUM STANDARD: The local EMS agency shall have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

A written agreement is in place with all ALS fire non-transport providers, except the City of South San Francisco. The contracted ambulance contractor has a written agreement for ALS emergency transport services. All ALS provider organizations are compliant to EMS Agency policies and procedures regarding system operations and clinical care.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 4.19 Transportation Plan

MINIMUM STANDARD: Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&SC, shall develop an EMS transportation plan which addresses:

a)minimum standards for transportation services
b)optimal transportation system efficiency and effectiveness, and
c)use of a competitive process to ensure system optimization

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

San Mateo County created an exclusive operating area (EOA) for ALS in 1976. The EOA consists of the entire jurisdiction with the exception of the City of South San Francisco. This EOA, and the competitive process through which it was awarded, was contained within the County's 1986 EMS Plan and was approved by the EMS Authority.

The City of South San Francisco, in 1975, requested from San Mateo County Board of Supervisor permission to implement paramedic ambulance transport program. San Mateo Board of Supervisor approved the implementation of paramedic ambulance transport services within their fire department. South San Francisco has been providing uninterrupted ALS ambulance transportation services since that time and is considered a "grandfathered" EOC.

In 1990, the EMS plan language on the EOA was amended to replace "ALS" with "emergency ambulance service". The competitive process used for awarding the EOA in 1990. Another Request for Proposal Process was conducted in 1997/98 and that RFP document was also approved by the EMSA.

The previous contract for county-wide ALS emergency medical services, held by American Medical Response (AMR) ended on June 30, 2009. The Request for Proposals (RFP) process began in 2007. To prepare the requirements for the RFP the EMS Agency coordinated an extensive EMS system redesign process. Stakeholders throughout San Mateo County were convened in several groups to recommend standards and criteria to the EMCC for inclusion in the new RFP. The 2008 RFP document was approved by the EMCC, the Board of Supervisors and the EMSA. The County emergency ambulance contract was awarded to AMR. The contact began on July 1, 2009 and was extended on June 30, 2014, with an expiration date of June 30, 2019. An additional contract for ALS fire response between the County and the Fire JPA was approved by the EMCC and the Board of Supervisors. This contract runs concurrently with the emergency ambulance contract.

Through our experience to date, we have found that the design of the EOA permits optimal transportation system efficiency and effectiveness. Ambulance deployment system status management consistently meet the needs of the County. The creation of "micro-zones," within the EOA has increased system efficiency.

Minimum standards for transportation include an all ALS system for emergency medical patients, an urban/suburban paramedic first response time standard of 6:59 minutes, an urban/suburban 12:59 minute response time standard, and a rural/wilderness response time standard of 20-30 minutes.

COORDINATION WITH OTHER EMS AGENCIES:
N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan
[ ] Long-range Plan

STANDARD: 4.20 "Grandfathering"

MINIMUM STANDARD: Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grandfathering") under Section 1797.224, H&SC.

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

The City of South San Francisco has provided advanced life support services using EMT-P personnel since 1975 The City participates in the County JPA and shares a common dispatch center. As such, we believe it meets the criteria for "grandfathering" in Section 1797.224, H&SC. We believe there is an old agreement from this date that was approved by the County Board of Supervisor granting them permission to begin a paramedic program. The EMS Agency is working to locate this agreement while working with the City of South San Francisco to enter into a updated agreement.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):
The city of South San Francisco's cooperation to update an agreement which was approved by the Board of Supervisors in 1975.

OBJECTIVE:

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

TIME FRAME FOR OBJECTIVE:

[] Annual Implementation Plan

[X] Long-range Plan

STANDARD: 4.21 Compliance

MINIMUM STANDARD: The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operation and patient care.

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

A written agreement is established with the county-wide emergency ambulance provider that effectively ensures compliance. Written agreements also exist for all paramedic fire response agencies, except the City of South San Francisco.

The EMS Agency has a process in place to ensure all providers are compliant with contract requirements and EMS Agency policies and procedures.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[X] Long-range Plan

STANDARD: 4.22 Evaluation

MINIMUM STANDARD: The local EMS agency shall periodically evaluate the design of exclusive operating areas.

RECOMMENDED STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

Each time that an RFP process is conducted the design of the exclusive operating area is evaluated. The most recent system redesign occurred in 2007-2008 prior to the 2008 RFP. Both evaluation phases relied on input from the EMCC, the Medical Advisory Committee, and city and county government officials. Input was also solicited from private ambulance services, fire service agencies, hospital personnel, field paramedics, and emergency medical dispatchers.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[] Long-range Plan

E. FACILITIES/CRITICAL CARE

STANDARD: 5.01 Assessment of Capabilities

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

RECOMMENDED STANDARD: The local EMS agency should have written agreements with acute care facilities in its service area.

CURRENT STATUS: RECOMMENDED STANDARD MET

The local EMS agency assesses the EMS related capabilities of acute care facilities in its service area. The acute care capability of each facility is available to the system participants using the ReddiNet.

There are current written agreements between the County and two trauma centers, six stroke centers, 5 STEMI Receiving Centers and one pediatric base hospital

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):
Update and renewed written agreements with the eight receiving hospitals.

OBJECTIVE:

Obtain written agreements with eight receiving/base hospitals.

TIME FRAME FOR OBJECTIVE:

[] Annual Implementation Plan

[X] Long-range Plan

STANDARD: 5.02 Triage & Transfer Protocols

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

STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

There are current policies regarding triage and transport of patients in the prehospital setting. Policies addressing the triage and transport of patients to specialty care centers such as burn centers, trauma centers, pediatric critical care centers, stroke centers, STEMI Receiving Centers and psychiatric facilities have been implemented. There is also a policy describing interfacility transfer protocols.

COORDINATION WITH OTHER EMS AGENCIES:
Continue to work with the San Francisco and Santa Clara counties.

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 5.03 Transfer Guidelines

MINIMUM STANDARD: The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

Existing EMS policy clearly outlines guidelines for interfacility transfers. The Regional Trauma Advisory Committee developed transfer guidelines using Red Box/Blue Box, these were discussed and implemented at hospitals in San Mateo County.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 5.04 Specialty Care Facilities

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

STANDARD: NONE SPECIFIED

CURRENT STATUS: **STANDARD MET**

We have designated three pediatric critical care centers and two trauma centers, all of which are out-of-county. Agreements are in place, for these specialized services.

Six facilities are designated primary stroke centers and two of those are designated as comprehensive Stroke centers having received accreditation by the Joint Commission. San Mateo County EMS has implemented ambulance destination policies for stroke patients. Written agreements are in place with the designated stroke centers.

5 facilities are designated as STEMI Receiving centers and have written agreements in place.

There are no burn centers within our county but there is a policy addressing the triage and transport of burn patients to these facilities. There are no spinal rehabilitation centers located within the county. Patients with spinal injuries are triaged and transported to one of the two trauma centers that have transfer agreements with recognized regional spinal rehabilitation centers.

COORDINATION WITH OTHER EMS AGENCIES:
We coordinated our out-of-county PCCC designation activities with San Francisco and Santa Clara counties as well as out-of-county trauma centers.

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

NEEDS:

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 5.05 Mass Casualty Management

MINIMUM STANDARD: The local EMS agency shall encourage hospitals to prepare for mass casualty management.

RECOMMENDED STANDARD: The local EMS agency should assist hospitals with preparation for

mass casualty management, including procedures for coordinating hospital communications and patient flow.

CURRENT STATUS: RECOMMENDED STANDARD MET

The local EMS Agency works closely with all hospitals within the county as well as the two trauma receiving facilities outside the county in coordinating their role as it relates to an incident(s) involving mass casualties. This work is done primarily thorough the Healthcare Coalition. In addition to working on operational issues, the committees coordinate the participation of hospitals in various disaster exercises on a bi-annual basis.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 5.06 Hospital Evacuation

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

STANDARD: NONE SPECIFIED

CURRENT STATUS:

The County works closely with each hospital to ensure they have evacuation plans in place. The hospital has opportunities throughout the year to work with the EMS Agency and EMS providers to exercise these plans. The EMS Agency looks forward to the patient movement plan to be finalized so we can work with our hospitals to adjust current plans based on this model.

COORDINATION WITH OTHER EMS AGENCIES:

We coordinate hospital evacuation plans and exercises with our adjacent counties (San Francisco, Alameda, Santa Clara, and Santa Cruz) and Region II.

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[] Long-range Plan

STANDARD: 5.07 Base Hospital Designation

MINIMUM STANDARD: The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of prehospital personnel.

STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

All 8 San Mateo County receiving hospitals are designated as base hospitals.

Stanford Health Care serves as a receiving hospital, a trauma center and in conjunction with Lucile Packard Children's Hospital a Pediatric Critical Care Center as a pediatric trauma hospital and pediatric base hospital.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):
OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[] Annual Implementation Plan

[] Long-range Plan

STANDARD: 5.08 Trauma System Design

MINIMUM STANDARD: Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:

a) the number and level of trauma centers (including the use of trauma centers in other counties),
b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
e) a plan for monitoring and evaluation of the system

STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

San Mateo County implemented its trauma system in 1997. Its plan was approved by the EMS Authority. An updated Trauma Plan was submitted in 2017 and approved by EMSA. San Mateo County utilizes two out-of-county trauma centers, both Level I's, . One of these is recognized by the American College of Surgeons as a Pediatric Trauma Center. A full description of the system, including the above elements, are described in our approved Trauma Plan.

COORDINATION WITH OTHER EMS AGENCIES:

We have entered into a written agreement City and County of San Francisco and Santa Clara County. San Mateo County actively participates with in the Bay Area Regional Trauma Committee.

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[X] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 5.09 Public Input

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

STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

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

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

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 5.10 Pediatric Emergency Medical and Critical Care System

MINIMUM STANDARD: Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:

a) the number and role of system participants, particularly of emergency departments,
b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
c) identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
d) identification of providers who are qualified to transport such patients to a designated facility,
e) identification of tertiary care centers for pediatric critical care and pediatric trauma,
f) the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
g) a plan for monitoring and evaluation of the system.

STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

In 1995, San Mateo County completed the development and implementation of a comprehensive EMS-Children system. This system has continued in a maintenance mode since that time. The current status is as follows:

a) <u>The number and role of system participants, particularly of emergency departments</u>

Six acute care hospitals and two standby emergency departments are located within the county. A ninth hospital, located just across the County's southern border is also a receiving hospital. Only two hospitals have in-hospital pediatric units. The out-of-county receiving hospital, Stanford Health Care, has a pediatric emergency department and in conjunction with Lucile Packard Children's Hospital is a designated Pediatric Critical Care Center they also serve as the pediatric base hospital to San Mateo EMS.

In the early planning of our EMSC system, the EMS-C Committee identified based upon local data that critically ill children very often arrive at emergency departments in parents' arms, rather than by ambulance. This was one reason that we selected an inclusive emergency department for children model rather than an exclusive one. We have conducted emergency department consultative site visits to each receiving hospital twice over a period of ten years. Other participants in the EMS system include emergency ambulance personnel, fire service first responders (ALS and BLS), and air ambulance services. Pediatric training standards for emergency ambulance personnel and ALS first responders have been established as Pediatric Advanced Life Support (PALS) or Pediatric Education for Prehospital Professionals (PEPP). All paramedics are required to be current in either PALS or PEPP. Pediatric equipment standards are also established using the state EMSA Guidelines. All first response vehicles have at least one paramedic with pediatric equipment.

We have not established pediatric equipment or personnel training standards for non-emergency ambulance providers since we do not believe that they should be transporting these patients. Air ambulance personnel more than meet state guidelines for pediatric training and equipment.

b) The design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix

We have no plans at this time to design pediatric-specific catchment areas for emergency departments or for pediatric critical care centers. We encourage our local hospitals to have pre-established transfer agreements in place with one or more PCCC Presently all emergency departments receive pediatric patients. Trauma Center catchment areas for patients (including children) have been established, which include pediatric patients under 5 years of age all be transported to Stanford Health Care.

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

The identification, triage, and transport of pediatric patients is addressed in San Mateo County EMS Trauma Triage Policy.

d) Identification of providers who are qualified to transport such patients to a designated facility

Each of the three designated PCCCs has its own transport program and has contracts with BLS and CCT providers for interfacility transfers.

e) Identification of tertiary care centers for pediatric critical care and pediatric trauma
Three centers have been designated as PCCCs; 1) University of San Francisco Medical Center (UCSF) in San Francisco County, 2) California Pacific Medical Center (CPMC) in San Francisco County, and 3) Stanford's Lucile Packard Children's Hospital in Santa Clara County.

Pediatric patients, meeting major trauma criteria, are transported to a trauma center in accordance with EMS policies and protocols.

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

g) A plan for monitoring and evaluation of the system

The EMS Agency continually monitors patient care and transport for compliance with

established standards. The Quality Leadership Council assists in this function. The electronic patient care record system is making this function much more efficient and informative.

All San Mateo County emergency departments participated in the EMS-C Readiness Survey. Results were reviewed by the EMS Agency Medical Director and staff to determine compliance with current system guidelines.

COORDINATION WITH OTHER EMS AGENCIES:
Santa Clara and San Francisco Counties as PCCC are located within their jurisdiction.

NEED(S):
Awaiting regulations concerning EMS-Children, before any further revisions to EMS-C system are initiated.

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[] Annual Implementation Plan

[X] Long-range Plan

STANDARD: 5.11 Emergency Departments

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

a) staffing
b) training
c) equipment
d) identification of patients for whom consultation with a pediatric critical care center is appropriate
e) quality assurance/quality improvement, and
f) data reporting to the local EMS agency

RECOMMENDED STANDARD: Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

CURRENT STATUS: RECOMMENDED STANDARD MET

San Mateo County has Pediatric Guidelines for San Mateo County Receiving Hospitals All EDs have been reviewed for compliance. They will be review again once the EMS-C regulations are implemented. All San Mateo County receiving facilities are requested to have interfacility transfer agreements to with appropriate pediatric tertiary care centers including those with burn and rehabilitation capabilities.

All San Mateo County emergency departments participated in the EMS-C Readiness Survey conducted in 2012. Results were reviewed by the EMS Agency Medical Director and staff to determine compliance with current system guidelines. San Mateo has been in communication with our hospitals to assess their willingness to participate in the pediatric "code" drill. EMS will coordinate these activities as they are made available to our hospitals emergency departments.

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

EMS-C regulations to be approved and implements

OBJECTIVE:

.

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[X] Long-range Plan

STANDARD: 5.12 Public Input

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

STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

The EMS for Children Program in San Mateo County has actively sought and used input from prehospital personnel, hospitals, and consumers throughout the planning process.

- The Medical Advisory Committee is comprised of ED medical directors and nurse mangers from all of local hospitals as well as first responder agencies, AMR, SMCPSC and LifeFlight. The Committee reviews and approves all prehospital and system-related medical policies and procedures.
- The EMCC, which includes five consumer members, and system stakeholders is an active participant in all EMS system issues.
- The Quality Leadership Committee which monitors prehospital care is comprised of representatives for all first responder agencies, AMR, SMCPSC and LifeFlight.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 5.13 Specialty System Design

MINIMUM STANDARD: Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved including:

a) the number and role of system participants,
b) the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix, identification of patients who should be triaged or transferred to a designated center,
c) identification of patients who should be triaged or transferred to a designated center,
d) the role of non-designated hospitals including those which are outside of the primary triage area, and
e) a plan for monitoring and evaluation of the system.

STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

EMS Targeted Conditions (source: EMS Systems Standards and Guidelines 1993, EMS Authority)

1. Acute Cardiopulmonary Emergencies:
   All receiving hospitals provide care to patients in this category and there are 5 designated STEMI Receiving Centers in San Mateo County. Policy and procedures are in place to support these specialty care systems

2. Multisystem Trauma:
   Major trauma patients are transported to the two Level I trauma centers located in two adjacent counties. A trauma plan, approved by the EMSA, is in place and is supported with policy and procedure. The catchment areas for the trauma centers are identified within the Plan.

3. Burns:
   There is no burn center located within the county. Burn centers are located in the counties immediately north and south. A policy addressing triage and transport of patients meeting specific criteria directly to these centers has been implemented.

4. Craniospinal Injuries:
   Patients meeting major trauma criteria, including those with significant head or spinal injury are transported to a Level I trauma center. All local receiving hospitals but one have neurosurgical capabilities.

5. Poisonings
   The California Poison Control System serves our county. It provides services to private citizens, community physicians, 9-1-1 emergency medical dispatchers, EMT-Ps, and emergency department physicians. Patients needing emergency department care for poisoning are cared for in all receiving hospital emergency departments.

6. Neonatal and Pediatric Emergencies

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

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

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

8. Acute Stroke
Six San Mateo County Receiving Hospitals are designated as Primary Stroke Centers. Designated hospitals are certified as Primary Stroke Centers by the Joint Commission. Two of these hospitals are designated as comprehensive Stroke Centers as well, Kaiser Redwood City and Stanford Health Care. Mills Peninsula Medical Center is also capable of providing interventional procedures allowing acute intervention up to 8 hours after the onset of acute stroke symptoms. EMS has developed a tiered Stroke policy that directs transport of acute stroke patients to the most appropriate stroke center based on onset of stroke symptoms or LKWT.

COORDINATION WITH OTHER EMS AGENCIES:

As noted in other pertinent sections of the Plan.

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 5.14 Public Input

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

STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

Any planning for specialty care systems ensures input from both prehospital and hospital providers and consumers. These processes are described throughout this document. Examples of input points for providers and consumers include the Emergency Medical Care Committee, Medical Advisory Committee, and Quality Leadership Committee.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

F. DATA COLLECTION/SYSTEM EVALUATION

STANDARD: 6.01 QA/QI Program

MINIMUM STANDARD: The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all prehospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols and identification of preventable morbidity and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.

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

CURRENT STATUS: RECOMMENDED STANDARD MET

Emergency ambulance providers, fire ALS providers, the SMCPSDC, and air ambulance providers have QA/QI plans approved by the EMS agency.

All ALS providers in the county use AMR's MEDS ePCR software program. The City of South San Francisco will soon be using this product for their ePCR as well.

The EMS system QI Plan was submitted and approved by EMSA. An updated plan was submitted to EMSA January 2018. There are also numerous external measures of quality that the EMS agency monitors (e.g. emergency ambulance response times, emergency medical dispatch time). The Quality Leadership Committee (QLC) has identified key performance indicators that are reported monthly. With the implementation of the MEDS reports of focused audits are reported to the QLC and MAC. The agency also performs investigation of incidents on an as needed basis. Other tools used by the EMS agency include customer surveys, a wide variety of data collection and analysis, interviews, and complaint investigations.

After the EMS Agency introduced high performance CPR and video-guided laryngoscopy intubation we started weekly conference calls with all the ALS providers to review of every cardiac arrest. This has been a great success and has fostered collaborative learning across agencies.

The EMS Agency also obtains data from hospitals to coordinate Performance Improvement committees quarterly for both our Stroke and STEMI specialty care programs, and we participate in regions trauma PI meetings.

COORDINATION WITH OTHER EMS AGENCIES:

As needed.

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 6.02 Prehospital Records

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

STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

An electronic prehospital record (ePCR) is completed by all ambulance and fire/responder paramedics. If the patient is transported to a hospital, a copy of the ambulance PCR is usually printed out for the receiving hospital. The fire responder PCR and the ambulance PCR is also available for access by the receiving hospital or other agencies, such as the coroner, who need access to the PCR via secure web access. Copies of all PCRs (transported and non-transported patients) are retained by the each ALS provider agency.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 6.03 Prehospital Care Audits

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

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

CURRENT STATUS: MINIMUM STANDARD MET

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

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

The EMS Agency is in the process of implementing First Watch and First Pass to help us develop more efficient processes to review key clinical indicators with our ALS providers.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 6.04 Medical Dispatch
MINIMUM STANDARD: The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/post-dispatch directions.

STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

While the emergency medical dispatch provider (SMCPSDC) is responsible for the on-going review of emergency medical dispatcher performance, the local EMS agency does review cases routinely. The EMS agency is connected to the SMCPSDC's computer-aided dispatch system (CAD) and therefore can review the CAD notes of any case desired. Tape review of emergency medical dispatch calls are also performed frequently. In addition, the EMS medical director also serves as the medical director for the dispatch center reviews emergency medical dispatch calls as requested.

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

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 6.05 Data Management System

MINIMUM STANDARD: The local EMS agency shall establish a data management system which supports its system wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

RECOMMENDED STANDARD: The local EMS agency should establish an integrated data management system which includes system response and clinical (both prehospital and hospital data).

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

CURRENT STATUS: MINIMUM STANDARD MET

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

Presently the MEDS captures relevant dispatch information, first responder paramedic, and ambulance transport prehospital care records. Although the system is designed to accommodate the hospital emergency department outcome data, this is not currently being done primarily due to HIPAA and workforce concerns on the part of the hospitals. We are working with County HIE and hope to have EMS join the second phase of this project in 2018.

All receiving hospitals have web access within their emergency departments.
First Watch is used to monitor key syndromes based on dispatch codes for biomedical surveillance. MEDs, ReddiNet and First Watch are providing very useful information for quality improvement, disease surveillance, multi-casualty incident management, and disaster functions. (See Section 3.01)

The EMS Agency is actively using the MEDS system to conduct quality improvement/assurance activities and for research. It is yielding very useful information for these endeavors. We participate in CARES to get hospital outcome data on all cardiac arrest and receive hospital specific data for STEMI and Stroke patients.

COORDINATION WITH OTHER EMS AGENCIES:

We have also worked with AMR, Santa Clara County EMS, Contra Costa County EMS, and other MEDS users in ensuring that the data elements in MEDS were compliant with CMESMS and NEMSIS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 6.06 System Design Evaluation

MINIMUM STANDARD: The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

This standard includes all structures and processes for planning and evaluation of an EMS system. For information regarding how this standard is met, see this document 1.01 - 8.19.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 6.07 Provider Participation

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

STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

The contract between the County and the county-wide emergency ambulance provider, as well as the contract between the County and the JPA fire responders, requires the Contractors to participate in system evaluation in accordance with the written agreement. Although no written agreement exists for the South San Francisco Fire Department emergency ambulance service, this provider participates fully in system evaluation activities. San Mateo County Public Safety Communications, the air ambulance providers, base/receiving hospitals, Stroke and STEMI Centers and trauma centers also participate in system evaluation.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[] Long-range Plan

STANDARD: 6.08 Reporting

MINIMUM STANDARD: The local EMS agency shall, at least annually report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

The local EMS agency reports to the Emergency Medical Care Committee regularly at its bi-annual meetings. Provider agencies are represented on this Committee. The agency reports on evaluation of EMS system design and operations to the Board of Supervisors at various times and with our annual report.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 6.09 ALS Audit

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

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

CURRENT STATUS: RECOMMENDED STANDARD MET

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

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 6.10 Trauma System Evaluation

MINIMUM STANDARD: The local EMS agency, with participation of acute care providers shall develop a trauma system evaluation and data collection program, including:

a)a trauma registry,
b)a mechanism to identify patients whose care fell outside of established criteria, and
c)a process of identifying potential improvements to the system design and operation.

STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

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

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

Trauma cases are routinely evaluated by the EMS Agency Medical Director and Clinical Coordinator. Prehospital trauma management is reviewed regularly by the QLC. The EMS Agency Medical Director and Clinical Coordinator attend the Trauma Audit Committee meetings of the surrounding counties to participate in their quality improvement. The trauma centers attend our Medical Advisory Committee (MAC) meeting on an annual basis to resent reports on the care of San Mateo County Trauma Patients.

COORDINATION WITH OTHER EMS AGENCIES:
We work closely with San Francisco and Santa Cara Counties in their Quality Improvement Committees. We have also participated in Santa Cruz County's Trauma Audit Committee when requested.

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 6.11 Trauma Center Data

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

RECOMMENDED STANDARD: The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their quality assurance/quality improvement and system evaluation program.

CURRENT STATUS: RECOMMENDED STANDARD MET

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

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

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

G. PUBLIC INFORMATION AND EDUCATION

STANDARD: 7.01 Public Information Materials

MINIMUM STANDARD: The local EMS agency shall promote the development and dissemination of information materials for the public which addresses:

a) understanding of EMS system design and operation,
b) proper access to the system,
c) self-help (e.g. CPR, first aid, etc.),
d) patient and consumer rights as they relate to the EMS system,
e) health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
f) appropriate utilization of emergency departments

RECOMMENDED STANDARD: The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area.

CURRENT STATUS: RECOMMENDED STANDARD MET

- The local EMS agency promotes the development and dissemination of information and materials for the public as described above, primarily requiring the countywide emergency ambulance provider to conduct public education programs. The contract between the County and AMR requires the Contractor to have a formal, active community education and injury prevention program approved by the County. This plan continues to focus on three areas for intervention:
- Increase public awareness of sign and symptoms of stroke and chest pain and promote 911 access for prehospital treatment and transport to appropriate stroke center or STEMI center
- Increase bystander hands only CPR through training more county residents in CPR skills
- Decrease older adult falls through participation and support of the San Mateo County Fall Prevention Task Force

The Agency provides public referrals to the American Heart Association, American Red Cross and local fire service agencies for self-help training such as CPR, Basic First Aid, and Disaster Planning. The Agency also serves as a public resource for older adult fall prevention, stroke prevention, and childhood injury prevention, in particular child passenger safety.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 7.02 Injury Control

MINIMUM STANDARD: The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventative medicine.

RECOMMENDED STANDARD: The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

CURRENT STATUS: RECOMMENDED STANDARD MET

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

The local EMS agency works closely with other health education programs on injury control and prevention. The EMS agency actively participates on two county-wide programs – the San Mateo County Child Death Review Team and San Mateo County Fall Prevention Task Force and serves as a community resource for car seats for low-income families and car seat installation/inspection referrals

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 7.03 Disaster Preparedness

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

RECOMMENDED STANDARD: The local EMS agency, in conjunction with the local office of emergency services (OES) should produce and disseminate information on disaster medical preparedness.

CURRENT STATUS: RECOMMENDED STANDARD MET

The local EMS agency is the lead Health System division for emergency and disaster efforts. We work closely with other Health System Divisions, the Office of Emergency Services (OES), community hospitals, law enforcement, AMR and fire service on public health and medical aspects of disaster preparedness and response including the dissemination of information on disaster preparedness for individuals and communities. One significant example of collaboration with OES includes the EMS Agency's participation in, and assistance in planning for, the County's annual Disaster Preparedness Day where many agencies including first responder agencies get together to engage with the public and display first responder apparatus for public viewing and interaction. Disaster Preparedness Day also includes trainings, education, information booths and two CPR Awareness courses where more than 1500 residents come out for the day.

San Mateo County EMS was the lead agency responsible to develop, distribute and train all MHOAC on the MHOAC Manual recently developed with grant funds from CDPD and EMSA.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 7.04 First Aid & CPR Training

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

RECOMMENDED STANDARD: The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high risk groups.

CURRENT STATUS: RECOMMENDED STANDARD MET

The local EMS agency, in conjunction with our countywide ALS provider and fire responder agencies, coordinate 2-3 mass CPR trainings each year. Additionally, we routinely refer inquiries from the general public to organizations were they may obtain CPR and First Aid training such as the American Heart Association, Red Cross, fire agencies and local community education resources.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

H. DISASTER MEDICAL RESPONSE

STANDARD: 8.01 Disaster Medical Planning

MINIMUM STANDARD: In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

STANDARD: NONE SPECIFIED

CURRENT STATUS: MINIMUM STANDARD MET
In coordination with the Office of Emergency Services, and other Health System divisions the EMS agency is the lead agency to develops the public health and medical portion of the county disaster plan. This year we worked with all the Health System Divisions and our County Hospital SMMC to develop Continuity of Operations Plans (COOP) and we activated the health system policy group to implement our COOP as part of the medical and Health Statewide exercise this year.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 8.02 Response Plans

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

RECOMMENDED STANDARD: The California Office of Emergency Services= multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

CURRENT STATUS: RECOMMENDED STANDARD MET

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

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 8.03 HazMat Training

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

STANDARD: NONE SPECIFIED

CURRENT STATUS: MINIMUM STANDARD MET

One fire agency, the Belmont-San Carlos Fire Protection District, serves as the fire service HazMat Team for the entire county. The team is trained to the HazMat Specialist level and is very well equipped. The team is assisted by the Environmental Health Division of the Department of Health Services.

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

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 8.04 Incident Command System

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

RECOMMENDED STANDARD: The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

CURRENT STATUS: RECOMMENDED STANDARD MET

All medical disaster response plans and procedures use the Incident Command System (ICS). All fire service and emergency ambulance personnel are trained in ICS. Since San Mateo Medical Center is the designated HazMat receiving facility, all emergency department staff are trained and equipped to manage patients with radiation and chemical contamination and injuries. The facility also works closely the California Poison Control System. Additionally, all hospitals have policies/procedures and standardized equipment in order to manage patients with radiation and chemical contamination and injuries.

EMS through the HPP program works with each facility to exercise HICS as part of our bi-annual exercises.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 8.05 Distribution of Casualties

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

STANDARD: NONE SPECIFIED

CURRENT STATUS: MINIMUM STANDARD MET

For multi-casualty incidents hospitals are polled by SMCPSDC via the ReddiNet system to ascertain how many patients they can safely handle. This is done by patient type (immediate, delayed, minor).

Policies exist identifying the capabilities of the hospitals within the county. For instance, some hospitals do not have obstetrical departments and patients with obstetrical emergencies are not taken to these facilities. All fire service, ambulance and dispatch personnel have received training in the MCI plan and EMS patient distribution policies and procedures.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S): Implement the State Patient Movement Plan when it is approved

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 8.06 Needs Assessment

MINIMUM STANDARD: The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

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

CURRENT STATUS: RECOMMENDED STANDARD MET

The local EMS agency has established policies and procedures for assessing local needs at the time of disaster. There are a number of methods to communicate requests to the state and other jurisdictions. Hospitals may communicate their needs to the local EMS agency (or San Mateo County Public Safety Communications Center) via landline, microwave, radio frequency, RACES, FAX, or ReddiNet. Cities may communicate to the county Emergency Operations Center (EOC) via landline, microwave, RACES, and via several governmental radio frequencies.
The EMS agency can communicate requests to neighboring jurisdictions via telephone to their county communications public safety dispatch center. The EMS agency can use OASIS to communicate requests to the state either from the EMS agency office or from the EOC. The EMS Agency staff have also been trained in the use of the WebEOC system.

The county OES conducts an annual disaster exercise in which the EMS Agency participates which includes the various communication methods described above including radio medical channels.

COORDINATION WITH OTHER EMS AGENCIES:

The EMS agency works with other Bay Area counties on common approaches and is an active participant at regional MHOAC and ABAHO meetings and work groups.
NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 8.07 Disaster Communications

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

STANDARD: NONE SPECIFIED

CURRENT STATUS: MINIMUM STANDARD MET

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

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

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

COORDINATION WITH OTHER EMS AGENCIES:
We will work with Santa Clara, San Francisco, Alameda, and Santa Cruz counties and the RDMHC to develop policies outlining how communications interoperability would occur during times of disaster

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[] Long-range Plan

STANDARD: 8.08 Inventory of Resources

MINIMUM STANDARD: The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

RECOMMENDED STANDARD: The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

CURRENT STATUS: RECOMMENDED STANDARD MET

The EMS Agency, in concert with OES, has developed the MHOAC Resource Directory which includes available vendors throughout the county and region that could aid in disaster preparedness, response and recovery. In addition, OES has developed a resource guide of available county resources during a disaster. Finally, in coordination with Public Health, EMS assists in the management and procurement of disaster surge supplies, equipment and resources in the County's Local Pharmaceutical Stockpile.

San Mateo County EMS has worked with hospital and clinic Safety Officers and Emergency Managers through the Healthcare Coalition to address disaster preparedness issues, including maintaining a cache of medical supplies. Per Joint Commission requirements, hospitals must plan for meeting the needs of patients, staff and visitors with up to 96 hours of supplies with vendor MOUs for linen, food, gas, water, etc. In addition, as part of their EOA in the county, the contracted ambulance provider must maintain a surplus of all required supplies and equipment sufficient to sustain operations for a minimum of 30 days. The EMS Agency is responsible to maintain a cache of critical medicines and medical supplies for the Health System. We have recently entered into an agreement with EMSA to receive the one of 50-bed medical supple cache to increase our level of readiness.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[] Long-range Plan

STANDARD: 8.09 DMAT Teams

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

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

CURRENT STATUS: RECOMMENDED STANDARD MET

We actively supported the formation of the San Francisco Bay Area DMAT team. We maintain an active relationship with the team.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 8.10 Mutual Aid Agreements

MINIMUM STANDARD: The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

STANDARD: NONE SPECIFIED

CURRENT STATUS: MINIMUM STANDARD MET

San Mateo County signed the Public Health and Medical Mutual Aid MOU in 2017.

COORDINATION WITH OTHER EMS AGENCIES:
Work with other San Francisco Bay Area counties through the RDMHC to develop medical mutual aid agreements which were signed by the San Mateo Board of Supervisors.

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[] Long-range Plan

STANDARD: 8.11 CCP Designation

MINIMUM STANDARD: The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate casualty collection points (CCPs).

STANDARD: NONE SPECIFIED

CURRENT STATUS: MINIMUM STANDARD MET

Although Primary CCP's have been designated in close proximity to local hospitals within the county, the agency is always assessing reviewing and revising the designation of such sites. These sites were initially selected because:

1. Experience shows that the injured go to hospitals during a disaster.
2. Physicians, nurses, and other health professionals report to hospitals during a disaster.
3. It will be possible to have medical supplies available.
4. The public knows where hospitals are located: they do not usually know where the county has designated a CCP.
5. Immediately following a disaster, there will probably be insufficient medical personnel available to staff CCP's.

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 8.12 Establishment of CCPs

MINIMUM STANDARD: The local EMS agency, in coordination with the local OES, shall develop plans for establishing CCPs and a means for communication with them.

STANDARD: NONE SPECIFIED

CURRENT STATUS: MINIMUM STANDARD MET

CCPs have been established as described in 8.11. Forms of communication, dependent on the operability of each, are: ReddiNet, FAX, telephone landline, microwave, and Trunked Radio System.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 8.13 Disaster Medical Training

MINIMUM STANDARD: The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

RECOMMENDED STANDARD: The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

CURRENT STATUS: RECOMMENDED STANDARD MET

All fire responders and emergency ambulance personnel are trained in the Incident Command System. Fire responders have received at least 24 hours of HazMat training at the first responder operational level. All ambulance personnel receive six hours of training that is divided into two hours of HazMat incident training and four hours of combined WMD/HazMat training using a computer-based interactive training (CBIT) program. All EMS providers and personnel are training in the EMS MCI plan and participate in drill and exercises. This training is required for all new hire employees and is repeated annually for existing employees.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 8.14 Hospital Plans

MINIMUM STANDARD: The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

RECOMMENDED STANDARD: At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and prehospital medical care agencies.

CURRENT STATUS: RECOMMENDED STANDARD MET

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

In addition to several smaller scale drills, one large scale disaster drill is conducted annually. The Statewide Medical & Health Exercise involves hospitals, prehospital care providers, and the local EMS agency.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 8.15 Inter-hospital Communications

MINIMUM STANDARD: The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

STANDARD: NONE SPECIFIED

CURRENT STATUS: MINIMUM STANDARD MET

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

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 8.16 Prehospital Agency Plans

MINIMUM STANDARD: The local EMS agency shall ensure that all prehospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

RECOMMENDED STANDARD: The local EMS agency should ensure the availability of training in management of significant medical incidents for all prehospital medical response agencies and acute-care hospitals in its service area.

CURRENT STATUS: RECOMMENDED STANDARD MET

The EMS Agency has developed an MCI plan/policy that all EMS providers and hospitals follow during medical incidents. All hospitals have implemented HICS as their internal disaster plan and have trained staff in this model. At a minimum, the hospitals participate in the statewide Medical & Health Exercise and annual countywide disaster drill. All EMS providers are trained and proficient in ICS.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 8.17 ALS Policies

MINIMUM STANDARD: The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

STANDARD: NONE SPECIFIED

CURRENT STATUS: MINIMUM STANDARD MET

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

COORDINATION WITH OTHER EMS AGENCIES:

We will work with Santa Clara, San Francisco, Alameda, and Santa Cruz Counties to develop policies outlining how their personnel could function at an ALS level when responding into San Mateo County to provide medical mutual aid, including communications interoperability.

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 8.18 Specialty Care Roles

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

STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

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

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

STANDARD: 8.19 Waiving Exclusivity

MINIMUM STANDARD: Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

STANDARD: NONE SPECIFIED

CURRENT STATUS: STANDARD MET

Although there is no statement to this effect in written policy, we believe there would be no conflict over the issue of emergency ambulance provider exclusivity during a significant medical incident such as a Multi-casualty incident (MCI). Policies are in place outlining how medical mutual aid would be requested and authorized in such an event.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

OBJECTIVE:

TIME FRAME FOR OBJECTIVE:

[ ] Annual Implementation Plan

[ ] Long-range Plan

Section3

System Resources and Operations

TABLE 2: System Organization and Management

Reporting Year: FY 2016-2017

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 Mateo County_____

A. Basic Life Support (BLS) _____%

B. Limited Advanced Life Support (LALS) _____%

C. Advanced Life Support (ALS) __100____%

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

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

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

Implementation of exclusive operating areas (ambulance franchising)	___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	_____
Enforcement of ambulance service contracts	___X_____
Operation of ambulance service	_____

TABLE 2: System Organization and Management (Cont.)

Continuing education	___X_____
Personnel training	___X_____
Operation of oversight of EMS dispatch center	___X_____
Non-medical disaster planning	___X_____
Administration of critical incident stress debriefing team (CISD)	_____
Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	___X_____
Other: Medical and Health Operational Area Coordination (MHOAC) Program Manual	
Other: San Mateo County Healthcare Coalition (HCC)	
Other: San Mateo County STEMI Receiving Centers	
Other: San Mateo County Stroke System	

5. **EXPENSES**

Salaries and benefits (All but contract personnel)	$	1,112,763
Contract Services (e.g. medical director, fire JPA)		4,672,212
Operations (e.g. copying, postage, facilities)		47,866
Travel		_____
Fixed assets		_____
Indirect expenses (overhead)		210,956
Ambulance subsidy		_____
EMS Fund payments to physicians/hospital		_____
Dispatch center operations (non-staff)		_____
Training program operations		_____
Other: ___Interfund Transfers_____		_____
Other: _____		_____
Other: _____		_____
TOTAL EXPENSES	$	6,043,797

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]		
Preventive Health and Health Services (PHHS) Block Grant	$	_____
Office of Traffic Safety (OTS)		_____
State general fund		_____
County general fund		_____
Other local tax funds (e.g., EMS district)		_____
County contracts (e.g. multi-county agencies)		_____
Certification fees		41,780
Training program approval fees		_____
Training program tuition/Average daily attendance funds (ADA)		_____
Job Training Partnership ACT (JTPA) funds/other payments		_____
Base hospital application fees		_____
Trauma center application fees		_____
Trauma center designation fees		_____
Pediatric facility approval fees		_____
Pediatric facility designation fees		_____
Other critical care center application fees		_____
Type: STEMI		125,000
Other critical care center designation fees		_____
Type : _____		
Ambulance service/vehicle fees		529,789
Contributions		_____
EMS Fund (SB 12/612)		363,305
Other grants: _____		_____
Other fees: AMR pass-thru to JPA		4,005,223
Other (specify): Medi-Cal Admin Activities (MAA)		63,160
TOTAL REVENUE	$	6,043,797

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

TABLE 2: System Organization and Management (Cont.)

7. <u>Fee structure</u>

_____ We do not charge any fees

__X___ Our fee structure is:

First responder certification	$	_____
EMS dispatcher certification		_____
EMT-I certification		125
EMT-I recertification		87
EMT-defibrillation certification		_____
EMT-defibrillation recertification		_____
AEMT certification		_____
AEMT recertification		_____
EMT-P accreditation		50
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification		_____
MICN/ARN recertification		_____
EMT-I training program approval		_____
AEMT training program approval		_____
EMT-P training program approval		_____
MICN/ARN training program approval		_____
Base hospital application		_____
Base hospital designation		_____
Trauma center application		_____
Trauma center designation		_____
Pediatric facility approval		_____
Pediatric facility designation		_____
Other critical care center application Type:		
Other critical care center designation Type: STEMI		125,000
Ambulance service licence	$	_____
Ambulance vehicle permits		_____
Other: _____		_____
Other: _____		_____
Other: _____		_____

TABLE 2: System Organization and Management (Cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Director	1.0	$87.63	40%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Clinical Services Manager II	1.0	$83.46	40%	
Administrative Assistant II	Administrative Assistant II	1.0	$42.45	40%	
ALS Coord./Field Coord./ Training Coordinator	Public Health Nurse	1.0	$63.24	40%	
Program Coordinator/ Field Liaison (Non-clinical)	Management Analyst	1.0	$53.78	40%	
Trauma Coordinator	See PHN (above)				
Medical Director	EMS Medical Director	0.35	$185.00	0%	Contract is with Stanford Health Care, not an individual emergency physician
Disaster Medical Planner	Health Emergency Preparedness Program Manager	1.0	$62.27	40%	
Community Program Specialist II	Community Program Specialist II	1.0	$39.81	40%	
Health Emergency Preparedness Analyst	Health Emergency Preparedness Analyst	1.0	$22.00	40%	
Health Emergency Communications & Trainer	Health Emergency Communications & Trainer	1.0	$39.81	40%	
Community Program Analyst II	Community Program Analyst II	1.0	$39.81	40%	
STEP Intern	STEP Intern	1.0	$17.50	40%	
Management Fellow	Management Fellow	1.0	$40.00	40%	

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

TABLE 2: System Organization and Management (Cont.)

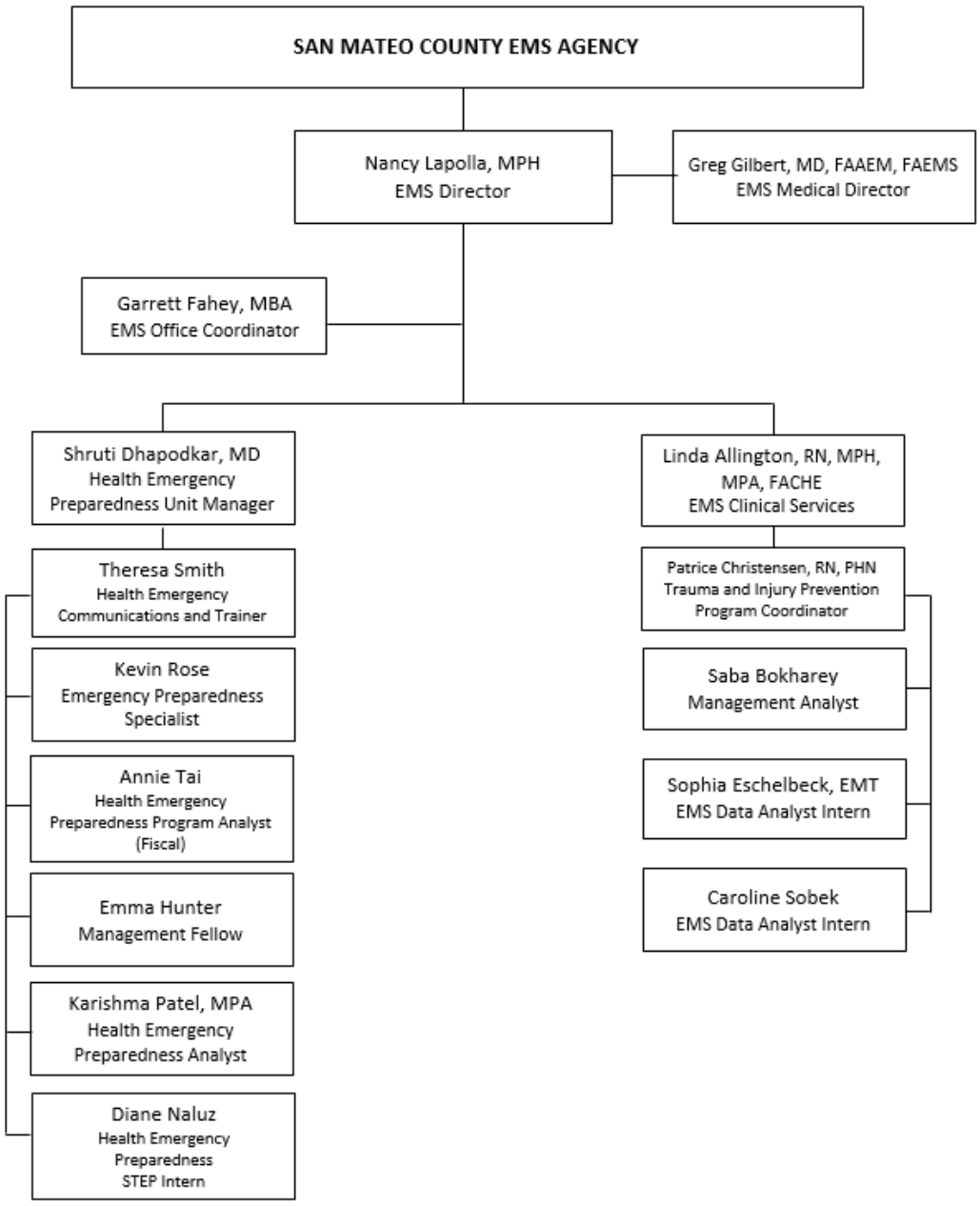

TABLE 2: System Organization and Management (Cont.)

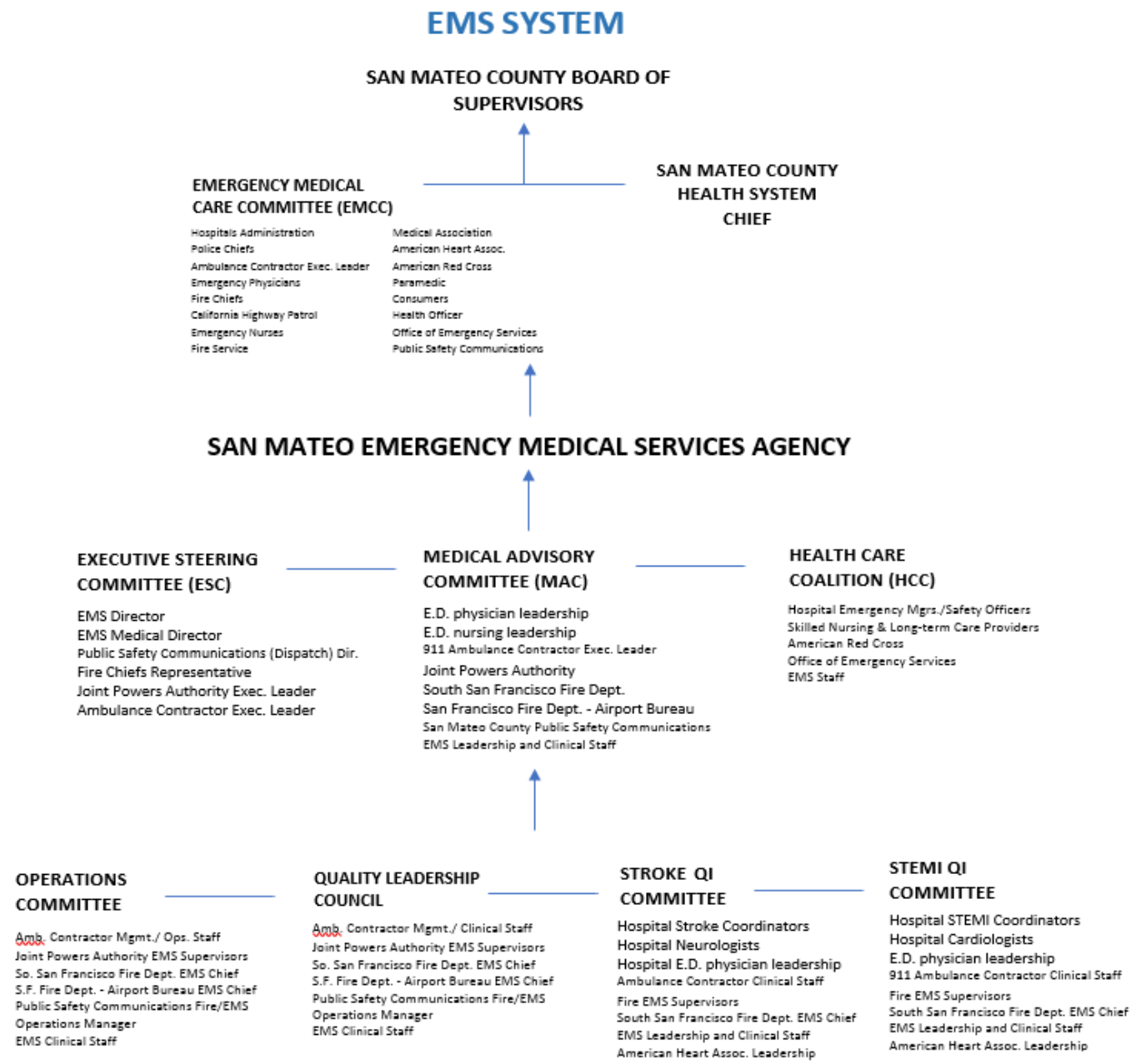

TABLE 3: Staffing/Training

EMS System: San Mateo County
Reporting Year: 2017 **(7/1/16 – 6/30/17)**
NOTE: Table 3 is to be reported by agency

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	**460**	N/A		N/A
Number newly certified this year	**97**	N/A		N/A
Number recertified this year	**363**	N/A		N/A
Total number of accredited personnel on July 1 of the reporting year	N/A (accreditation is for EMT-P)	N/A	**554**	N/A
Number of certification reviews resulting in:				
a) formal investigations	3	N/A		N/A
b) probation	3	N/A	1	N/A
c) suspensions		N/A	0	N/A
d) revocations		N/A		N/A
e) denials		N/A		N/A
f) denials of renewal		N/A		N/A
g) no action taken		N/A	0	N/A

1. Number of EMS dispatch agencies utilizing EMD Guidelines: 1
2. Early defibrillation:
    a. Number of EMT=I (defib) certified N/A
    b. Number of public safety (defib) certified (non-EMT-I) N/A
3. Do you have a first responder training program ☐ Yes X No

TABLE 4: Communications

EMS System: San Mateo
County: San Mateo
Reporting Year: 2017

1. Number of primary Public Service Answering Points (PSAP) 11
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system? Yes X No
    a. Radio primary frequency: 700 MHz trunked
    b. Other methods: Microwave (21.8 – 22.4 GHz and 23.0 – 23.6 GHz)
       San Mateo County Fire Service radio channels (VHF High Band)
    c. Can all medical response units communicate on the same disaster communications systems? Yes X No
    d. Do you participate in OASIS? Yes X No
    e. Do you have a plan to utilize RACES as a back-up communication system? Yes X No
    f. Within the operational area? Yes X No
    g. Between the operational area and the region and/or state? Yes X No

6. Who is your primary dispatch agency for day-to-day emergencies?
   San Mateo County Public Safety Communications
7. Who is your primary dispatch agency for a disaster?
   San Mateo County Public Safety Communications

TABLE 5: Response/Transportation

Reporting Year: 2017

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers-All JPA Fire Agencies have ALS Fire First Response ALS capabilities.

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder				
Early defibrillation responder	6:59 minutes	11:59 minutes	21:59 minutes	
Advanced life support responder	6:59 minutes	11:59 minutes	21:59 minutes	
Transport Ambulance	12:59 minutes	19:59 minutes	29:59 minutes	

TABLE 6: Facilities/Critical Care

Reporting Year: 2017

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1.	Number of patients meeting trauma triage criteria	1507
2.	Number of major trauma victims transported directly to a trauma center by ambulance	1507
3.	Number of major trauma patients transferred to a trauma center	17
4.	Number of patients meeting triage criteria who were not treated at a trauma center: Unknown as non-trauma centers do not submit data to LEMSA	

Emergency Departments

Total number of emergency departments		11 (includes 4 out of county facility)
1.	Number of referral emergency services	0
2.	Number of standby emergency services	1
3.	Number of basic emergency services	10 (includes 4 out of county facility)
4.	Number of comprehensive emergency services	0

Receiving Hospitals

1.	Number of receiving hospitals with written agreements	7
2.	Number of base hospitals with written agreements	1

TABLE 7: Disaster Medical

EMS System: San Mateo

County: San Mateo

Reporting year: 2017

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
   a. Where are your CCPs located? Adjacent to each receiving hospital. Alternate sites are designated if needed._____
   b. How are they staffed? Will be staffed by hospital personnel and volunteer healthcare professionals_____
   c. Do you have a supply system for supporting them for 72 hours? Yes ____ No __X__

2. CISD
   Do you have a CISD provider with 24-hour capability? Yes __X__ No____

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

4. Hazardous Materials
   a. Do you have any HazMat trained medical response teams? Yes _X___ No ____
   b. At what HazMat level are they trained?

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

   c. Do you have the ability to do decontamination in an emergency room? Yes __X__ No___
   d. Do you have the ability to do decontamination in the field? Yes _X___ No __

TABLE 7: Disaster Medical

OPERATIONS

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

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? ___20_____

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. Region II

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes __X__ No

6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? Yes __X__ No ____

7. Are you part of a multi-county EMS system for disaster response? Yes __ No X__

8. Are you a separate department or agency? Yes __ No _X__

9. If Not, to whom do you report? Chief of Health System

10. 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? N/A

Table 8: Resource Directory

Reporting Year: 2017

Response/Transportation/Providers

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

County: San Mateo **Provider:** American Medical Response **Response Zone:** All of county except City of South San Francisco

Address: 1510 Rollins Road
Burlingame, CA 94010

Phone Number: (650) 235-1333

Number of Ambulance Vehicles in Fleet: 27

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 19

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

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

Transporting Agencies

39,847	Total number of responses	34,830	Total number of transports
28,679	Number of emergency responses	24,967	Number of emergency transports
11,168	Number of non-emergency responses	9,863	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2017

Response/Transportation/Providers

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

County: San Mateo **Provider:** South San Francisco Fire Department **Response Zone:** City of South San Francisco

Address: 480 North Canal Street
South San Francisco, CA 94080

Phone Number: (650) 829-3950

Number of Ambulance Vehicles in Fleet: 5

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☒ Yes ☐ No	☒ Yes ☐ No SMC EMS Medical Director serves MD for agency	☒ Yes ☐ No	☒ Transport ☐ Non-Transport ☒ ALS ☒ BLS ☐ LALS ☒ 9-1-1 ☐ 7-Digit ☐ CCT ☒ IFT ☒ Ground ☐ Air ☒ Water

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

Transporting Agencies

7,142	Total number of responses	4,030	Total number of transports
6,514	Number of emergency responses	3,934	Number of emergency transports
628	Number of non-emergency responses	96	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2017

Response/Transportation/Providers

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

County: San Mateo

Provider: San Mateo County Pre-Hospital Emergency Medical Services Group (Fire JPA)

Response Zone: All of county except City of South San Francisco

Address: 1510 Rollins Road
Burlingame, CA 94010

Phone Number: 650-773-0434

Number of Ambulance Vehicles in Fleet: 0

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**
☒ Yes ☐ No	☒ Yes ☐ No SMC EMS Medical Director serves MD for agency	☒ Yes ☐ No	☐ Transport ☒ Non-Transport ☒ ALS ☐ BLS ☐ LALS ☒ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT ☒ Ground ☐ Air ☒ Water

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

Transporting Agencies

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

REVISION TO 2013 PLAN: AMERICAN MEDICAL RESPONSE; See next page for methodology

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: San Mateo **Provider:** American Medical Response **Response Zone:** All of county except City of South San Francisco

Address: 1510 Rollins Road
Burlingame, CA 94010

Phone Number: (650) 235-1333

Number of Ambulance Vehicles in Fleet: 25

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 16

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

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

Transporting Agencies

39,094	Total number of responses	33,950	Total number of transports
27,686	Number of emergency responses	23,898	Number of emergency transports
11,408	Number of non-emergency responses	9,961	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

***Supplement to Table 8 - 2013**

During the Agency review, the following methodology was used to obtain the data:

Data Extraction Methodology

A comprehensive call list was extracted from the American Medical Response's database for the relevant fiscal year.

Total calls in the system- All calls were counted except South San Francisco Fire's.

Total number of responses- All of the total calls in the system excluding ones categorized as cancelled.

Number of emergency responses- Of the total number of responses, this includes ones that were responded to as priority 1 (lights and sirens).

Number of non-emergency response- Of the total number of responses, this includes ones that were responded to as non-priority 1 (no lights and sirens).

Total number of transports- Of the total number of responses, this includes calls categorized as having been transported plus ones having a "transport complete" time.

Number of emergency transports- Of the total number of responses, this includes ones that were transported as priority 1 (lights and sirens).

Number of non-emergency transports- Of the total number of responses, this includes ones that were transported as non-priority 1 (no lights and sirens).

These numbers are less than what the last submission was although the volume of calls has increased approximately 3.6% over the past year. Going forward, this is the methodology that will be used to report this data.

TABLE 9: Facilities

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

Facility: *Seton Medical Center* *Telephone Number:* *650-992-4000*
Address: *1900 Sullivan Ave.*
Daly City, CA 94015

Written Contract:	***Service:***	***Base Hospital:***	***Burn Center:***
x Yes ❒ No	*❒ Referral Emergency ❒ Standby Emergency* *X Basic Emergency ❒ Comprehensive Emergency*	*X Yes ❒ No*	*❒ Yes X No*

		Trauma Center:	***If Trauma Center what level:***
Pediatric Critical Care Center[1]	*❒ Yes X No*		
EDAP[2]	*x Yes ❒ No*	*❒ Yes X No*	*❒ Level I ❒ Level II* *❒ Level III ❒ Level IV*
PICU[3]	*❒ Yes X No*		

STEMI Center:	***Stroke Center:***
X Yes ❒ No	*X Yes ❒ No*

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

TABLE 9: Facilities

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

Facility: *Kaiser South San Francisco* *Telephone Number:* *650-742-2200*
Address: *1200 El Camino Real*
South San Francisco, CA 94080

Written Contract:	*Service:*	*Base Hospital:*	*Burn Center:*
X Yes ❒ No	*❒ Referral Emergency ❒ Standby Emergency* *X Basic Emergency ❒ Comprehensive Emergency*	*X Yes ❒ No*	*❒ Yes X No*

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

STEMI Center:	*Stroke Center:*
❒ Yes X No	*X Yes ❒ No*

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

TABLE 9: Facilities

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

Facility: *Mills-Peninsula Medical Center* *Telephone Number:* *650-695-5400*
Address: *1501 Trousdale Drive*
Burlingame, CA 94010

Written Contract:	***Service:***	***Base Hospital:***	***Burn Center:***
X Yes ❒ No	*❒ Referral Emergency ❒ Standby Emergency* *X Basic Emergency ❒ Comprehensive Emergency*	*X Yes ❒ No*	*❒ Yes X No*

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

STEMI Center:	***Stroke Center:***
X Yes ❒ No	*X Yes ❒ No*

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

TABLE 9: Facilities

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

Facility: *San Mateo Medical Center* *Telephone Number:* *650-573-2222*
Address: *222 W. 39th Street*
San Mateo, CA 94403

Written Contract:	***Service:***	***Base Hospital:***	***Burn Center:***
X Yes ❒ No	*❒ Referral Emergency ❒ Standby Emergency* *X Basic Emergency ❒ Comprehensive Emergency*	*X Yes ❒ No*	*❒ Yes X No*

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

STEMI Center:	***Stroke Center:***
❒ Yes X No	*❒ Yes X No*

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

TABLE 9: Facilities

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

Facility: *Sequoia Hospital* *Telephone Number:* *650-367-5561*
Address: *170 Alameda de las Pulgas*
Redwood City, CA 94062

Written Contract:	***Service:***	***Base Hospital:***	***Burn Center:***
X Yes ❒ No	*❒ Referral Emergency ❒ Standby Emergency* *X Basic Emergency ❒ Comprehensive Emergency*	*X Yes ❒ No*	*❒ Yes X No*

Pediatric Critical Care Center[13]	*❒ Yes X No*	***Trauma Center:***	***If Trauma Center what level:***
EDAP[14]	*X Yes ❒ No*	*❒ Yes X No*	*❒ Level I ❒ Level II* *❒ Level III ❒ Level IV*
PICU[15]	*❒ Yes X No*		

STEMI Center:	***Stroke Center:***
X Yes ❒ No	*X Yes ❒ No*

County: *San Mateo County*

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

TABLE 9: Facilities

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

Facility: *Kaiser Redwood City* *Telephone Number:* *650-299-2000*

Address: *1150 Veterans Blvd*

Redwood City, CA 94063

Written Contract:	***Service:***	***Base Hospital:***	***Burn Center:***
X Yes ❒ No	*❒ Referral Emergency ❒ Standby Emergency* *X Basic Emergency ❒ Comprehensive Emergency*	*X Yes ❒ No*	*❒ Yes X No*

Pediatric Critical Care Center[16]	*❒ Yes X No*	***Trauma Center:***	***If Trauma Center what level:***
EDAP[17]	*X Yes ❒ No*		
PICU[18]	*❒ Yes X No*	*❒ Yes X No*	*❒ Level I ❒ Level II* *❒ Level III ❒ Level IV*

STEMI Center:	***Stroke Center:***
X Yes ❒ No	*X Yes ❒ No*

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

TABLE 9: Facilities

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

Facility: **Stanford Health Care* *Telephone Number:* *650-723-4000*
Address: *300 Pasteur Drive*
Palo Alto, CA 94305

**Santa Clara County facility that serves as receiving facility, base hospital, pediatric base hospital, PCCC and Trauma Center (designated by SCC EMSA)*

Written Contract:	***Service:***	***Base Hospital:***	***Burn Center:***
X Yes ❒ No	*❒ Referral Emergency ❒ Standby Emergency* *X Basic Emergency ❒ Comprehensive Emergency*	*X Yes ❒ No*	*❒ Yes X No*

		Trauma Center:	***If Trauma Center what level:***	
Pediatric Critical Care Center[19]	*X Yes ❒ No*			
EDAP[20]	*X Yes ❒ No*			
PICU[21]	*X Yes ❒ No*	*X Yes ❒ No*	*X Level I*	*❒ Level II*
			❒ Level III	*❒ Level IV*

STEMI Center:	***Stroke Center:***
X Yes ❒ No	*X Yes ❒ No*

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

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

TABLE 9: Facilities

Facility: *Seton Coastside* *Telephone Number:* *650-723-3921*

Address: *600 Marine Blvd.*
Moss Beach, CA 94038

Written Contract:	***Service:***	***Base Hospital:***	***Burn Center:***
❒ *Yes X No*	❒ *Referral Emergency* X *Standby Emergency* ❒ *Basic Emergency* ❒ *Comprehensive Emergency*	X *Yes* ❒ *No*	❒ *Yes X No*

Pediatric Critical Care Center[22] ❒ *Yes X No* ***EDAP***[23] *(with exceptions)* X *Yes* ❒ *No* ***PICU***[24] ❒ *Yes X No*	***Trauma Center:***	***If Trauma Center what level:***
	❒ *Yes X No*	❒ *Level I* ❒ *Level II* ❒ *Level III* ❒ *Level IV*

STEMI Center:	***Stroke Center:***
❒ *Yes X No*	❒ *Yes X No*

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

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

TABLE 9: Facilities

Facility: *Palo Alto VA Hospital* *Telephone Number:* *650-493-5000*

Address: *3801 Miranda Ave*
Palo Alto, CA 94304

**Santa Clara County facility that serves San Mateo County as a receiving hospital for qualified patients.*

Written Contract:	***Service:***	***Base Hospital:***	***Burn Center:***
❒ *Yes X No*	❒ *Referral Emergency* ❒ *Standby Emergency* *X Basic Emergency* ❒ *Comprehensive Emergency*	*Yes X No*	❒ *Yes X No*

Pediatric Critical Care Center[25]	❒ *Yes X No*	***Trauma Center:***	***If Trauma Center what level:***
EDAP[26]	❒ *Yes X No*		
PICU[27]	❒ *Yes X No*	❒ *Yes X No*	❒ *Level I* ❒ *Level II* ❒ *Level III* ❒ *Level IV*

STEMI Center:	***Stroke Center:***
❒ *Yes X No*	❒ *Yes X No*

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

TABLE 9: Facilities

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

Facility: *Dominican Hospital* *Telephone Number:* *831-462-7700*
Address: *1555 Soquel Drive*
Santa Cruz, CA 95065

Santa Cruz County facility that serves for San Mateo County as a receiving facility.

Written Contract:	***Service:***	***Base Hospital:***	***Burn Center:***
❒ *Yes X No*	❒ *Referral Emergency* *Standby Emergency* *X Basic Emergency* ❒ *Comprehensive Emergency*	*Yes X No*	❒ *Yes X No*

Pediatric Critical Care Center[28]	❒ *Yes X No*	***Trauma Center:***	***If Trauma Center what level:***
EDAP[29]	*X Yes* ❒ *No*		
PICU[30]	❒ *Yes X No*	❒ *Yes X No*	❒ *Level I* ❒ *Level II* ❒ *Level III* ❒ *Level IV*

STEMI Center:	***Stroke Center:***
❒ *Yes X No*	❒ *Yes X No*

County: *San Mateo County*

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

TABLE 9: Facilities

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

Facility: **University of California San Francisco Medical Center* *Telephone Number:* *415-353-1611*

Address: *1975 4th Street*
San Francisco, CA 94158

**San Francisco County facility that serves San Mateo County as a designated PCCC only*

Written Contract:	***Service:***	***Base Hospital:***	***Burn Center:***
❒ *Yes* ❒ *No*	❒ *Referral Emergency* ❒ *Standby Emergency* *X Basic Emergency* ❒ *Comprehensive Emergency*	❒ *Yes* ❒ *No*	❒ *Yes* ❒ *No*

		Trauma Center:	***If Trauma Center what level:***
Pediatric Critical Care Center[31]	*X Yes* ❒ *No*		
EDAP[32]	*X Yes* ❒ *No*		
PICU[33]	*X Yes* ❒ *No*	❒ *Yes* ❒ *No*	❒ *Level I* ❒ *Level II* ❒ *Level III* ❒ *Level IV*

STEMI Center:	***Stroke Center:***
❒ *Yes* ❒ *No*	❒ *Yes* ❒ *No*

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

TABLE 9: Facilities

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

Facility: **California Pacific Medical Center* *Telephone Number:* *415-600-6464*
Address: *45 Castro Street*
San Francisco, CA 94114

**San Francisco County facility that serves San Mateo County as a designated PCCC only*

Written Contract:	***Service:***	***Base Hospital:***	***Burn Center:***
❒ *Yes* ❒ *No*	❒ *Referral Emergency* ❒ *Standby Emergency* *X Basic Emergency* ❒ *Comprehensive Emergency*	❒ *Yes* ❒ *No*	❒ *Yes* ❒ *No*

		Trauma Center:	***If Trauma Center what level:***	
Pediatric Critical Care Center[34]	*X Yes* ❒ *No*			
EDAP[35]	*X Yes* ❒ *No*			
PICU[36]	*X Yes* ❒ *No*	❒ *Yes* ❒ *No*	❒ *Level I*	❒ *Level II*
			❒ *Level III*	❒ *Level IV*

STEMI Center:	***Stroke Center:***
❒ *Yes* ❒ *No*	❒ *Yes* ❒ *No*

County: *San Mateo County*

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

TABLE 9: Facilities

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

Facility: **Zuckerberg San Francisco General Hospital* *Telephone Number:* *415-206-800*
Address: *1001 Portrero Avenue*
San Francisco, CA 94110

**San Francisco County facility that serves San Mateo County as Trauma Center designated by SF EMSA*

Written Contract:	***Service:***	***Base Hospital:***	***Burn Center:***
X Yes ❒ No	*❒ Referral Emergency ❒ Standby Emergency* *X Basic Emergency ❒ Comprehensive Emergency*	*❒ Yes ❒ No*	*❒ Yes ❒ No*

Pediatric Critical Care Center[37]	*❒ Yes ❒ No*	***Trauma Center:***	***If Trauma Center what level:***
EDAP[38]	*❒ Yes ❒ No*		
PICU[39]	*❒ Yes ❒ No*	*X Yes ❒ No*	*X Level I ❒ Level II* *❒ Level III ❒ Level IV*

STEMI Center:	***Stroke Center:***
❒ Yes ❒ No	*❒ Yes ❒ No*

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

TABLE 9: Facilities

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

Facility: *St. Francis Hospital* *Telephone Number:* *415-353-6300*
Address: *900 Hyde Street*
San Francisco, CA 94109

**San Francisco County facility that serves San Mateo County as a Burn Center only*

Written Contract:	***Service:***	***Base Hospital:***	***Burn Center:***
❒ *Yes* X *No*	❒ *Referral Emergency* ❒ *Standby Emergency* X *Basic Emergency* ❒ *Comprehensive Emergency*	❒ *Yes* ❒ *No*	X *Yes* ❒ *No*

Pediatric Critical Care Center[40]	❒ *Yes* ❒ *No*	***Trauma Center:***	***If Trauma Center what level:***
EDAP[41]	❒ *Yes* ❒ *No*		
PICU[42]	❒ *Yes* ❒ *No*	❒ *Yes* ❒ *No*	❒ *Level I* ❒ *Level II* ❒ *Level III* ❒ *Level IV*

STEMI Center:	***Stroke Center:***
❒ *Yes* ❒ *No*	❒ *Yes* ❒ *No*

County: *San Mateo County*

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

TABLE 9: Facilities

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

Facility: **Santa Clara Valley Medical Center* *Telephone Number:* *408-885-3228*

Address: *751 S. Bascom Avenue*

San Jose, CA 95128

**Santa Clara County facility that serves San Mateo County as a Burn Center only*

Written Contract:	***Service:***	***Base Hospital:***	***Burn Center:***
❒ *Yes* X *No*	❒ *Referral Emergency* ❒ *Standby Emergency* X *Basic Emergency* ❒ *Comprehensive Emergency*	❒ *Yes* ❒ *No*	X *Yes* ❒ *No*

		Trauma Center:	***If Trauma Center what level:***
Pediatric Critical Care Center[43]	❒ *Yes* ❒ *No*		
EDAP[44]	❒ *Yes* ❒ *No*		
PICU[45]	❒ *Yes* ❒ *No*	❒ *Yes* ❒ *No*	❒ *Level I* ❒ *Level II* ❒ *Level III* ❒ *Level IV*

STEMI Center:	***Stroke Center:***
❒ *Yes* ❒ *No*	❒ *Yes* ❒ *No*

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

TABLE 10: Approved Training Programs

San Mateo County Approved Training Programs

EMS System: San Mateo County EMS **County:** San Mateo **Reporting Year:** 2017

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

Training Institution Name	**College of San Mateo**	**Contact Person telephone no.**	Kimberley Roderick
Address	1700 W. Hillsdale Blvd. San Mateo, Ca. 94402	Phone number: 650-574-6347	

Student Eligibility: *	**Cost of Program**	****Program Level: EMT-B**
Open to the general public	Basic: $724* Refresher: $112* *Plus materials)	Number of students completing training per year: Initial training: 48 Refresher: 3 Cont. Education unk Expiration Date: 6/21/2019 Number of courses: 3 Initial training: 2 / yr Refresher: 1 / yr Cont. Education: Cont.

TABLE 10: Approved Training Programs

San Mateo County Approved Training Programs

EMS System: San Mateo County EMS **County:** San Mateo **Reporting Year:** 2017

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

Training Institution Name	**Skyline College**	**Contact Person telephone no.**	Judith Crawford
Address 3300 College Dr San Bruno 94066		Phone number: 650-738-4284	

Student Eligibility: *	**Cost of Program**	Program Level: EMT-B
Open to general public	Basic Approx.: $720.00 This includes tuition, estimated uniform cost, books, testing fee and lab equipment Refresher Approx.: $50.00	Number of students completing training per year: Initial training: approx. 120 Refresher: approx. 20 Cont. Education _____ Expiration Date: 3/31/2021 Number of courses: _____ Initial training: 3/yr___ Refresher: 1/yr___ Cont. Education: Varies_

- Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: Approved Training Programs

San Mateo County Approved Training Programs

EMS System: San Mateo County EMS **County:** San Mateo **Reporting Year:** 2017

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

Training Institution Name	**South San Francisco Fire Department**	**Contact Person telephone no.**	Rich Walls, EMS Chief (650) 877-8664

Address:
480 North Canal St
South San Francisco, CA 94080

Student Eligibility: **Health care provider CPR** **Must be 18** **No felony convictions**	**Cost of Program** Basic $1650 (inclusive) Refresher $500	**Program Level: EMT-B** Number of students completing training per year: Initial training: 0 Refresher: 0 Cont. Education Expiration Date: 6/23/2019 Number of courses: Initial training: 1-2 / year Refresher**:** 10/year Cont. Education: 6/23/2019

- 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: Dispatch Agency

County: San Mateo **Reporting Year:** 2017

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

San Mateo County Public Safety Communications 400 County Center, Redwood City, CA 94063 650-363-4900	Lisa Lucett Fire/EMS Dispatch Manager

Written Contract: X Yes ☐ No	Medical Director: X Yes ☐ No	X Day-to-Day X Disaster	Number of Personnel Providing Services: __30__ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: X Public Private		If Public: X Fire X Law ☐ Other Explain: _____	If Public: ☐ City X County ☐ State ☐ Fire District ☐ Federal

Section 4

Ambulance Zone Summary Forms

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

Local EMS Agency or County Name:
San Mateo County

Area or subarea (Zone) Name or Title:
San Mateo County (with the exception of the City of South San Francisco)

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

American Medical Response – West (AMR). Has provided service under this name since January 1999. Company was the selected proposer per a Request for Proposal Process conducted in 1997/98 and again in 2007/2008. This provider had been the contract holder since 1990 under the name of Baystar (or Medtrans/Laidlaw). Therefore, AMR has provided uninterrupted ALS emergency ambulance since January 1990.

Area or subarea (Zone) Geographic Description:
San Mateo County (with the exception of the City of South San Francisco)

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

Competitive Process – Section 1797.224. Emergency ambulance service – all emergencies. Until 1989 exclusivity language contained in the plan was "advanced life support." Language in plan was amended to "emergency ambulance service" in 1989 with the approval of the EMS Authority. The Board of Supervisors (BOS) approved both the RFP and the contract in 1998 and granted a five-year contract extension in 2003. Contract included emergency ambulance service and paramedic first response (fire service was a subcontractor to the contractor). Current five-year contract was awarded through an RFP competitive process in 2008 and went into effect in July 2009 and was extended in June 2014 and will expire June 2019. Current contract does not include paramedic first response. There is a separate contract with the fire JPA for paramedic fire first response services that expires in June 2019. The EMS Agency plans to conduct a RFP for ALS emergency ambulance services to prior to the expiration date and conduct future ambulance RFP at periodic intervals to ensure the most appropriate level of ALS ambulances services are available to meet the needs of San Mateo County.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance Service, 9-1-1 Emergency Response, 7-Digit Emergency Response, ALS Ambulance.

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

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

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

Emergency ALS Ambulance transport services last competitive process was approved and in on file at EMSA. The EMS Agency plans to conduct a Request For Proposal competitive process for ALS emergency ambulance services to prior to the expiration date of June 2019, and conduct future ambulance RFP at periodic intervals to ensure the most appropriate level of emergency ambulances services are available to meet the needs of San Mateo County.

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

Local EMS Agency or County Name: San Mateo County
Area or subarea (Zone) Name or Title: City of South San Francisco
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of South San Francisco Fire Department
Area or subarea (Zone) Geographic Description: City of South San Francisco
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. City of South San Francisco qualifies for exclusivity within its jurisdiction
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency ambulance. Emergency Response = 911 Emergency Response, 7-Digit Emergency Response. Transport Services = ALS Ambulance Services
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Non-Competitive (grandfathering). The EMS Agency believes South San Francisco Fire meets the criteria for "grandfathering" in Section1797.224, and as such qualifies for exclusivity within its jurisdiction. On March 4, 1975, the San Mateo County Board of Supervisors approved Resolution No. 34702 authorizing an agreement with City of South San Francisco to establish a paramedic response and transport unit in cooperation with the County, and its effort to establish a comprehensive emergency medical system. Since that time South San Francisco Fire Department has provided continuous paramedic transport services within the County for the City of South San Francisco. This has been documented in EMS Plans, internal documents, and various media publications going back to 1974. See attached supporting documents.

The Times (San Mateo, CA), February 5, 1974:

SSF Paramedic Plan Approved

South San Francisco Monday night became the first city in the county to adopt the paramedic program for its fire department.

The City Council's 4-1 vote gave Fire Chief Lawrence Toellner the green light to:

—Contact San Mateo County, to obtain the approval of the Board of Supervisors.

—Set up classes at Skyline College to give 10 South San Francisco firemen a 17-week training program.

Order $30,000 worth of life-saving medical equipment.

—Obtain cooperation of a local hospital — probably the South San Francisco Kaiser Hospital — to act as a base hospital, whose doctors will be directing paramedic operations over the radio.

The key action, according to the chief, is the county's approval.

"Without it," Toellner told the council, "the whole program is dead."

He said only the county legally can put the program in effect. In addition, the city has no malpractice protection, but the county does. Federal aid, in addition — if any is available — would go to the county, he said.

Toellner said he would contact other county cities considering the program, particularly San Carlos and San Mateo, to plan a joint program. The council voted to send a resolution on the paramedic program to every city in the county.

Under the program, the paramedics would have the training to give medical attention in the field to victims of accidents, heart attacks, strokes, shock and various ailments, under radio direction of medical doctors. When the victim's condition becomes stabilized, he could then be taken to the hospital.

The one vote against the program came from William Borba. He said it was a "very good program," but doubted that the city was in a position to fund the program.

"We should go to the people," he advised.

The audience burst into applause at the 4-1 vote. However, one person spoke against it, while others argued against the cost of the program during intermission.

Donald Grimes of Francisco Drive, describing himself as a consultant in medical equipment, said "You don't know how expensive it is to keep up such sophisticated equipment," he declared. He said there is a shortage of technicians to repair the equipment.

City Manager Ed Alario said he feared the program would pose a financing problem.

"You're talking about a lot

(See Page 2, Column 5)

The Times (San Mateo, CA), November 3, 1975:

Busy SSF Paramedics Report Results

A six-month report on the operation of the South San Francisco fireman-paramedic service shows it responded to 798 calls, with the average response time being 3½ minutes.

According to the report, which was sent to the county Board of Supervisors, the calls averaged out at 4.6 per day.

"Due to its short history at this juncture it is difficult to analyze the direct cost effectiveness of the program," said Fire Chief Lawrence Toellner.

"The direct value of saving lives and providing emergency medical care services of all kinds cannot be measured in dollars," he added.

According to the six-month report, paramedics administered intravenous solutions or prescribed medications 131 times. They responded to 96 cardiac cases, 49 drug overdose cases and performed an EKG (electrocardiogram) on 117 patients.

All definitive care is instituted by the paramedics on doctor's orders through radio telephone hookups to the base hospital, South San Francisco Kaiser Hospital.

Kaiser, which received 177 patients, is not the only facility where paramedic patients are taken. In the past six months 123 went to Peninsula Hospital, Burlingame; 123 to Mary's Help Hospital, Daly City; 32 to Chope Hospital, San Mateo; and less than five to each of the following: St. Luke's, San Francisco; Stanford, Palo Alto; St. Mary's San Francisco; San Francisco General; Veterans Hospital, San Francisco; Mills, Burlingame; and St. Francis, San Francisco.

South San Francisco implemented its paramedic program March 18. The County fire chiefs are proposing a paramedics plan to the supervisors that would utilize firemen rather than ambulance personnel.

"The fire department has been the traditional instrument used to implement this emergency care service for various reasons," stated Toellner in the six-month report.

He cited as these reaons, strategic location of fire stations, the availability of competent personnel, the constant supervision, and a natural extension of what was being done on an unsophisticated level. All firemen are trained in first aid.

South San Francisco paramedics are trained firefighters as well. They respond to all structure fires and become part of a firefighting team, yet are available for emergency medical care.

According to Toellner, 70 per cent, or more, of the emergency calls generally do not require paramedic skills at the scene.

But, if necessary, the paramedic can administer fluids intravenously, give medications and administer defibrillation to correct life-threatening heart rhythms.

There is no charge from the city to the patient for this service.

San Mateo County Board of Supervisors Resolution No. 34702, March 4, 1975 (referenced in Ambulance Zone Summary):

RESOLUTION NO. 34702

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

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RESOLUTION AUTHORIZING EXECUTION OF AGREEMENT WITH THE CITY OF SOUTH SAN FRANCISCO CONCERNING A PARAMEDIC SERVICES PROGRAM

RESOLVED, by the Board of Supervisors of the County of San Mateo, State of California, that

WHEREAS, there has been presented to this Board of Supervisors for its consideration and acceptance an agreement, reference to which is hereby made for further particulars, whereby the City of South San Francisco will establish a rescue paramedic unit and cooperate with the County of San Mateo in the County's efforts to implement a comprehensive emergency medical services system; and

WHEREAS, this Board has been presented with a form of such agreement and said Board has examined and approved same as to both form and content and desires to enter into same:

NOW, THEREFORE, IT IS HEREBY DETERMINED AND ORDERED that the Chairman of this Board of Supervisors be, and he is hereby, authorized and directed to execute said agreement for and on behalf of the County of San Mateo, and the Clerk of this Board shall attest his signature thereto.

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DA:JWF:mlb
2-10-75

San Mateo County Board of Supervisors Resolution No. 34702, March 4, 1975 (Cont.):

Regularly passed and adopted this 4th day of March, 19 75.

AYES and in favor of said resolution:

Supervisors: JAMES V. FITZGERALD

JOHN M. WARD

EDWARD J. BACCIOCCO, JR.

WILLIAM H. ROYER

JEAN FASSLER

NOES and against said resolution:

Supervisors: NONE

Absent Supervisor: NONE

Chairman, Board of Supervisors
County of San Mateo
State of California

ATTEST:

Clerk of said Board of Supervisors
(SEAL)

1986 - San Mateo County Dept. of Health Services - Plan for Emergency Medical Services
Section 4 - Availability, Inventory and Utilization of Resources:

III. EMERGENCY

San Mateo County utilizes ten dedicated ambulances to provide 24-hour emergency response within its borders. Nine of the ambulances are County contracted from a single private provider. The tenth ambulance belongs to the City of South San Francisco Fire Department. All 10 ambulances:

- Are Advanced Life Support units.
- Transport patients from the scene of an emergency.
- Are required to be staffed by two paramedics.
- Are pre-assigned a base hospital (based on geographical location of ambulance station).
- Have common communication capability.

The nine private units are required to be dispatched by County EMS Dispatcher including standby and back-up calls. South San Francisco Ambulance generally responds to calls only within the city limits and are dispatched by the fire department communications center.

1994 – San Mateo County EMS Plan, Section 1, Pg. 2: https://emsa.ca.gov/wp-content/uploads/sites/47/2017/09/1994-SanMateo-EMSPlan.pdf

2003-2012 – San Mateo County EMS Plans: https://emsa.ca.gov/sanmateo-emsplans/