

## SECTION 1. EXECUTIVE SUMMARY

### Background

Northern California Emergency Medical Services, Incorporated is a nonprofit public benefit corporation which serves as the local EMS agency under contract with eleven counties of north eastern California. These counties are: Butte, Colusa, Glenn, Lassen, Modoc, Plumas, Sierra, Siskiyou, Shasta, Tehama, and Trinity. Together these counties comprise 33,000 square miles, or 22% of California's area. The region's population is 550,000 or 2.6% of the state's. The contracts with these counties specify those duties to be performed on their behalf. Some functions, such as those related to EMS dispatch, have been retained by the counties. These are noted in the pages that follow.

The agency is governed by a nine member Board of Directors comprising representative physicians, county supervisors, hospitals, ambulance services, EMCCs, and the public.

The system has many unique features, including utilization of EMT-II's, EMT-I's with some ALS skills added to their repertoires, and MICN's in the field. The region's features often surprise those from southern and central California--Much of the area is densely forested and mountainous, and most is remote or wilderness. Ambulance response and transport times often approach or exceed an hour. Most fire departments are exclusively or primarily staffed by volunteers. The region has two trauma centers serving its 33,000 square miles, an area slightly larger than Vermont, Connecticut, Maryland, and New Jersey combined. This area and its sparse population provide many special challenges in EMS system administration.

### Plan Overview

NOR-CAL EMS meets or exceeds 110 of the System Guidelines' 121 minimum standards (91%), and 34 of the 45 recommended guidelines (75%). Most of those areas falling below are those not delegated to this agency. This is not interpreted to mean that NOR-CAL EMS has no opportunity or obligation to address these areas, and the agency frequently works to promote high standards even in areas which exceed the role assigned to it. The lowest concentration of compliance is in Section 8, Disaster Medical Response. The plan calls for these deficiencies to be addressed during the life of this plan.

### Major Needs

Most of the needs identified in this assessment fall in the areas of policy, procedure, planning, technical communications and training. Rectifying some of these deficiencies will demand significant expenditure of all types of resources: personnel time, materials, technical and others. NOR-CAL EMS is committed to working diligently to achieve an optimal system within the real-life constraints imposed on it and all of its counterparts within California. Where appropriate, we will propose special projects to help not only within our own region, but throughout the state.

## **Solutions**

This agency will continue to strive to develop and maintain the best practical system for all of those who live, work, and visit the area. This promises to be a considerable challenge well into the future, and will most likely dictate that we look beyond morbidity and mortality. In some cases, this is likely to expand the uniqueness of this region and system. We believe it is more important to provide what's best for those in this region than to conform to a model that proves impractical or ineffective in this very special environment.

Efforts to develop an optimal system will include directly providing training and other services to providers and consumers, facilitating beneficial relationships among the many components of EMS, and promoting self-sufficiency wherever appropriate among those in the system. Naturally, each activity must be performed within the resources available.

## **Application of the Plan**

The assessment and plan offered here will be used to guide the development of staff, programs, policies, procedures, plans, and relationships toward an ideal system. It provides an instrument to help identify and prioritize the needs of those we serve, and is a resource of its own. It is likely to become a commonly used tool in the ongoing administration of EMS in northeastern California.

TABLE 1: Summary of System Status

**A. SYSTEM ORGANIZATION AND MANAGEMENT**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
<b>Agency Administration</b>					
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		NA			
1.07 Trauma Planning*		X	X		
1.08 ALS Planning*		X			
1.09 Inventory of Resources		X			
1.10 Special Populations		X	X		
1.11 System Participants		X	X		

<b>Regulatory Activities</b>	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range Plan</b>	<b>Long-range Plan</b>
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			
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**Medical Direction**

1.17 Medical Direction*		X			
1.18 QA / QI		X	X		
1.19 Policies, Procedures, Protocols		X (a)	X		
1.20 DNR Policy		X			
1.21 Determination of Death		X			
1.22 Reporting of Abuse		X			
1.23 Interfacility Transfer		X			

(a) Except for medical dispatch protocols

<b>Enhanced Level: Advanced Life Support</b>	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range Plan</b>	<b>Long-range Plan</b>
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			
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**Enhanced Level: Pediatric Emergency Medical and Critical Care System**

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

1.28 EOA Plan		(b)			
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(b) None of the counties in the region have delegated this function to NOR-CAL EMS at this time.

## B. STAFFING / TRAINING

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

### Dispatchers

2.04 Dispatch Training		(b)			
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### First Responders (non-transporting)

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

### Transporting Personnel

2.08 EMT-I Training		X	X		
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### Hospital

2.09 CPR Training		X			
2.10 Advanced Life Support		X	X		

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

## C. COMMUNICATIONS

Communications Equipment	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
3.01 Communication Plan*		X	X		
3.02 Radios		X	X		
3.03 Interfacility Transfer*		X (c)			
3.04 Dispatch Center		X (d)			
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		(b)	(b)		
3.10 Integrated Dispatch		X	X		

- (b) None of the counties in the region have delegated this function to NOR-CAL EMS at this time
- (c) Within the region
- (d) Where geographically possible

## D. RESPONSE / TRANSPORTATION

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.01 Service Area Boundaries*		(b)	No		
4.02 Monitoring		X	X		
4.03 Classifying Medical Requests		(b)			
4.04 Prescheduled Responses		X			
4.05 Response Time Standards*		X	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 Intercounty Response*		X	X		
4.14 Incident Command System		X			
4.15 MCI Plans		X			

### Enhanced Level: Advanced Life Support

4.16 ALS Staffing		X			
4.17 ALS Equipment		X			

(b) None of the counties in the region have delegated this function to NOR-CAL EMS at this time

<b>Enhanced Level: Ambulance Regulation</b>	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range Plan</b>	<b>Long-range Plan</b>
4.18 Compliance		X			

**Enhanced Level: Exclusive Operating Permits**

4.19 Transportation Plan		X			
4.20 "Grandfathering"		X			
4.21 Compliance		X			
4.22 Evaluation		X			

## E. FACILITIES / CRITICAL CARE

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
5.01 Assessment of Capabilities		X	X		
5.02 Triage & Transfer Protocols*		X			
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			
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### 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

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
6.01 QA/QI Program		X	X		
6.02 Prehospital Records		X			
6.03 Prehospital Care Audits		X	(f)		
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		
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### Enhanced Level: Trauma Care System

6.10 Trauma System Evaluation		X			
6.11 Trauma Center Data		X	X		

(f) For trauma patients only at this time

## G. PUBLIC INFORMATION AND EDUCATION

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

## H. DISASTER MEDICAL RESPONSE

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

Enhanced Level:  
Specialty Care Systems

Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
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**Enhanced Level: Advanced Life Support**

8.17 ALS Policies		X			
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8.18 Specialty Center Roles		X			
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**Enhanced Level: Exclusive Operating Areas/Ambulance Regulations**

8.19 Waiving Exclusivity		X			
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## SECTION 2. ASSESSMENT OF THE SYSTEM

**Table 1: Summary of System Status**

A. SYSTEM ORGANIZATION AND MANAGEMENT (1.00)	2.1
B. STAFFING/TRAINING (2.00)	2.4
C. COMMUNICATIONS (3.00)	2.6
D. RESPONSE/TRANSPORTATION (4.00)	2.7
E. FACILITIES CRITICAL CARE (5.00)	2.9
F. DATA COLLECTION/SYSTEM EVALUATION (6.00)	2.10
G. PUBLIC INFORMATION AND EDUCATION (7.00)	2.11
H. DISASTER MEDICAL RESPONSE (8.00)	2.12

### **System Assessment Forms**

SYSTEM ORGANIZATION AND MANAGEMENT (1.00)	2.14
STAFFING/TRAINING (2.00)	2.42
COMMUNICATIONS (3.00)	2.55
RESPONSE/TRANSPORTATION (4.00)	2.65
FACILITIES CRITICAL CARE (5.00)	2.87
DATA COLLECTION/SYSTEM EVALUATION (6.00)	2.101
PUBLIC INFORMATION AND EDUCATION (7.00)	2.112
DISASTER MEDICAL RESPONSE (8.00)	2.116

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Meets or exceeds minimum standard: The Northern California EMS Board of Directors, agency staff, and contractual personnel (legal counsel, medical director and others, as needed) provide what is needed for stable and effective operation. Roles, responsibilities, and relationships are clear.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Meets or exceeds minimum standard: Planning, implementation, and evaluation of the EMS system is an ongoing process which uses considerable participation by those throughout the EMS community and the public. Some of these multi-disciplinary groups include the Board of Directors, Paramedic Liaison Nurses, Manpower Training Committee, Trauma Audit Committee, Trauma Registry Users Group, EMS for Children Task Force, Prehospital Care Report Workgroup, and others.

Continuous assessment of system status and needs is conducted in nearly every aspect of agency administration.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Meets or exceeds minimum standard: The Board of Directors and other groups include participation by the community at large and varied components of the EMS system. Plans, procedures, protocols, and other documents include comprehensive participation of varied groups and widespread distribution for comment on drafts.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

- 1.04 Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.
- The local EMS agency medical director should have administrative experience in emergency medical services systems.
- Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and prehospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

### CURRENT STATUS:

Meets or exceeds minimum standard: Harold Renollet, MD has served as agency Medical Director since 1980. He has practiced emergency medicine since 1969 and brings to the agency decades of experience as an ED physician and medical director for the Sierra Sacramento EMS Agency as well as this one.

Meets or exceeds recommended guidelines: Dr. Renollet has 22 years of experience as medical director for two different LEMSAs. He participates in advisory groups including people from every aspect of the EMS system, including physicians, nurses, field personnel, administrators, and others.

### COORDINATION WITH OTHER EMS AGENCIES:

NOR-CAL EMS' medical director is an active member of EMDAAC

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

- 1.05 Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority. The plan shall:
- a) assess how the current system meets these guidelines,
  - b) identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
  - c) provide a methodology and timeline for meeting these needs.

### CURRENT STATUS:

Meets or exceeds minimum standards: The EMS System Plan was initially developed in 1995 and submitted to the EMS Authority in 1996. The plan assesses the status of the system, identifies resources, needs, and actions underway to meet current and anticipated needs, and provides timelines.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Some updated information has been provided to the EMS Authority. A full annual update is planned for the current year.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

To complete and submit an annual update to the EMS Plan during FY 98-99

### TIME FRAME FOR MEETING OBJECTIVE:

Short-range (One year or less)

## System Assessment Form

### STANDARD:

- |      |  |   |
|------|--|---|
| 1.07 | The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction. | The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions. |
|------|--|---|

### CURRENT STATUS:

Nor-Cal EMS has a formal Trauma Care Plan, a copy of which is included with the full EMS System Plan. The agency has developed a unique trauma care system which includes two trauma centers and seven Emergency Departments Approved for Trauma. N.T. Enloe Hospital in Chico and Mercy Medical Center in Redding have been designated as trauma centers, with formal agreements in place.

### COORDINATION WITH OTHER EMS AGENCIES:

Trauma care is coordinated with facilities and agencies within this and neighboring regions, Nevada, and Oregon.

Transport of trauma patients from outside of the region to facilities within follows regional triage criteria and audit standards/procedures.

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

The uniquely rural/remote/wilderness composition of most of this region make widespread ALS an exceptional challenge. Nor-Cal EMS has met this challenge by promoting and supporting high quality ALS field care. In remote and sparsely-populated Sierra County, a trial study has trained EMT-Basics in limited ALS skills and monitored their performance.

### COORDINATION WITH OTHER EMS AGENCIES:

This agency is working in conjunction with the EMSA to expand some measure of ALS capability into the EMT-I system in Sierra County, where the resources and call volumes have not supported more conventional approaches.

The remainder of the region enjoys the availability of primary or backup ALS response.

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

An inventory of EMS resources was provided with the EMS System Plan, and updated information has been provided to the EMS Authority. A full update is planned for FY 98-99.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

To include a completely updated inventory with the 98-99 plan update.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-range (One year or less)

## System Assessment Form

### STANDARD:

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

Nor-Cal EMS has identified these groups and continues work to meet their unique needs. One example is provision of Spanish language safety information in Colusa County, which has a very high number of Spanish-speaking residents. The needs of children have been addressed by an EMS for Children Task Force, which has impacted EMS care and injury prevention for children in the field, ED, trauma centers, and other venues.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

- |  |  |
|--|--|
| 1.11 Each local EMS agency shall identify the optimal roles and responsibilities of system participants. | Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas. |
|--|--|

### CURRENT STATUS:

Nor-Cal EMS has identified optimal roles for field practitioners, various ED personnel, physicians, administrators, facilities, and others. This has included work with people from all of these groups in system design and operations, establishment of various standards and guidelines, establishments of agreements affecting care and transportation, designation of trauma centers, Emergency Departments Approved for Trauma, and recognition of EDs meeting EMS for Children Guidelines.

### COORDINATION WITH OTHER EMS AGENCIES:

A number of these activities have been conducted in cooperation with other LEMSAs and the EMS Authority

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Ongoing monitoring of the system is multi-faceted. It includes regular meetings of special groups such as the Board of Directors, Trauma Audit Committee, Manpower Training Committee, Paramedic Liaison Nurses, and EMS for Children Task Force. QA/AI activities are continuous, and a high quality relationship exists between the agency and EMS community to ensure that open dialog occurs in all aspects of system operations.

### COORDINATION WITH OTHER EMS AGENCIES:

Coordination with North Coast and Sierra-Sacramento Valley EMS agencies provide these activities for responses into the region by neighboring providers

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

- 1.13 Each local EMS agency shall coordinate EMS system operations.

### CURRENT STATUS:

Using a variety of methods, including extensive work with system participants, Nor-Cal EMS provides oversight of field operations, trauma centers, Emergency Departments Approved for Trauma, EDs meeting EMS for Children Guidelines, training facilities, QA/QI activities, and data collection. In addition, the agency serves as the Regional Disaster Medical Health Coordinator and maintains the EMS communications system and coordinates its operation and development.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

- 1.14 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 EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

### CURRENT STATUS:

Nor-Cal EMS has had an extensive Policy and Procedure Manual for many years. This document includes all appropriate policies, procedures, treatment guidelines, regulations, documents and other suitable information important to system participants. For convenience, an abbreviated BLS manual is also available to those who prefer it.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

These functions are fulfilled by working closely with individual provider agencies, facilities, and practitioners, by meeting regularly with different clinical and operational groups such as the Trauma Audit Committee, QA/QI people, the EMS for Children Task Force, and others. Each ambulance service is bound by a provider agreement which requires compliance with regional policies and state regulations, and provides for inspection. An Unusual Occurrence Reporting process is in place, which facilitates high quality reporting by all participants in the EMS system.

### COORDINATION WITH OTHER EMS AGENCIES:

Cooperative trauma audit with North Coast EMS

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Funding for Nor-Cal EMS comes from varied sources. In addition to General Fund revenues, the agency receives fees from those counties contracting with the agency to fulfill their LEMSA obligations, from providers, base hospitals, and trauma centers. Special Project funding has also been a historically important revenue source.

### COORDINATION WITH OTHER EMS AGENCIES:

NOR-CAL EMS coordinates statewide funding with other local agencies eligible for General Fund assistance

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Medical Control in the region is well established and performs remarkably well. Base hospitals are located throughout the area to facilitate on-line medical control. Off-line control is conducted largely by Paramedic Liaison Nurses and coordinated by the agency's QA/QI Coordinator. PLNs meet regularly with agency staff and others to ensure that roles are clear, responsibilities well established, and that the medical control mechanism keeps pace with the needs of the system.

### COORDINATION WITH OTHER EMS AGENCIES:

Out-of-Area base hospital arrangements have been made for providers where local medical control is not available.

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

- 1.18 Each local EMS agency shall establish a quality assurance/quality improvement program. This may include use of provider based programs which are approved by the local EMS agency and which are coordinated with other system participants.
- Prehospital care providers should be encouraged to establish in-house procedures which identify methods of improving the quality of care provided.

### CURRENT STATUS:

QA/QI efforts in the region include oversight by the agency medical director and other staff, base hospital, ED, and trauma center personnel, providers, peers, and others. A computerized patient reporting and data collection system provides for audits of field reports by provider agencies and the LEMSA.

### COORDINATION WITH OTHER EMS AGENCIES:

Trauma audit activities include patients emanating from the North Coast EMS region.

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

- 1.19 Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to,
- a) triage,
  - b) treatment,
  - c) medical dispatch protocols,
  - d) transport,
  - e) on-scene treatment times
  - f) transfer of emergency patients,
  - g) standing orders,
  - h) base hospital contact,
  - i) on-scene physicians and other medical personnel, and
  - j) local scope of practice for prehospital personnel.
- Each local EMS agency should develop (or encourage the development of) pre-arrival/post dispatch instructions.

### CURRENT STATUS:

The items listed in this standard are met, with the exception of medical dispatch protocols. Local PSAPs have retained this function and this agency encourages performance to this standard. These items are included in the Policy and Procedure Manual, and subject to periodic review and revision. These processes include participation by those from all components of the EMS system.

### COORDINATION WITH OTHER EMS AGENCIES:

Where appropriate, consultation and coordination with the EMS Authority and other LEMSAs has been undertaken in meeting this standard.

### NEED(S):

None

### OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

This policy was implemented in 1994, meets the recommendations of the EMS Authority, and is included in the regional Policy and Procedure Manual

### COORDINATION WITH OTHER EMS AGENCIES:

The form used in this region was developed by the EMS Authority

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

The current policy was adopted in 1992, and includes provision for the notification of all proper investigative authorities. It is included in the Policy and Procedure Manual.

### COORDINATION WITH OTHER EMS AGENCIES:

Policy developed in cooperation with area medical societies

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Providers are expected to comply with all laws regarding these cases, as mandatory reporters.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

To develop a policy requiring that provider agencies and base hospitals ensure that their field personnel are aware of reporting requirements and have ready access to necessary report forms.

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Nor-Cal's medical director has been actively involved in this area on local and statewide levels. A number of extensions to scope of practice have been authorized for interfacility transfer.

### COORDINATION WITH OTHER EMS AGENCIES:

Recent protocol revisions have included cooperation with other LEMSAs

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

- 1.24 Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.
- Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

### CURRENT STATUS:

ALS services are approved by the LEMSA, and provider agreements completed. In some cases, provider agencies are authorized to provide ALS when appropriate personnel are available.

When and where requested, Nor-Cal EMS assists in the assessment of areas for EOA development and facilitates development of exclusive operating areas. The agency also oversees development of EOAs and reporting to the EMS Authority.

### COORDINATION WITH OTHER EMS AGENCIES:

Contracts have served as models for other EMS agencies

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

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:

Using both physicians and ARNs, the Nor-Cal region has 18 base hospitals, plus one outside of the region which provides medical control for the Expanded EMT Scope of Practice trial study. Each provides on-line medical control. Each component of the recommended guideline is addressed by policy, procedure, and practice.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

The Nor-Cal EMS Trauma Plan was adopted in 1989 and is attached to the full EMS System Plan as Appendix 1. Nor-Cal EMS has been innovative in creating an effective trauma plan and system which addresses both the needs and limitations of the region. Two of these innovations have included obtaining a special dispensation to establish a second trauma center in the region, in spite of low population and establishment of Emergency Departments Approved for Trauma.

### COORDINATION WITH OTHER EMS AGENCIES:

This agency has reviewed other trauma plans in the development of two local plans

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

- 1.27 The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:
- a) the 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.

### CURRENT STATUS:

Nor-Cal EMS has conducted a two-year project to update and revamp its pediatric care system. A new EMS for Children Plan will be completed in the current year. Training, supplies and equipment, and administration of pediatric care in the field, ED, trauma center, and other venues received attention. All facilities are permitted and even encouraged to apply for recognition as EMSC-compliant EDs and providers of other pediatric services.

### COORDINATION WITH OTHER EMS AGENCIES:

This plan and project were developed with extensive cooperation and coordination between other LEMSAs, the EMS Authority and other agencies.

### NEED(S):

None

### OBJECTIVE:

None

## System Assessment Form

### STANDARD:

- 1.28 The local EMS agency shall develop, and submit for state approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas which determines:
- 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.

### CURRENT STATUS:

Exclusive areas are currently confined to Butte County, where the Public Health Department retains authority and responsibility for establishment of exclusive areas, the installation of operators in those areas, and competitive bid processes. Butte County has four exclusive areas: Chico, Paradise, CSA 37 (Gridley) and Oroville

Nor-Cal EMS takes an active role with other counties contemplating the establishment of exclusive areas, in part to ensure that those counties are aware of legal and regulatory issues.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

To develop a plan for development of EOAs

### TIMEFRAME FOR OBJECTIVE:

Short-range plan (One year or less)

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Nor-Cal EMS accomplishes this task by meeting quarterly with the regional Manpower Training Committee and Pediatric Liaison Nurses. Other, less formal methods are used on a continuous basis, including QA/QI mechanisms, monitoring unusual occurrence reports, continuous dialog with EMS system participants and others.

### COORDINATION WITH OTHER EMS AGENCIES:

Nor-Cal EMS keeps in touch to remain abreast of training needs and developments throughout California and the U.S.

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

All EMS education programs in the region, including EMT-Basic, ALS upgrades, MICN training and continuing education must be approved by the LEMSA. The application process ensures that the program has the resources necessary to provide high quality education. Review of programs is conducted upon periodic re-application and at other times as needed. The agency's training director has responsibility to monitor programs. 9 EMT-Basic programs currently exist in the region, along with 4 which offer ALS training.

### COORDINATION WITH OTHER EMS AGENCIES:

Approval of local programs account for certification reciprocity with adjacent local agencies.

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Nor-Cal EMS administers examinations and provides certification, authorization and accreditation of field personnel in accordance with regulations. The agency's certification manager has primary responsibility for these activities.

A specific Unusual Occurrence Report form is provided by the agency, and available to all within the EMS system or interested members of the public. Processes are in place for investigation and disposition of various issues. Depending on the nature of the occurrence and the severity of action recommended, the process can include agency clinical staff, medical control, the medical director, and the board of directors.

### COORDINATION WITH OTHER EMS AGENCIES:

Any negative certification action by this agency is reported to the EMS Authority, which in turn notifies local agencies throughout the state.

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

- |      |  |   |
|------|--|---|
| 2.04 | Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines. | 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:

This responsibility has not been delegated by any counties within the region, however this agency encourages compliance to this standard

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

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:

Those on non-transporting first response units are all subject to State requirements that they have first aid and CPR training, and compliance is excellent. In a vast majority of agencies, one or more personnel on each unit are trained to First Responder or EMT-Basic levels.

Although not all first response units have defibrillators at this time, Nor-Cal EMS promotes and supports placement of these units. The agency is currently working closely with the Emergency Services Foundation to assess availability of defibrillators, need, and interest of these agencies.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

Continue activities to support and encourage progress

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Nor-Cal EMS encourages response by all appropriate resources, including public safety and industrial personnel. An especially effective relationship exists with fire service. All services of the agency are also available to law enforcement, rescue, and other public safety disciplines. The agency works to coordinate the efforts of the few industrial first aid teams in the region.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Policies and procedures exist for first responders, including both medical and operational issues. All practitioners are mandated to follow protocol and are subject to the full range of disciplinary action if a protocol is not followed. An abbreviated BLS policy manual was developed in 1994, distributed throughout the region, and is available to new BLS providers.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

Provider agreements with all transport agencies require that their personnel meet state standards and regional policy.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

To identify any BLS transport units currently without a defibrillator and place top priority for defibrillator procurement on those units.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (One year or less)

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Those allied health personnel who function within the EMS system are required to maintain CPR training. Responsibility for monitoring compliance rests primarily with the agencies with which they operate.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

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

### CURRENT STATUS:

Meets or exceeds minimum standard

Meets recommended guideline to the extent that it is geographically and economically feasible.

Adequate numbers, locations, and positions of certified physicians exist to ensure that the quality of patient care remains high.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

- 2.11 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.

### CURRENT STATUS:

Those seeking accreditation in the Nor-Cal area must be oriented by their provider agencies to roles, policies and procedures. In addition, their base hospitals evaluate or provide training in optional scope of practice. Enrollment in the regional QA process is automatic with submission of patient reports.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

The LEMSA has approved a curriculum for this training, and authorized facilities and personnel to provide it. Those completing the program are tested and certified in the skill by the LEMSA. Testing and certification activities are the responsibility of the agency's certification manager.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

The LEMSA approves MICN/ARN training programs and curricula. These include all items listed in this standard. The agency also tests, certifies and recertifies these personnel.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

- 3.01 The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.
- The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.

### CURRENT STATUS:

The LEMSA maintains the physical EMS communication system and policies and procedures for its utilization. All provider agreements require that units have capabilities to use the system and comply with policies and procedures. All base and receiving hospitals in the region have system capabilities, as do receiving facilities outside of the area. Cellular telephone service is quite limited in this region, however its use is common in those areas where it is available. Satellite communication is not currently a viable option.

### COORDINATION WITH OTHER EMS AGENCIES:

Radio sites are located, designed, and maintained to avoid interference with adjacent users

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

- |      |   |   |
|------|---|---|
| 3.02 | Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication. | Emergency medical transport vehicles should have two-way radio communications equipment which complies with the local EMS communications plan and which provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication. |
|------|---|---|

### CURRENT STATUS:

100% compliance with these standards has been ensured by provider agreements, coordination of grant equipment distribution, and other methods. Although dispatch system design varies between counties, the UHF medical control system is consistent throughout. This system offers dispatch, medical control, and coordination capabilities, and is in use by dispatch centers, hospitals, ambulances, first responder units, aeromedical units, and others.

### COORDINATION WITH OTHER EMS AGENCIES:

Radio sites are located, designed, and maintained to avoid interference with adjacent users

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

- 3.03 Emergency medical transport vehicles used for interfacility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

### CURRENT STATUS:

All ambulances, including those used for interfacility transfer, are required by provider agreement to have the ability to communicate with all hospitals within the region. The Nor-Cal system also permits contact between common receiving hospitals in Medford and Klamath Falls, Oregon and Reno, Nevada.

### COORDINATION WITH OTHER EMS AGENCIES:

Radio sites are located, designed, and maintained to avoid interference with adjacent users

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Standardized frequencies throughout the region provide communication capability between hospitals and out-of-area ambulances. This allows any base hospital in the region to communicate with all ambulances responding to a large scale event.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

- |  |   |
|--|---|
| 3.05 All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio. | All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation). |
|--|---|

### CURRENT STATUS:

All hospitals have capabilities to use the regional communication system. In some cases, geographic barriers prevent or limit inter-hospital communication on the system, and the use of telephones is required. Hospitals in the region have both telephone and fax access to special services and information.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Nor-Cal EMS maintains the region-wide UHF communications system used by all ambulances, ALS providers, aeromedical providers, hospitals, and others in the EMS system. This service includes monitoring how well the system meets system needs at all times, handling problem reports, recommendations, and maintenance issues, and system planning for the future.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Nor-Cal EMS participates as requested in the ongoing planning and coordination of 9-1-1 service, and promotes enhancements. All of the region is currently served by 9-1-1, and nearly all enjoys some level of enhancement. The agency is conducting a two-year assessment of EMS communication capabilities which includes 9-1-1 service.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Public information and injury prevention activities throughout the region include appropriate use of the 9-1-1 number. The agency also provides or facilitates distribution of related information to the public and those involved in public education.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

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

### CURRENT STATUS:

This responsibility has not been delegated by counties, but retained by local law enforcement agencies and PSAPs. This agency encourages compliance with these standards.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

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

### CURRENT STATUS:

Dispatch systems vary between counties of the region. The systemwide UHF system is available to all dispatch centers. This system utilizes the standard 10 medical control and coordination frequencies allocated by the FCC (Med channels 1 through 10)

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

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:

This function has not been delegated to this agency by most participating counties, however boundaries are agreed to by those involved. Counties have not chosen to establish formal areas in most of the region because no operational need has been identified.

### COORDINATION WITH OTHER EMS AGENCIES:

Where geographically necessary, this agency works with adjacent agencies in this area

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

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

### CURRENT STATUS:

Nor-Cal EMS monitors compliance through its various QA/QI activities. Compliance is maintained in large part by binding provider agreements which require compliance with all applicable policies, procedures, laws and regulations. No conflicting or duplicative programs exist in the area.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Three PSAPs and dispatch centers in the region have EMD capabilities. Nor-Cal EMS continues to encourage and facilitate more widespread adoption of these standards.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

To establish criteria for classifying medical requests and level of response

### TIME FRAME FOR MEETING OBJECTIVE:

Long-range Plan (More than one year)

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Pre-scheduled transportation has little or no effect on system operations. Responsibility to minimize or eliminate the impact of these transports on the emergency system remains the responsibility of provider agencies.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

- 4.05 Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of the call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch intervals and driving time.
- Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergent responses,:
- a. the response time for a basic life support and CPR capable first responder does not exceed:  
Metro/urban--5 minutes  
Suburban/rural--15 minutes  
Wilderness--as quickly as possible
  - b. the response time for an early defibrillation-capable responder does not exceed:  
Metro/urban--5 minutes  
Suburban/rural--as quickly as possible  
Wilderness--as quickly as possible
  - c. the response time for an advanced life support capable responder (not functioning as the first responder) does not exceed::  
Metro/urban--8 minutes  
Suburban/rural--20 minutes  
Wilderness--as quickly as possible
  - d. the response time for an EMS transportation unit (not functioning as the first responder) does not exceed:  
Metro/urban--8 minutes  
Suburban/rural--20 minutes  
Wilderness--as quickly as possible.

### CURRENT STATUS:

Nor-Cal EMS has adopted the state's response time guidelines  
Recommended guidelines are met to the extent geographically feasible, and compliance with this standard is encouraged.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Staffing, equipment, supply, and other operational requirements for transport units are part of provider agreements between each provider and the LEMSA

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Nor-Cal EMS supports the participation of first responder agencies into the system and does much to facilitate their participation. This includes providing testing and certification of first responders, certification of defibrillation course providers and those completing courses, including defibrillation certification of first responders. First responders are part of the medical control and QA/QI systems and other elements of the system.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

- 4.08 The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:
- a) authorization of aircraft to be utilized in prehospital patient care,
  - b) requesting of EMS aircraft,
  - c) dispatching of EMS aircraft,
  - d) determination of EMS aircraft patient destination,
  - e) orientation of pilots and medical flight crews to the local EMS system, and
  - f) addressing and resolving formal complaints regarding EMS aircraft.

### CURRENT STATUS:

Each of these items is addressed in policy and procedure related to air ambulances and air rescue craft, both fixed wing and helicopter. These craft, personnel, and operations are fully integrated into the EMS system.

### COORDINATION WITH OTHER EMS AGENCIES:

Approval in some adjacent areas is accepted as approval in the NOR-CAL region

### NEED(S):

None

### OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

For the northern part of the region, a single center dispatches fixed and rotary wing ambulances from two hospitals and the CHP. Other areas of the region are served by air ambulances, but independently dispatched by their own provider agencies. This system is working well.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

All aeromedical services have formal agreements with the LEMSA, and meet regional staffing and other requirements. This includes both medical rescue and air ambulance craft, and both fixed and rotary wing.

### COORDINATION WITH OTHER EMS AGENCIES:

Approval in some adjacent areas is accepted as approval in the NOR-CAL region

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

Some vehicles of this type are available and used in the region. None have regional response responsibilities, but most or all are available as voluntary mutual aid resources. Plans for the use of these units is handled well by local authorities.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Nor-Cal EMS serves as the Regional Disaster Medical Health Coordinator for this OES region. In addition, the agency has disaster and MCI plans and works with the regional and state offices of the OES in related areas. This includes mobilization of response and transport vehicles.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

- |   |   |
|---|---|
| 4.13 The local EMS agency shall develop agreements permitting intercounty response of emergency medical transport vehicles and EMS personnel. | The local EMS agency should encourage and coordinate development of mutual aid agreements which identify financial responsibility for mutual aid responses. |
|---|---|

### CURRENT STATUS:

Units and personnel can and do operate throughout the eleven-county region without regard for county boundaries. Regional approval of providers, certification/accreditation of personnel, and a regional communications system facilitate this flexibility. Development of mutual aid agreements is encouraged by the agency

### COORDINATION WITH OTHER EMS AGENCIES:

These efforts are coordinated with adjacent agencies where desirable

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

ICS and SEMS are accepted minimum standards throughout the region. The LEMSA has offered and provided the Region IV MCI plan to counties in the region, however member counties have not delegated authority to this agency to compel their adoption of that or any other plan.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Nor-Cal EMS recommends the Region IV MCI plan, and has provided copies and support to the counties served by the agency.

w

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew members.

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

### CURRENT STATUS:

Each ALS ambulance, in accordance with provider agreements and regional policy must be staffed with at least one EMT-II or paramedic, and must meet all state standards for all personnel.

It has been determined that it is not operationally necessary or cost effective to staff ALS units with two ALS practitioners in this rural/remote/wilderness area.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

All ALS ambulances are required to maintain supplies and equipment specified by both agency policy and provider agreements.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Provider agreements are a requirement for operation of all ambulances and ALS first response units throughout the region. These require compliance with all regional, state, and other policies, procedures, regulations, and standards.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

- 4.19 Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&SC, shall develop an EMS transportation plan which addresses:
- a) minimum standards for transportation services,
  - b) optimal transportation system efficiency and effectiveness, and
  - c) use of a competitive process to ensure system optimization.

### CURRENT STATUS:

Four exclusive areas exist, all within Butte County. Each transport agency there must execute and maintain a provider agreement with Nor-Cal EMS which requires that they comply with all regulations, policies, procedures and protocols of the local EMS agency and the state of California. These include minimum standards for personnel, vehicles, equipment, supplies, hours of service, advertising, and other clinical and operational aspects of medical transportation.

The county maintains a transportation system which it has evaluated and declared to be efficient and effective. It also maintains responsibility for periodic and other review of each exclusive operator.

The county also maintains responsibility and authority for the competitive process for installing an operator in the CSA 37 (Gridley) exclusive area.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

This standard is in place and fully complied with in appropriate areas of the region.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Four exclusive areas have been established, all in Butte County. Enforcement of applicable policies and procedures is monitored by periodic inspection by Nor-Cal EMS of ambulances, equipment and supplies, personnel credentials and other records. In addition, each provider agency is required to execute and maintain a provider agreement with the agency, renewed every two years. The agreement requires compliance with all regulations, protocols, policies, procedures and laws. Failure to comply is grounds for suspension, revocation or denial of a provider agreement.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

This agency participates in the development of new EOA design and renewal of existing EOAs.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

- |      |  |  |
|------|--|--|
| 5.01 | The local EMS agency shall assess and periodically reassess the EMS-related capabilities of acute care facilities in its service area. | The local EMS agency should have written agreements with acute care facilities in its services area. |
|------|--|--|

### CURRENT STATUS:

The LEMSA periodically assesses and reassesses the EMS capabilities of various acute care facilities. This is done as part of designation of trauma centers, Emergency Departments Approved for Trauma, and base hospitals, and recognition of EDs which meet EMS for Children guidelines. Written agreements exist between with base hospitals, trauma centers, and other facilities.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Nor-Cal EMS has adopted START as its prehospital triage method for multiple patients, and has adopted other triage criteria such as trauma triage criteria for specific patients. The agency has also collected model transfer agreements for use of hospitals in the area, and encourages and assists their development.

### COORDINATION WITH OTHER EMS AGENCIES:

Trauma triage allows for audit of out-of-area patients provided care by local trauma centers

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Most recently, this process was used to establish guidelines for interfacility consultation and transfer of critical pediatric patients. Formal transfer agreements are in place throughout the region. Guidelines also exist for trauma patients and others.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

The LEMSA has designated trauma centers and Emergency Departments Approved for Trauma, and recognizes EDs meeting EMSC guidelines. These are monitored through a variety of audits, regular meetings of special care groups, and the systemwide QA/QI process.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

- |  |  |
|--|--|
| 5.05 The local EMS agency shall encourage hospitals to prepare for mass casualty management. | The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow |
|--|--|

### CURRENT STATUS:

Nor-Cal EMS encourages hospitals to prepare for mass casualty management, participates in exercises, and promotes HEICS. The agency also serves as RDMHC and fulfills these responsibilities as part of that function.

### COORDINATION WITH OTHER EMS AGENCIES:

Coordinated through RDMHC responsibilities

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Does not meet minimum standard at this time

### COORDINATION WITH OTHER EMS AGENCIES:

This activity should be coordinated with neighboring hospitals as necessary

### NEED(S):

To develop a hospital evacuation plan

### OBJECTIVE:

Objective 5.1:

The agency should add a hospital evacuation component to MCI and/or disaster plans

### TIME FRAME FOR MEETING OBJECTIVE:

Long-range plan (More than one year)

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

All facilities are permitted and encouraged to apply for base hospital designation. At this time medical direction is adequately performed by existing facilities.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

- 5.08 Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:
- a) the number and level of trauma centers (including the use of trauma centers in other counties),
  - b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
  - c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
  - d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
  - e) a plan for monitoring and evaluation of the system.

### CURRENT STATUS:

The regional trauma plan incorporates all of these features. Two Level 2 trauma centers are designated, catchment areas established and well adhered to, trauma triage criteria are part of policy and documentation is included in the regional patient care report, 5 hospitals are designated EDATs, and a formal, ongoing process of trauma program monitoring and evaluation is in place as detailed in the plan.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEEDS:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Trauma system planning includes involvement by all interested groups and the general public. This ranges from participation in planning committees and the Trauma Audit Committed to the agency's board of directors.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

- 5.10 Local 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 EDs,
  - 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.

### CURRENT STATUS:

A plan is under development during FY 98-99

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

Completion of the regional EMS for Children Plan

## System Assessment Form

### STANDARD:

- 5.11 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.

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:

These standards are met by the EMS-C ED Guidelines. Hospitals may request consultation visit by LEMSA staff and others to determine their compliance with guidelines and assist with plans to meet them.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

## System Assessment Form

### STANDARD:

5.12 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.

### CURRENT STATUS:

The EMS-C Task Force includes all of the groups given in this standard. The agency intends to maintain this task force as a continued feature of the system.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

- 5.13 Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved including:
- 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,
  - c) identification of patients who should be triaged or transferred to a designated center,
  - d) the role of non-designated hospitals including those outside of the primary triage area, and
  - e) a plan for monitoring and evaluation of the system.

### CURRENT STATUS:

In the Nor-Cal EMS region, this has been done for trauma patients by designating trauma centers and EDATs. For pediatric cases, it is under way to a lesser extent with recognition of EDs meeting EMSC guidelines. Both programs are monitored by groups organized for that purpose.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

The agency board of directors includes, by design, each of these groups. They are also represented well in specialized committees of the agency.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Headed by the agency's QA/QI coordinator, and facilitated by computerized patient reporting, the program involves the entire spectrum of EMS system participants. This year's remedy of shortcomings in the patient reporting program are expected to provide for high quality review of given patient types and specific patients.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

This is required by policy and provider agreement, and compliance is excellent. Most providers are using the regional computerized reporting system, which is scheduled to receive a major overhaul during FY 98-99.

### COORDINATION WITH OTHER EMS AGENCIES:

Nor-Cal has worked closely with other PCR user agencies to develop an effective and economical system.

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

- 6.03 Audits of prehospital care, including both system response and clinical aspects, shall be conducted. The local EMS agency should have a mechanism to link prehospital records with dispatch, emergency department, in-patient and discharge records.

### CURRENT STATUS:

The PCR program is designed to facilitate audits by provider agencies, base hospitals, and the LEMSA. Field Care Audits are performed monthly by each base hospital, and other audits are conducted for specific patient groups.

There are no immediate plans to link prehospital records with inpatient and discharge records.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

Record/data linkage expanded to include all patients

### OBJECTIVE:

Objective 6-1:

NOR-CAL EMS should expand the data linkage mechanism currently in use for trauma patients to include all patients

### TIME FRAME FOR MEETING OBJECTIVE:

Long-range Plan (more than one year)

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Although this function has been retained by local PSAPs , NOR-CAL EMS encourages compliance with this standard

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

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:

This agency has been involved in the development of such a system for six years. Due for a major overhaul during FY 98-99, this program is expected to support all planning and evaluation functions, integrate prehospital and ED information, and allow wide ranging assessment of system operations.

### COORDINATION WITH OTHER EMS AGENCIES:

The regional Prehospital Care Record is being developed and implemented in cooperation with other local agencies

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Each or most of these assessments are under way for all patient types. The development of the PCR system during FY 98-99 should facilitate all of these in a more effective and economical way.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Provider participation in the PCR program has been very satisfying. Future developments in the program should make it even more so. Those patients not entered into the system at the provider level are entered at the LEMSA, providing for 100% patient entry into the system.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

A plan was recently adopted to make this type of report available to constituent agencies and others annually.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

- 6.09    The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and prehospital activities.
- The local EMS agency's integrated data management system should include prehospital, base hospital, and receiving hospital data.

### CURRENT STATUS:

Audits currently include performance of both prehospital and base hospital activities. This includes field care audits performed monthly by each base hospital and work by the Trauma Audit Committee, PLN Committee, Manpower Training Committee, local EMCCs, and other groups.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Each of these is in place. A replacement trauma registry is being sought during FY 98-99, and hopes to integrate data from all patients for optimal system assessment. Two Trauma Audit Committees exist to identify patients falling outside of established criteria and potential system improvements: one each in the north and south zones, coinciding with the locations of the two trauma centers.

### COORDINATION WITH OTHER EMS AGENCIES:

None

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

These functions are fulfilled by the agency's Trauma Nurse Coordinator and the two Trauma Audit Committees. Audits include patient-specific information which is kept strictly confidential within the trauma system. Data are also collected from Emergency Departments Approved for Trauma and other receiving facilities.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

- 7.01    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.
- The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area.

### CURRENT STATUS:

The LEMSA promotes public information throughout the region, including the specifics contained in this standard.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

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:

Nor-Cal EMS is involved in a number of injury and illness prevention efforts in the region, including Think First for Kids, ENCARE, Accidents Aren't, and programs unique to the area. The agency recently took a lead role in development of very effective local PSA videos promoting water safety.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

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:

This agency participates with the regional and local offices of emergency services in the Local Emergency Planning Committee and other activities.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

Nor-Cal EMS promotes and supports local training of the public in CPR, first aid, and other important topics throughout the region. Training aids are available from the agency for use by instructors in many of these classes.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

This agency's involvement with regional and local ES agencies, including the LEPC, have been ongoing for a number of years. Nor-Cal EMS serves as the RDMHC for this OES region, with all responsibilities and functions which go along with that role.

### COORDINATION WITH OTHER EMS AGENCIES:

NOR-CAL is very involved with the Region III OES office and other appropriate agencies

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

Response plans include provisions for varied types of events, including toxic release.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Provider agreements require compliance with all regional policies and state regulations, including CCR's requirement for hazardous materials response training. One provider provides a specialized hazardous materials response ambulance, another operates a decontamination team, and several do an admirable job of maintaining their HM response capabilities.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

Consistent compliance with state and federal regulations regarding HM training for emergency response personnel.

### OBJECTIVE:

To facilitate training for EMS personnel to appropriate levels of First Responder HM training

### TIME FRAME FOR MEETING OBJECTIVE:

Long-range (More than one year)

## System Assessment Form

### STANDARD:

- 8.04 Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management. The local EMS agency should ensure that ICS training is provided for all medical providers.

### CURRENT STATUS:

The minimum standard is met by promotion and instruction of ICS among the EMS community and its use in the major emergency operations conducted by this agency.

The responsibility to ensure that ICS training is provided to all medical providers has not been delegated to Nor-Cal EMS, however the agency encourages compliance with the recommended guideline

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

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:

Does not meet minimum standard or recommended guidelines at this time

### COORDINATION WITH OTHER EMS AGENCIES:

Development in this area should include other agencies as appropriate

### NEED(S):

Multiple casualty distribution procedures

### OBJECTIVE:

Objective 8-1:

NOR-CAL EMS should develop a written disaster casualty distribution plan.

### TIME FRAME FOR MEETING OBJECTIVE:

Long-range Plan (more than one year)

## System Assessment Form

### STANDARD:

- |      |   |  |
|------|---|--|
| 8.06 | The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions. | The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly. |
|------|---|--|

### CURRENT STATUS:

These standards are met, largely in the role of RDMHC for OES Region II. Procedures have been exercised in real events over the past several years.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Does not meet this standard

### COORDINATION WITH OTHER EMS AGENCIES:

CALCORD and UHF Med Net frequencies are compatible with other regions and their responders

### NEED(S):

Specification of a coordination frequency

### OBJECTIVE:

To specify an appropriate frequency or frequencies for interagency communication and coordination during a disaster.

### TIME FRAME FOR MEETING OBJECTIVE:

Short-term (One year or less)

## System Assessment Form

### STANDARD:

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

Hospitals and ambulances are inventoried. The regional communications plan also provides other resources.

The intercounty cooperative agreement has been finalized in this region.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

- |      |  |  |
|------|--|--|
| 8.09 | The local EMS agency shall establish and maintain relationships with DMAT teams in its area. | The local EMS agency should support the development and maintenance of DMAT teams in its area. |
|------|--|--|

### CURRENT STATUS:

No DMATs exist in this area, and a past effort to develop one was unsuccessful because of the widely space resources required to have an effective team.

### COORDINATION WITH OTHER EMS AGENCIES:

Such a team could be available for response to other areas; Development methods could be shared with other agencies

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

The intercounty cooperative agreement has been finalized in this region.

### COORDINATION WITH OTHER EMS AGENCIES:

**Agreements will include participation of those outside of the region.**

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

Does not meet minimum standard at this time

### COORDINATION WITH OTHER EMS AGENCIES:

This agency is complying with EMSA's past recommendation not to place a high priority on this standard at this time.

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

**RACES has been established for communication with CCPs. The minimum standard is otherwise not met.**

### COORDINATION WITH OTHER EMS AGENCIES:

This agency is complying with EMSA's past recommendation not to place a high priority on this standard at this time.

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

- |  |   |
|--|---|
| 8.13 The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances. | 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:

This agency promotes compliance to this standard. Does not otherwise meet minimum standard or recommended guidelines at this time

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

Increased efforts to provide, coordinate, and facilitate training in this area

### OBJECTIVE:

Objective 8-2:

NOR-CAL EMS should explore and implement available alternatives to meet or exceed minimums and recommendations

### TIME FRAME FOR MEETING OBJECTIVE:

Long-range Plan (more than one year)

## System Assessment Form

### STANDARD:

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

Although this role has not been delegated, HICS has been distributed and compliance with the minimum standard is supported

Although compliance with the recommended guideline is not universal, NOR-CAL EMS promotes compliance

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## System Assessment Form

### STANDARD:

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

### CURRENT STATUS:

The authority to mandate guideline development and training for management of significant medical events has not been delegated to NOR-CAL EMS at this time

In cooperation with local and regional OES agencies, SEMS and HEICS programs have been promoted, presented and supported by this agency.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

### **SECTION 3. SYSTEM RESOURCES AND OPERATIONS**

**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**  
**System Organization and Management**

EMS System: Northern California EMS, Inc.

Reporting Year: CY 1994

NOTE: Number 1 below has been completed for each county. The balance of Table 2 refers to the agency.

1. Percentage of population served by each level of care by county:

County: **Butte**

a. Basic Life Support (BLS)	0%
b. Limited Advanced Life Support (LALS)	0%
c. Advanced Life Support (ALS)	100%

County: **Colusa**

a. Basic Life Support (BLS)	0%
b. Limited Advanced Life Support (LALS)	0%
c. Advanced Life Support (ALS)	100%

County: **Glenn**

a. Basic Life Support (BLS)	0%
b. Limited Advanced Life Support (LALS)	0%
c. Advanced Life Support (ALS)	100%

County: **Lassen**

a. Basic Life Support (BLS)	0%
b. Limited Advanced Life Support (LALS)	0%
c. Advanced Life Support (ALS)	100%

County: **Modoc**

a. Basic Life Support (BLS)	15%
b. Limited Advanced Life Support (LALS)	0%
c. Advanced Life Support (ALS)	85%

**Table 2 - System Organization & Management**

1. Percentage of population served by each level of care by county (cont.):

**County: Plumas**

a. Basic Life Support (BLS)	0%
b. Limited Advanced Life Support (LALS)	0%
c. Advanced Life Support (ALS)	100%

**County: Shasta**

a. Basic Life Support (BLS)	0%
b. Limited Advanced Life Support (LALS)	0%
c. Advanced Life Support (ALS)	100%

**County: Sierra**

a. Basic Life Support (BLS)	100%
b. Limited Advanced Life Support (LALS)	0%
c. Advanced Life Support (ALS)	0%

**County: Siskiyou**

a. Basic Life Support (BLS)	15%
b. Limited Advanced Life Support (LALS)	0%
c. Advanced Life Support (ALS)	85%

**County: Tehama**

a. Basic Life Support (BLS)	0%
b. Limited Advanced Life Support (LALS)	0%
c. Advanced Life Support (ALS)	100%

**County: Trinity**

a. Basic Life Support (BLS)	0%
b. Limited Advanced Life Support (LALS)	0%
c. Advanced Life Support (ALS)	100%

**Table 2 - System Organization & Management (cont.)**

2. Type of agency:  
**(e) Private Non-profit Entity**
3. The person responsible for day-to-day activities of EMS agency reports to:  
**(c) Board of Directors**
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	
Development of transfer agreements	X
Enforcement of local ambulance ordinance	
Enforcement of ambulance service contracts	X
Operation of ambulance service	
Continuing education	X
Personnel training	X
Operation or oversight of EMS dispatch center	
Non-medical disaster planning	
Administration of critical incident stress debriefing (CISD) team	
Administration of disaster medical assistance team (DMAT)	
Administration of EMS Fund [Senate Bill (SB) 12/612]	X
Other: Operation of medical communications system	X
Other: Ambulance and medical equipment procurement	X

**Table 2 - System Organization & Management (cont.)**

**5. EMS agency budget for FY 1994-95**

**A. EXPENSES**

Salaries and benefits	\$558,258
(all but contract personnel)	
Contract Services	89,680
(e.g. medical director)	
Operations/Indirect Expenses (e.g. copying, postage, facilities, overhead)	123,000
Travel	35,137
Fixed assets 22,304	
Ambulance subsidy	-0-
Dispatch center operations (non-staff)	-0-
Training program operations	-0-
Other: Medical Communication System Operation	<u>51,031</u>
<b><u>TOTAL EXPENSES</u></b>	<b><u>\$879,410</u></b>

**Table 2 - System Organization & Management (cont.)**

**B. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]	\$47,000
Preventive Health and Health Services (PHHS) Block Grant	
Office of Traffic Safety (OTS)	13,207
State general fund	364,150
County general fund	00
Other local tax funds (e.g., EMS district)	00
County contracts (e.g. multi-county agencies)	189,010
Certification fees	35,000
Training program approval fees	00
Programs/Training program tuition/Average daily attendance funds (ADA)	6,000
Job Training Partnership ACT (JTPA) funds/other payments	00
Base hospital application fees	00
Base hospital designation fees	71,558
Trauma center application fees	00
Trauma center designation fees	75,000
Pediatric facility approval fees	00
Pediatric facility designation fees	00
Other critical care center designation fees	00
Ambulance service/vehicle fees	00
Contributions	00
EMS Fund (SB 12/612) administration fees	30,000
Other grants (Federal Trauma Grant)	5,089
Other fees: (Communications)	21,396
Interest	12,000
Miscellaneous (Other)	<u>10,000</u>
<b><u>TOTAL REVENUE</u></b>	<b><u>\$879,410</u></b>

**Table 2 - System Organization & Management (cont.)**

**6. Fee structure for FY 1994-95**

First responder certification	\$ 25
EMS dispatcher certification	--
EMT-I certification	35
EMT-I recertification	22
EMT-defibrillation certification	10
EMT-defibrillation recertification	5
EMT-II certification	38
EMT-II recertification	25
EMT-P accreditation	60
MICN/ARN certification	60
MICN/ARN recertification	60
EMT-I training program approval	--
EMT-II training program approval	--
EMT-P training program approval	--
MICN/ARN training program approval	--
Base hospital application	--
Base hospital designation	744 to 14,502 (a)
Trauma center application	37,500
Trauma center designation	37,500
Pediatric facility approval:	
Level II	500
Level I	1,200
Pediatric facility designation	--
Other critical care center application	
Emergency Department Approved for Trauma (EDAT)	5,000
Ambulance service license	--
Ambulance vehicle permits	--
Other: First Responder Recertification	20
Other: ALS Ambulance Application	500

(a) Fee dependent on facility size

**Table 2 - System Organization & Management (cont.)**

EMS System: NOR-CAL

Reporting Year: 1994

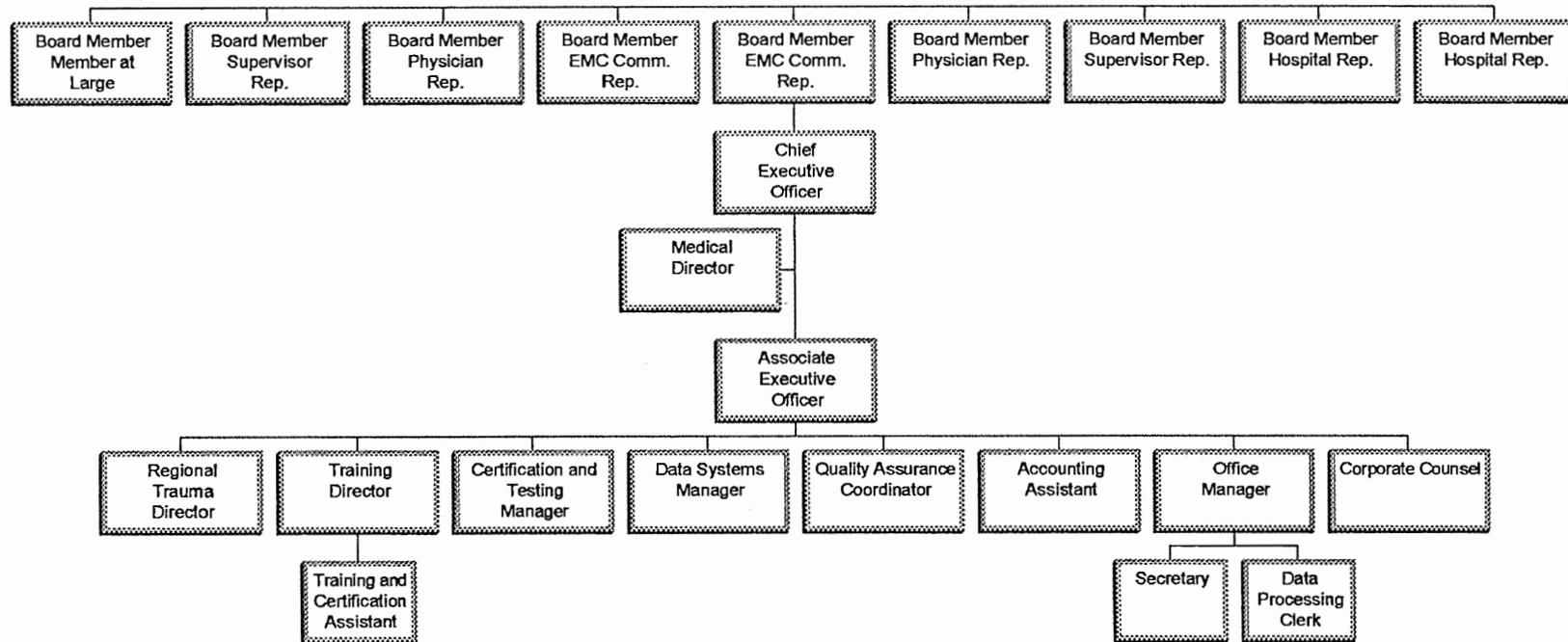
CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./ Coord./Dir.	Chief Executive Officer	1.00	35.37	35	
Asst. Admin./ Admin. Asst./ Admin. Mgr.	Associate Executive Officer	1.00	32.85	35	
ALS Coord./ Field Coord./ Trng Coord.	Training Director	1.00	23.25	35	
Program Coord./Field Liaison (Non-clinical)					
Trauma Coord.	Trauma Program Director	1.00	25.04	35	
Med. Director	Medical Director	0.60	38.00	35	
Other MD/ Med. Consult./ Trng. Med. Dir.					
Disaster Med. Planner					

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor					
Data Evaluator/Analyst					
QA/QI Coordinator	QA/QI Coordinator	1.0	20.05	35	
Public Info. & Ed. Coord.					
Ex. Secretary	Administrative Secretary	1.00	13.18	35	
Other Clerical	Secretary	1.00	10.04	35	
Data Entry Clerk	Data Processing Clerk	1.00	7.65	35	
Other	Training & Cert. Assistant	1.00	9.56	35	
	Accounting Assistant	0.50	10.05	35	
	Communication Coordinator	0.25	17.00	35	
	Certification & Testing Mgr.	1.00	13.18		

# NORTHERN CALIFORNIA EMERGENCY MEDICAL SERVICES, INC.

## ORGANIZATIONAL CHART



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

EMS System: NOR-CAL

Reporting Year: 1994

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total certified	1,821	117		215	00
Number newly certified this year	188	10		6	00
Number recertified this year	166	00		39	00
Total number of accredited personnel on July 1 of the reporting year			153		
Number of certification reviews resulting in:					
a) formal investigations	3	4	3	0	0
b) probation	0	1	1	0	0
c) suspensions	0	0	0	0	0
d) revocations	0	0	0	0	0
e) denials	0	0	0	0	0
f) denials of renewal	0	0	0	0	0
g) no action taken	3	3	2	0	0

1. Number of EMS dispatchers trained to EMSA standards: 0

2. Early defibrillation:

a) Number of EMT-I (defib) certified 231

b) Number of public safety (defib) certified (non-EMT-I) 44

3. Do you have a first responder training program?  yes  no

## TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: NOR-CAL

County: Butte

Reporting Year: 1994

Note: Table 4 is answered for each county.

1. Number of primary Public Service Answering Points (PSAP) 2
2. Number of secondary PSAPs 3
3. Number of dispatch centers directly dispatching ambulances 4
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system? yes
  - a. Radio primary frequency: 151.400
  - b. Other methods: CAL CORD
  - c. Can all medical response units communicate on the same disaster communications system?  
yes
  - d. Do you participate in OASIS? yes
  - e. Do you have a plan to utilize RACES as a back-up communication system? yes
    - 1) Within the operational area? yes
    - 2) Between the operational area and the region and/or state? yes
6. Primary dispatch agency for day-to-day emergencies: Sheriff
7. Primary dispatch agency for a disaster: Joint sheriff/CDF

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications**

EMS System:       **NOR-CAL**

County:           **Colusa**

Reporting Year:   **1994**

Note: Table 4 is answered for each county.

- |    |   |         |
|----|---|---------|
| 1. | Number of primary Public Service Answering Points (PSAP)                                  | 1       |
| 2. | Number of secondary PSAPs   | 0       |
| 3. | Number of dispatch centers directly dispatching ambulances                                | 1       |
| 4. | Number of designated dispatch centers for EMS Aircraft                                    | 0       |
| 5. | Do you have an operational area disaster communication system?   yes                      |         |
|    | a. Radio primary frequency: Transmit 158.745; Receive 153.905; Tone 100 Hz                |         |
|    | b. Other methods: Med Channel 2; Cellular phone cache                                     |         |
|    | c. Can all medical response units communicate on the same disaster communications system? |         |
|    | yes   |         |
|    | d. Do you participate in OASIS?   yes   |         |
|    | e. Do you have a plan to utilize RACES as a back-up communication system?   yes           |         |
|    | 1) Within the operational area?   yes   |         |
|    | 2) Between the operational area and the region and/or state?   yes                        |         |
| 6. | Primary dispatch agency for day-to-day emergencies:                                       | Sheriff |
| 7. | Primary dispatch agency for a disaster:   | Sheriff |

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications**

EMS System: NOR-CAL

County: Glenn

Reporting Year: 1994

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

1. Number of primary Public Service Answering Points (PSAP)
2. Number of secondary PSAPs
3. Number of dispatch centers directly dispatching ambulances
4. Number of designated dispatch centers for EMS Aircraft
5. Do you have an operational area disaster communication system?    yes \_\_\_\_    no \_\_\_\_
  - a. Radio primary frequency \_\_\_\_\_
  - b. Other methods \_\_\_\_\_
  - c. Can all medical response units communicate on the same disaster communications system?  
yes \_\_\_\_    no \_\_\_\_
  - d. Do you participate in OASIS?    yes \_\_\_\_    no \_\_\_\_
  - e. Do you have a plan to utilize RACES as a back-up communication system?  
yes \_\_\_\_    no \_\_\_\_
    - 1) Within the operational area?    yes \_\_\_\_    no \_\_\_\_
    - 2) Between the operational area and the region and/or state?    yes \_\_\_\_    no \_\_\_\_
6. Primary dispatch agency for day-to-day emergencies:    Sheriff
7. Primary dispatch agency for a disaster:    Sheriff

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications**

EMS System: NOR-CAL

County: Lassen

Reporting Year: 1994

Note: Table 4 is answered for each county.

- 1. Number of primary Public Service Answering Points (PSAP) 1
- 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? no
  - a. Radio primary frequency \_\_\_\_\_
  - b. Other methods \_\_\_\_\_
  - c. Can all medical response units communicate on the same disaster communications system?  
no
  - d. Do you participate in OASIS? yes
  - e. Do you have a plan to utilize RACES as a back-up communication system? no
    - 1) Within the operational area? no
    - 2) Between the operational area and the region and/or state? no
- 6. Primary dispatch agency for day-to-day emergencies: Sheriff
- 7. Primary dispatch agency for a disaster: Sheriff

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications**

EMS System:        **NOR-CAL**  
 County:            **Modoc**  
 Reporting Year:    **1994**

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

- 1. Number of primary Public Service Answering Points (PSAP) 1
- 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
  - a. Radio primary frequency 42.180 (CHP) ; 154.400
  - b. Other methods \_\_\_\_\_
  - c. Can all medical response units communicate on the same disaster communications system?  
 yes (154,400)
  - d. Do you participate in OASIS?    yes
  - e. Do you have a plan to utilize RACES as a back-up communication system? no
    - 1) Within the operational area? no
    - 2) Between the operational area and the region and/or state? no
- 6. Primary dispatch agency for day-to-day emergencies:        Sheriff
- 7. Primary dispatch agency for a disaster:                        Sheriff

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications**

EMS System:        **NOR-CAL**  
 County:            **Plumas**  
 Reporting Year:    **1994**

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

- |   |         |
|---|---------|
| 1. Number of primary Public Service Answering Points (PSAP)                               | 1       |
| 2. Number of secondary PSAPs  | 0       |
| 3. Number of dispatch centers directly dispatching ambulances                             | 1       |
| 4. Number of designated dispatch centers for EMS Aircraft                                 | 0       |
| 5. Do you have an operational area disaster communication system? no                      |         |
| a. Radio primary frequency _____  |         |
| b. Other methods _____  |         |
| c. Can all medical response units communicate on the same disaster communications system? |         |
| yes   |         |
| d. Do you participate in OASIS?    yes  |         |
| e. Do you have a plan to utilize RACES as a back-up communication system?    yes          |         |
| 1) Within the operational area?    yes  |         |
| 2) Between the operational area and the region and/or state? no                           |         |
| 6. Primary dispatch agency for day-to-day emergencies:                                    | Sheriff |
| 7. Primary dispatch agency for a disaster:  | Sheriff |

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications**

EMS System:        **NOR-CAL**

County:            **Shasta**

Reporting Year:    **1994**

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

1. Number of primary Public Service Answering Points (PSAP)
2. Number of secondary PSAPs
3. Number of dispatch centers directly dispatching ambulances
4. Number of designated dispatch centers for EMS Aircraft
5. Do you have an operational area disaster communication system?    yes \_\_\_\_    no \_\_\_\_
  - a. Radio primary frequency \_\_\_\_\_
  - b. Other methods \_\_\_\_\_
  - c. Can all medical response units communicate on the same disaster communications system?  
yes \_\_\_\_    no \_\_\_\_
  - d. Do you participate in OASIS?    yes \_\_\_\_    no \_\_\_\_
  - e. Do you have a plan to utilize RACES as a back-up communication system?  
yes \_\_\_\_    no \_\_\_\_
    - 1) Within the operational area?    yes \_\_\_\_    no \_\_\_\_
    - 2) Between the operational area and the region and/or state?    yes \_\_\_\_    no \_\_\_\_
6. Primary dispatch agency for day-to-day emergencies:        Sheriff
7. Primary dispatch agency for a disaster:                        Sheriff

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications**

EMS System:        **NOR-CAL**

County:            **Sierra**

Reporting Year:    **1994**

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

1. Number of primary Public Service Answering Points (PSAP)
2. Number of secondary PSAPs
3. Number of dispatch centers directly dispatching ambulances
4. Number of designated dispatch centers for EMS Aircraft
5. Do you have an operational area disaster communication system?    yes \_\_\_\_    no \_\_\_\_
  - a. Radio primary frequency \_\_\_\_\_
  - b. Other methods \_\_\_\_\_
  - c. Can all medical response units communicate on the same disaster communications system?  
yes \_\_\_\_    no \_\_\_\_
  - d. Do you participate in OASIS?    yes \_\_\_\_    no \_\_\_\_
  - e. Do you have a plan to utilize RACES as a back-up communication system?  
yes \_\_\_\_    no \_\_\_\_
    - 1) Within the operational area?    yes \_\_\_\_    no \_\_\_\_
    - 2) Between the operational area and the region and/or state?    yes \_\_\_\_    no \_\_\_\_
6. Primary dispatch agency for day-to-day emergencies:        Sheriff
7. Primary dispatch agency for a disaster:                        Sheriff

## TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: NOR-CAL

County: Siskiyou

Reporting Year: 1994

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

1. Number of primary Public Service Answering Points (PSAP) 5
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 3
4. Number of designated dispatch centers for EMS Aircraft 0
5. Do you have an operational area disaster communication system? yes
  - a. Radio primary frequency \_\_\_\_\_
  - b. Other methods: OASIS
  - c. Can all medical response units communicate on the same disaster communications system? no
  - d. Do you participate in OASIS? yes
  - e. Do you have a plan to utilize RACES as a back-up communication system? yes
    - 1) Within the operational area? yes
    - 2) Between the operational area and the region and/or state? yes
6. Primary dispatch agency for day-to-day emergencies: Sheriff
7. Primary dispatch agency for a disaster: Sheriff & CDF/USFS Interagency

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications**

EMS System: NOR-CAL

County: Tehama

Reporting Year: 1994

Note: Table 4 is answered for each county.

- |   |         |
|---|---------|
| 1. Number of primary Public Service Answering Points (PSAP)                               | 3       |
| 2. Number of secondary PSAPs  | 2       |
| 3. Number of dispatch centers directly dispatching ambulances                             | 1       |
| 4. Number of designated dispatch centers for EMS Aircraft                                 | 0       |
| 5. Do you have an operational area disaster communication system?    yes                  |         |
| a. Radio primary frequency: Transmit 155.730; Receive 154.740                             |         |
| b. Other methods : Conventional and cellular telephones                                   |         |
| c. Can all medical response units communicate on the same disaster communications system? |         |
| yes   |         |
| d. Do you participate in OASIS?    yes  |         |
| e. Do you have a plan to utilize RACES as a back-up communication system?    yes          |         |
| 1) Within the operational area?    yes  |         |
| 2) Between the operational area and the region and/or state    Unknown                    |         |
| 6. Primary dispatch agency for day-to-day emergencies:                                    | Sheriff |
| 7. Primary dispatch agency for a disaster:  | Sheriff |

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications**

EMS System: NOR-CAL

County: Trinity

Reporting Year: 1994

Note: Table 4 is answered for each county.

1. Number of primary Public Service Answering Points (PSAP) 1
2. Number of secondary PSAPs 0
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of designated dispatch centers for EMS Aircraft 0
5. Do you have an operational area disaster communication system? yes X no \_\_\_\_
  - a. Radio primary frequency 155.115 Output 155.925 Input
  - b. Other methods Law Enforcement
  - c. Can all medical response units communicate on the same disaster communications system?  
yes
  - 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 \_\_\_\_ no X
    - 1) Within the operational area? yes \_\_\_\_ no \_\_\_\_
    - 2) Between the operational area and the region and/or state? yes \_\_\_\_ no \_\_\_\_
6. Primary dispatch agency for day-to-day emergencies: Sheriff (911) 623-6211
7. Primary dispatch agency for a disaster: Sheriff

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS**  
**Response/Transportation**

EMS System: NOR-CAL

Reporting Year: CY 1998

**TRANSPORTING AGENCIES**

1.	Number of exclusive operating areas	_____	4
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	_____	33.1%
3.	Total number responses	_____	50,000
	a) Number of emergency responses	(Code 2: expedient, Code 3: lights and siren) _____	Data Unavailable
	b) Number non-emergency responses	(Code 1: normal) _____	Data Unavailable
	c) Interfacility transfers	_____	5,000
4.	Total number of transports	_____	36,305
	a) Number of emergency transports	(Code 2: expedient, Code 3: lights and siren) _____	Data Unavailable
	b) Number of non-emergency transports	(Code 1: normal) _____	Data Unavailable

**Early Defibrillation Providers**

5/6.	Number of public safety or EMT-defibrillation providers	_____	44
	a) Automated	_____	44
	b) Manual	_____	0

Note: No distinction between PS-D and EMT-D providers is made at this time

**Air Ambulance Services**

7.	Total number of responses	_____	806
	a) Number of emergency responses	_____	564
	b) Number of non-emergency responses	_____	242
8.	Total number of transports	_____	Data Unavailable
	a) Number of emergency (scene) responses	_____	Data Unavailable
	b) Number of non-emergency responses	_____	Data Unavailable

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS -- Response/Transportation (cont'd.)**

**SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)**

	<b>METRO/URBAN</b>	<b>SUBURBAN/RURAL</b>	<b>WILDERNESS</b>	<b>SYSTEMWIDE</b>
1. BLS and CPR capable first responder.				
2. Early defibrillation responder.				
3. Advanced life support responder.				
4. Transport Ambulance: BLS	Not Applicable	3.92/5.31	50.54	Data Not Available
ALS	6.21	4.81/11.26	31.71	
MICN	6.84	6.38/14.56	26.82	

Note: First responder times were not providedreliably during this reporting period.

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

EMS System: Northern California EMS

Reporting Year: 1994

**NOTE:** Table 6 is reported by agency.

**Trauma Care System**

Trauma patients:

a) Number of patients meeting trauma triage criteria	1,311
b) Number of major trauma victims transported directly to a trauma center by ambulance	413
c) Number of major trauma patients transferred to a trauma center	107
d) Number of patients meeting triage criteria who weren't treated at a trauma center	226

**Emergency Departments**

Total number of emergency departments	25
a) Number of referral emergency services	0
b) Number of standby emergency services	15
c) Number of basic emergency services	10
d) Number of comprehensive emergency services	0

**Receiving Hospitals**

1. Number of receiving hospitals with written agreements	0
2. Number of base hospitals with written agreements	22



**OPERATIONS (Cont.)**

- 3. Have you tested your MCI Plan this year in a:
  - a. real event? no
  - b. exercise? yes
- 4. List all counties with which you have a written medical mutual aid agreement: Unknown
- 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes
- 6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? Unknown
- 7. Are you part of a multi-county EMS system for disaster response? yes
- 8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes

## TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: NOR-CAL

Reporting Year: 1994

County: Colusa

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? None designated
  - b. How are they staffed? Any available medical personnel
  - c. Do you have a supply system for supporting them for 72 hours? no
2. CISD

Do you have a CISD provider with 24 hour capability? yes
3. Medical Response Team
  - a. Do you have any team medical response capability? no
  - b. For each team, are they incorporated into your local response plan?
  - c. Are they available for statewide response?
  - d. Are they part of a formal out-of-state response system?
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? no
  - b. At what HazMat level are they trained?
  - c. Do you have the ability to do decontamination in an emergency room? yes
  - d. Do you have the ability to do decontamination in the field? yes

### OPERATIONS

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

**OPERATIONS (Cont.)**

- 3. Have you tested your MCI Plan this year in a:
  - a. real event? no
  - b. exercise? no
- 4. List all counties with which you have a written medical mutual aid agreement. None
- 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? no
- 6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? no
- 7. Are you part of a multi-county EMS system for disaster response? yes
- 8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical**

EMS System: NOR-CAL

Reporting Year: 1994

County: **Glenn**

**SYSTEM RESOURCES**

- 1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located?
  - b. How are they staffed?
  - c. Do you have a supply system for supporting them for 72 hours? --
  
- 2. CISD
  - Do you have a CISD provider with 24 hour capability? --
  
- 3. Medical Response Team
  - a. Do you have any team medical response capability? --
  - b. For each team, are they incorporated into your local response plan?
  - c. Are they available for statewide response?
  - d. Are they part of a formal out-of-state response system?
  
- 4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? --
  - b. At what HazMat level are they trained? \_\_\_\_\_
  - c. Do you have the ability to do decontamination in an emergency room? --
  - d. Do you have the ability to do decontamination in the field? --

**OPERATIONS**

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

**OPERATIONS (Cont.)**

- 3. Have you tested your MCI Plan this year in a:
  - a. real event? --
  - b. exercise? --
- 4. List all counties with which you have a written medical mutual aid agreement. --
- 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? --
- 6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? --
- 7. Are you part of a multi-county EMS system for disaster response? --
- 8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? --

## TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: NOR-CAL

Reporting Year: 1994

County: Lassen

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? None
  - b. How are they staffed?
  - c. Do you have a supply system for supporting them for 72 hours? no
2. CISD
 

Do you have a CISD provider with 24 hour capability? no
3. Medical Response Team
  - a. Do you have any team medical response capability? no
  - b. For each team, are they incorporated into your local response plan?
  - c. Are they available for statewide response?
  - d. Are they part of a formal out-of-state response system?
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? no
  - b. At what HazMat level are they trained?
  - c. Do you have the ability to do decontamination in an emergency room? no
  - d. Do you have the ability to do decontamination in the field? no

### OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 0

**OPERATIONS (Cont.)**

- 3. Have you tested your MCI Plan this year in a:
  - a. real event? no
  - b. exercise? no
  
- 4. List all counties with which you have a written medical mutual aid agreement. None
  
- 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes
  
- 6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? no
  
- 7. Are you part of a multi-county EMS system for disaster response? yes
  
- 8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical**

EMS System: NOR-CAL

Reporting Year: CY 1994

County: Modoc

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Modoc Medical Center
  - b. How are they staffed? Limited on-going medical staff
  - c. Do you have a supply system for supporting them for 72 hours? no
  
2. CISD
  - Do you have a CISD provider with 24 hour capability? no
  
3. Medical Response Team
  - a. Do you have any team medical response capability? no
  - b. For each team, are they incorporated into your local response plan?
  - c. Are they available for statewide response?
  - d. Are they part of a formal out-of-state response system?
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? no
  - b. At what HazMat level are they trained? First Responder
  - c. Do you have the ability to do decontamination in an emergency room? no
  - d. Do you have the ability to do decontamination in the field? yes

**OPERATIONS**

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 12

**OPERATIONS (Cont.)**

- 3. Have you tested your MCI Plan this year in a:
  - a. real event? no
  - b. exercise? no
- 4. List all counties with which you have a written medical mutual aid agreement. None
- 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes
- 6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes
- 7. Are you part of a multi-county EMS system for disaster response? yes
- 8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical**

EMS System: NOR-CAL

Reporting Year: 1994

County: Plumas

**SYSTEM RESOURCES**

- 1. Casualty Collections Points (CCP)
  - a. Where are your CCPs?  
Fairgrounds, Portola H.S., Quincy H.S., Greenville H.S., Chester H.S.
  - b. How are they staffed? Fire service
  - c. Do you have a supply system for supporting them for 72 hours? no
- 2. CISD
  - Do you have a CISD provider with 24 hour capability? yes
- 3. Medical Response Team
  - a. Do you have any team medical response capability? yes
  - b. For each team, are they incorporated into your local response plan? yes
  - c. Are they available for statewide response? no
  - d. Are they part of a formal out-of-state response system? no
- 4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? no
  - b. At what HazMat level are they trained?
  - c. Do you have the ability to do decontamination in an emergency room? no
  - d. Do you have the ability to do decontamination in the field? no

**OPERATIONS**

- 1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? no
- 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 5

**OPERATIONS (Cont.)**

- 3. Have you tested your MCI Plan this year in a:
  - a. real event? no
  - b. exercise? yes
- 4. List all counties with which you have a written medical mutual aid agreement. None
- 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes
- 6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? no
- 7. Are you part of a multi-county EMS system for disaster response? yes
- 8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical**

EMS System: NOR-CAL

Reporting Year: 1994

County: Shasta

**SYSTEM RESOURCES**

- 1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? \_\_\_\_\_
  - b. How are they staffed? \_\_\_\_\_
  - c. Do you have a supply system for supporting them for 72 hours? --
  
- 2. CISD
  - Do you have a CISD provider with 24 hour capability? --
  
- 3. Medical Response Team
  - a. Do you have any team medical response capability? --
  - b. For each team, are they incorporated into your local response plan? --
  - c. Are they available for statewide response? --
  - d. Are they part of a formal out-of-state response system? --
  
- 4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? --
  - b. At what HazMat level are they trained? \_\_\_\_\_
  - c. Do you have the ability to do decontamination in an emergency room? --
  - d. Do you have the ability to do decontamination in the field? --

**OPERATIONS**

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

**OPERATIONS (Cont.)**

- 3. Have you tested your MCI Plan this year in a:
    - a. real event? --
    - b. exercise? --
  
  - 4. List all counties with which you have a written medical mutual aid agreement.
- 
- 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? --
  
  - 6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? --
  
  - 7. Are you part of a multi-county EMS system for disaster response? --
  
  - 8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? --

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical**

EMS System: NOR-CAL

Reporting Year: CY 1994

County: Sierra

**SYSTEM RESOURCES**

- 1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? \_\_\_\_\_
  - b. How are they staffed? \_\_\_\_\_
  - c. Do you have a supply system for supporting them for 72 hours? --
  
- 2. CISD
  - Do you have a CISD provider with 24 hour capability? --
  
- 3. Medical Response Team
  - a. Do you have any team medical response capability? --
  - b. For each team, are they incorporated into your local response plan? --
  - c. Are they available for statewide response? --
  - d. Are they part of a formal out-of-state response system? --
  
- 4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? --
  - b. At what HazMat level are they trained? \_\_\_\_\_
  - c. Do you have the ability to do decontamination in an emergency room? --
  - d. Do you have the ability to do decontamination in the field? --

**OPERATIONS**

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

**OPERATIONS (Cont.)**

- 3. Have you tested your MCI Plan this year in a:
    - a. real event? --
    - b. exercise? --
  
  - 4. List all counties with which you have a written medical mutual aid agreement.
- 
- 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? --
  
  - 6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? --
  
  - 7. Are you part of a multi-county EMS system for disaster response? --
  
  - 8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? --

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical**

EMS System: NOR-CAL

Reporting Year: 1994

County: Siskiyou

**SYSTEM RESOURCES**

- 1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Yreka, Mt. Shasta
  - b. How are they staffed? Deputy Coroners
  - c. Do you have a supply system for supporting them for 72 hours? yes
  
- 2. CISD
  - Do you have a CISD provider with 24 hour capability? yes
  
- 3. Medical Response Team
  - a. Do you have any team medical response capability? no
  - b. For each team, are they incorporated into your local response plan?
  - c. Are they available for statewide response?
  - d. Are they part of a formal out-of-state response system?
  
- 4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? no
  - b. At what HazMat level are they trained?
  - c. Do you have the ability to do decontamination in an emergency room? yes (basic)
  - d. Do you have the ability to do decontamination in the field? yes (fire)

**OPERATIONS**

- 1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes
  
- 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 9

**OPERATIONS (Cont.)**

- 3. Have you tested your MCI Plan this year in a:
  - a. real event? no
  - b. exercise? no
- 4. List all counties with which you have a written medical mutual aid agreement. none
- 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? no
- 6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? no
- 7. Are you part of a multi-county EMS system for disaster response? yes
- 8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical**

EMS System: **NOR-CAL**

Reporting Year: 1994

County: **Tehama**

**SYSTEM RESOURCES**

- 1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? St. Elizabeth Hospital
  - b. How are they staffed? Unknown
  - c. Do you have a supply system for supporting them for 72 hours? yes
  
- 2. CISD
  - Do you have a CISD provider with 24 hour capability? yes
  
- 3. Medical Response Team
  - a. Do you have any team medical response capability? no
  - b. For each team, are they incorporated into your local response plan?
  - c. Are they available for statewide response?
  - d. Are they part of a formal out-of-state response system?
  
- 4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? no
  - b. At what HazMat level are they trained? \_\_\_\_\_
  - c. Do you have the ability to do decontamination in an emergency room? yes
  - d. Do you have the ability to do decontamination in the field? no

**OPERATIONS**

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

**OPERATIONS (Cont.)**

- 3. Have you tested your MCI Plan this year in a:
  - a. real event? no
  - b. exercise? no
- 4. List all counties with which you have a written medical mutual aid agreement.
- 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? no
- 6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? no
- 7. Are you part of a multi-county EMS system for disaster response? yes
- 8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical**

EMS System: NOR-CAL

Reporting Year: 1994

County: Trinity

**SYSTEM RESOURCES**

- 1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? \_\_\_\_\_
  - b. How are they staffed? \_\_\_\_\_
  - c. Do you have a supply system for supporting them for 72 hours? --
  
- 2. CISD
  - Do you have a CISD provider with 24 hour capability? Yes--
  
- 3. Medical Response Team
  - a. Do you have any team medical response capability? No--
  - b. For each team, are they incorporated into your local response plan? No--
  - c. Are they available for statewide response? No--
  - d. Are they part of a formal out-of-state response system? No--
  
- 4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? No--
  - b. At what HazMat level are they trained? \_\_\_\_\_
  - c. Do you have the ability to do decontamination in an emergency room? No--
  - d. Do you have the ability to do decontamination in the field? No--

**OPERATIONS**

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

**OPERATIONS (Cont.)**

3. Have you tested your MCI Plan this year in a:
- a. real event? No-
  - b. exercise? No--
4. List all counties with which you have a written medical mutual aid agreement.  
Shasta, Possibly Humboldt
- 
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? No--
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? No--
7. Are you part of a multi-county EMS system for disaster response? Yes--
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? --

## SECTION 4. RESOURCE DIRECTORIES

**Table 8: Providers**

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Northern California EMS

County: Butte

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Butte County Fire Department 176 Nelson Avenue, Oroville 95965			<b>Primary Contact:</b> Steve Simpson 916/538-7111		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 115      PS-Defib: 20 BLS: 150      EMT-D: 30 LALS: 0      ALS: 0
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

<b>Name, address &amp; telephone:</b> Chico Paramedic Rescue 560 Cohasset Road, Chico 95926			<b>Primary Contact:</b> Byron Parsons 916/896-5000		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 0      PS-Defib: 0 BLS: 9      EMT-D: 0 LALS: 0      ALS: 17
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 4

## TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Butte

Reporting Year: 1994

Name, address & telephone: N.T. Enloe Hospital 5th Avenue & The Esplanade, Chico 95926			Primary Contact: Jon Smith 916/891-7300		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS: 0                      PS-Defib: 0 BLS: 6                     EMT-D: 0 LALS: 0                    ALS: 38
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 4 ground 1 helicopter

Name, address & telephone: Oroville Hospital 2767 Olive Highway, Oroville 95966			Primary Contact: Paul Robie 916/533-8500		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS: 0                      PS-Defib: 0 BLS: 0                     EMT-D: 0 LALS: 0                    ALS: 28
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 6

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Northern California EMS

County: Butte

Reporting Year: 1994

Name, address & telephone: Paradise Ambulance PO Box 727, Paradise 95969			Primary Contact: Don Howard 916/877-8866		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input checked="" type="checkbox"/> ALS rescue <input checked="" type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS: 0      PS-Defib: 0 BLS: 7      EMT-D: 0 LALS: 0      ALS: 11
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 5

Name, address & telephone:			Primary Contact: 916/		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS:      PS-Defib: BLS:      EMT-D: LALS:      ALS:
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances:

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Northern California EMS

County: Colusa

Reporting Year: 1994

*1202*

Name, address & telephone: Colusa Ambulance PO Box 813, Colusa 95932			Primary Contact: Chuck Jerpe 916/458-7414		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS: 0      PS-Defib: 0 BLS: 7      EMT-D: 0 LALS: 4      ALS: 8
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 3

Name, address & telephone:			Primary Contact: 916/		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS:      PS-Defib: BLS:      EMT-D: LALS:      ALS:
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances:

# TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Glenn

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Glenn Ambulance 1133 W. Sycamore #703 Willows 95988		<b>Primary Contact:</b> Lee Sparby 916/934-3809			
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 0      PS-Defib: 0 BLS: 7      EMT-D: 0 LALS: 3      ALS: 9
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city, <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available                  24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 2

<b>Name, address &amp; telephone:</b> Westside Ambulance Association PO Box 4527, Orland 95963		<b>Primary Contact:</b> Connie Hanks 916/865-3998			
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 0      PS-Defib: 0 BLS: 2      EMT-D: 0 LALS: 0      ALS: 17
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city, <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available                  24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 2

# TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Lassen

Reporting Year: 1994

Name, address & telephone: Mountain EMS, Inc. PO Box D, Susanville 96130			Primary Contact: Brad Reger 916/257-0249		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	Number of personnel providing services: PS: 0      PS-Defib: 0 BLS: 9      EMT-D: 0 LALS: 2      ALS: 12
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 4 ground 2 fixed-wing

Name, address & telephone: Westwood Fire Department PO Box 936, Westwood 96137			Primary Contact: Bob McDaniel 916/256-3589		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS: 0      PS-Defib: 0 BLS: 6      EMT-D: 0 LALS: 2      ALS: 2
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 1

*Sierra Life Support*

**TABLE 8: RESOURCES DIRECTORY -- Providers**

**EMS System:** Northern California EMS

**County:** Modoc

**Reporting Year:** 1994

<b>Name, address &amp; telephone:</b> Modoc Medical Center 228 McDowell Street, Alturas 96101			<b>Primary Contact:</b> Sandra Hoxsey 916/233-5131		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 0      PS-Defib: 0 BLS: 16      EMT-D: 0 LALS: 9      ALS: 2
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Co. Hospital	<b>If public:</b> <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 4

<b>Name, address &amp; telephone:</b> Surprise Valley Hospital Ambulance PO Box 246, Cedarville 96104			<b>Primary Contact:</b> Chris Gibson 916/279-6111		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 0      PS-Defib: 0 BLS: 9      EMT-D: 0 LALS: 0      ALS: 0
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Hosp. Dist.	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 2

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Northern California EMS

County: Plumas

Reporting Year: 1994

Name, address & telephone: Eastern Plumas District Hospital 500 First Avenue, Portola 96122			Primary Contact: Phyllis Springer 916/832-4277		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	Number of personnel providing services: PS: 0      PS-Defib: 0 BLS: 5      EMT-D: 0 LALS: 6      ALS: 8
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Hosp. Dist.	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2

Name, address & telephone: Graeagle Fire Rescue PO Box 20064, Graeagle 96103			Primary Contact: Daniel West 916/836-2523		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input checked="" type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	Number of personnel providing services: PS: 3      PS-Defib: 4 BLS: 0      EMT-D: 1 LALS: 1      ALS: 1
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

**EMS System:** Northern California EMS

**County:** Plumas

**Reporting Year:** 1994

<b>Name, address &amp; telephone:</b> Hamilton Branch FPD 3791 Big Springs Road, Lake Almanor 96137			<b>Primary Contact:</b> Joe Turner 916/596-3458		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input checked="" type="checkbox"/> ALS rescue <input checked="" type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 7      PS-Defib: 0 BLS: 3      EMT-D: 0 LALS: 1      ALS: 5
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

<b>Name, address &amp; telephone:</b> Indian Valley Hospital Ambulance 174 Hot Springs Road, Greenville 95947			<b>Primary Contact:</b> Bob Stone 916/284-7191		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input checked="" type="checkbox"/> ALS rescue <input checked="" type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 0      PS-Defib: 0 BLS: 5      EMT-D: 0 LALS: 0      ALS: 2
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Hospital Dist.	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 1

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Northern California EMS

County: Plumas

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Peninsula Fire District 801 Golf Club Road, Lake Almanor Peninsula 96137		<b>Primary Contact:</b> Marty Freeman 916/259-2306			
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 0      PS-Defib: 0 BLS: 0      EMT-D: 3 LALS: 5      ALS: 4
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 1

<b>Name, address &amp; telephone:</b> Plumas District Hospital 1065 Bucks Lake Road, Quincy 95971		<b>Primary Contact:</b> Robbie Cassou 916/283-2121			
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 0      PS-Defib: 0 BLS: 5      EMT-D: 0 LALS: 4      ALS: 7
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Hospital Dist.	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 3

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Northern California EMS

County: Plumas

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Seneca District Hospital PO Box 737, Chester 96020			<b>Primary Contact:</b> Dave Stratford 916/258-2151		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 0      PS-Defib: 0 BLS: 6      EMT-D: 0 LALS: 4      ALS: 4
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Hospital Dist.	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 3

<b>Name, address &amp; telephone:</b> West Almanor Community Services District 947 Long Iron Drive, Chester 96020			<b>Primary Contact:</b> Joe Fording 916/259-5112		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 0      PS-Defib: 0 BLS: 3      EMT-D: 4 LALS: 0      ALS: 0
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

## TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Shasta

Reporting Year: 1994

Name, address & telephone: Anderson Fire Department PO Box 1455, Anderson 96077			Primary Contact: Jim Shelp 916/378-6699		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input checked="" type="checkbox"/> ALS rescue <input checked="" type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS: 4      PS-Defib: 4 BLS: 7      EMT-D: 6 LALS: 0      ALS: 0
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

Name, address & telephone: Bella Vista Volunteer Fire Company PO Box 220, Bella Vista 96088			Primary Contact: 916/		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input checked="" type="checkbox"/> ALS rescue <input checked="" type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS: 4      PS-Defib: 0 BLS: 5      EMT-D: 0 LALS: 2      ALS: 0
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

**EMS System:** Northern California EMS

**County:** Shasta

**Reporting Year:** 1994

<b>Name, address &amp; telephone:</b> Big Bend Volunteer Fire Company PO Box 146, Big Bend 96011			<b>Primary Contact:</b> 916/		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input checked="" type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 5      PS-Defib: 3 BLS: 0      EMT-D: 0 LALS: 0      ALS: 0
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

<b>Name, address &amp; telephone:</b> Burney Fire District PO Box 853, Burney 96013			<b>Primary Contact:</b> Ron Nelson 916/335-2212		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input checked="" type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 0      PS-Defib: 0 BLS: 9      EMT-D: 1 LALS: 9      ALS: 3
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 2

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Northern California EMS

County: Shasta

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Cassell Volunteer Fire Company PO Box 77, Cassell 96016			<b>Primary Contact:</b> Bea Berchem 916/335-5344		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input checked="" type="checkbox"/> ALS rescue <input checked="" type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 2      PS-Defib: 0 BLS: 0      EMT-D: 4 LALS: 0      ALS: 0
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

<b>Name, address &amp; telephone:</b> California Department of Forestry & Fire Prevention 1050 Parkview Avenue, Redding 96001			<b>Primary Contact:</b> Scott Holmquist 916/225-2418		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input checked="" type="checkbox"/> ALS rescue <input checked="" type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 123      PS-Defib: 12 BLS: 24      EMT-D: 6 LALS: 0      ALS: 2
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Northern California EMS

County: Shasta

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> California Highway Patrol Air Operations 2485 Sonoma Street, Redding 96001			<b>Primary Contact:</b> Sgt. Jim Hamilton 916/225-2040		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input checked="" type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 0      PS-Defib: 0 BLS: 4      EMT-D: 0 LALS: 1      ALS: 4
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 1

<b>Name, address &amp; telephone:</b> Centerville Fire Department 8930 Placer Road, Redding 96001			<b>Primary Contact:</b> 916/246-1168		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 10      PS-Defib: 5 BLS: 5      EMT-D: 5 LALS: 0      ALS: 0
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Northern California EMS

County: Shasta

Reporting Year: 1994

Name, address & telephone: Cottonwood Fire Protection District PO Box 618, Cottonwood 96002			Primary Contact: Randall Armstrong 916/347-4737		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS: 3      PS-Defib: 0 BLS: 3      EMT-D: 4 LALS: 0      ALS: 0
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

Name, address & telephone: French Gulch Fire District PO Box 220, French Gulch 96033			Primary Contact: Steve Dymond 916/359-2003		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS: 6      PS-Defib: 4 BLS: 6      EMT-D: 4 LALS: 0      ALS: 0
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Northern California EMS

County: Shasta

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Happy Valley Fire Department 17441 Palm Avenue, Anderson 96007			<b>Primary Contact:</b> Joe Vasquez 916/357-2345		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 6      PS-Defib: 1 BLS: 6      EMT-D: 12 LALS: 0      ALS: 0
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

<b>Name, address &amp; telephone:</b> Hat Creek Volunteer Fire Company PO Box 48, Hat Creek 96040			<b>Primary Contact:</b> 916/		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 4      PS-Defib: 0 BLS: 4      EMT-D: 0 LALS: 2      ALS: 2
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Northern California EMS

County: Shasta

Reporting Year: 1994

Name, address & telephone: Igo-Ono Volunteer Fire Company PO Box 26, Igo 96047			Primary Contact: 916/396-2400		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS: 4      PS-Defib: 0 BLS: 7      EMT-D: 4 LALS: 1      ALS: 0
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

Name, address & telephone: Jones Valley Fire Company 14680 Ravine Road, Redding 96003			Primary Contact: Dave Bjorkquist 916/275-3132		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS: 0      PS-Defib: 0 BLS: 4      EMT-D: 4 LALS: 0      ALS: 0
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Northern California EMS

County: Shasta

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Keswick Volunteer Fire Company PO Box 459, Shasta 96087			<b>Primary Contact:</b> Joe Tyler 916/246-3566		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 5      PS-Defib: 0 BLS: 7      EMT-D: 2 LALS: 1      ALS: 1
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

<b>Name, address &amp; telephone:</b> Mayers Memorial Hospital PO Box 567, Fall River Mills 96028			<b>Primary Contact:</b> Pat Brown 916/336-5511		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 0      PS-Defib: 0 BLS: 0      EMT-D: 0 LALS: 10      ALS: 4
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Hospital Dist.	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 2

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Northern California EMS

County: Shasta

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Mercy Medical Center PO Box 496009, Redding 96049			<b>Primary Contact:</b> John Winchell 916/225-7240		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 0      PS-Defib: 0 BLS: 0      EMT-D: 0 LALS: 2      ALS: 27
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available</b> 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 5 ground 2 fixed wing 1 helicopter

<b>Name, address &amp; telephone:</b> Montgomery Creek Fire Department PO Box 75, Montgomery Creek 96065			<b>Primary Contact:</b> Randy Trafton 916/337-6552		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 5      PS-Defib: 2 BLS: 2      EMT-D: 1 LALS: 0      ALS: 1
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available</b> 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Northern California EMS

County: Shasta

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Mountain Gate Fire Department 14508 Wonderland Boulevard, Redding 96003			<b>Primary Contact:</b> Pete Dunckel 916/275-3003		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 0      PS-Defib: 0 BLS: 1      EMT-D: 8 LALS: 0      ALS: 0
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

<b>Name, address &amp; telephone:</b> North Valley Ambulance PO Box 994606, Redding 96099			<b>Primary Contact:</b> John Lord 916/241-2686		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 0      PS-Defib: 0 BLS: 13      EMT-D: 0 LALS: 1      ALS: 18
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 6

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Northern California EMS

County: Shasta

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Oak Run Volunteer Fire Company PO Box FIRE, Oak Run 96069			<b>Primary Contact:</b> 916/547-4324		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 4      PS-Defib: 1 BLS: 3      EMT-D: 0 LALS: 0      ALS: 0
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

<b>Name, address &amp; telephone:</b> Old Station Volunteer Fire Department PO Box 44, Old Station 96071			<b>Primary Contact:</b> Charlie Olmstead 916/335-7111		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 2      PS-Defib: 2 BLS: 1      EMT-D: 0 LALS: 0      ALS: 0
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Northern California EMS

County: Shasta

Reporting Year: 1994

Name, address & telephone: Palo Cedro Fire Company PO Box 86, Palo Cedro 96073			Primary Contact: 916/547-3700		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS: 5      PS-Defib: 7 BLS: 11     EMT-D: LALS: 3     ALS: 2
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

Name, address & telephone: Platina-Wildwood Fire Department PO Box 193, Wildwood 96076-9702			Primary Contact: 916/		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS: 4      PS-Defib: 3 BLS: 2      EMT-D: 2 LALS: 0     ALS: 0
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

### TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Shasta

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Redding Fire Department 1050 Parkview Avenue, Redding 96001		<b>Primary Contact:</b> Steve Eckard 916/225-4141			
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 0      PS-Defib: 30 BLS: 1      EMT-D: 30 LALS: 0      ALS: 0
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

<b>Name, address &amp; telephone:</b> Redding Medical Center PO Box 496072, Redding 96049-6072		<b>Primary Contact:</b> Mark Eliason 916/243-0498			
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS:              PS-Defib: BLS:              EMT-D: LALS:              ALS:
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 3 ground 1 fixed wing 1 helicopter

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Northern California EMS

County: Shasta

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Shasta Fire Department PO Drawer G, Shasta 96087			<b>Primary Contact:</b> Ted Blankenheim 916/241-4615		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 4      PS-Defib: 0 BLS: 4      EMT-D: 6 LALS: 0      ALS: 3
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available                  24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

<b>Name, address &amp; telephone:</b> Shasta Lake Volunteer Fire Company PO Box 138, Lakehead 96051			<b>Primary Contact:</b> Vic Voss 916/238-8822		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 3      PS-Defib: 2 BLS: 5      EMT-D: 0 LALS: 1      ALS: 0
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available                  24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Northern California EMS

County: Shasta

Reporting Year: 1994

Name, address & telephone: Shasta Lake City Fire Protection District 4126 Ashbury Court, Shasta Lake 96019			Primary Contact: Fred Wyckoff 916/275-6502		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS: 3      PS-Defib: 0 BLS: 10      EMT-D: 0 LALS: 4      ALS: 3
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

Name, address & telephone: Shingletown Volunteer Fire Department PO Box 266, Shingletown 96088			Primary Contact: Tony Plasier 916/474-3914		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS: 4      PS-Defib: 0 BLS: 5      EMT-D: 1 LALS: 1      ALS: 0
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 1

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Northern California EMS

County: Sierra

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Downieville FPD PO Box 25, Downieville 95936			<b>Primary Contact:</b> Ken Beaver 916/289-3333		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 0      PS-Defib: 0 BLS: 15     EMT-D: 0 LALS: 0     ALS: 0
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 2

<b>Name, address &amp; telephone:</b> Sierra Valley Community Hospital Ambulance PO Box 178, Loyalton 96118			<b>Primary Contact:</b> Bruce Stone 916/993-1225		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 0      PS-Defib: 0 BLS: 11     EMT-D: 0 LALS: 0     ALS: 0
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: Hospital	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 2

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Northern California EMS

County: Siskiyou

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Butte Valley Ambulance Service PO Box 9, Dorris 96023			<b>Primary Contact:</b> Shirley Kerwin 916/397-2105		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 3      PS-Defib: 0 BLS: 4      EMT-D: 5 LALS: 2      ALS: 0
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 2

<b>Name, address &amp; telephone:</b> City of Dunsmuir Fire Department 5902 Dunsmuir Avenue #103, Dunsmuir 96025			<b>Primary Contact:</b> Adam Heilman 916/235-2551		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 0      PS-Defib: 0 BLS: 0      EMT-D: 16 LALS: 1      ALS: 2
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Northern California EMS

County: Siskiyou

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> City of Etna Ambulance PO Box 460, Etna 96027			<b>Primary Contact:</b> Davie Martin 916/467-5765		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input checked="" type="checkbox"/> ALS rescue <input checked="" type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 0      PS-Defib: 0 BLS: 4      EMT-D: 6 LALS: 1      ALS: 0
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Amb. District	<b>If public:</b> <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 3

<b>Name, address &amp; telephone:</b> Fort Jones Fire Department PO Box 597 Fort Jones 96032			<b>Primary Contact:</b> Mike Purdy 916/842-7141		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 4      PS-Defib: 0 BLS: 0      EMT-D: 8 LALS: 0      ALS: 0
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Northern California EMS

County: Siskiyou

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Grenada Fire Department PO Box 214, Grenada 96038			<b>Primary Contact:</b> Larry Dancer 916/436-2200 (stn.) 436-2381 (chief)		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 3      PS-Defib: 2 BLS: 0      EMT-D: 4 LALS: 0      ALS: 0
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

<b>Name, address &amp; telephone:</b> Happy Camp Ambulance PO Box 596, Happy Camp 96039			<b>Primary Contact:</b> Marian Curtis 916/493-2322		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 0      PS-Defib: 0 BLS: 3      EMT-D: 10 LALS: 1      ALS: 1
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 2

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Northern California EMS

County: Siskiyou

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> McCloud Community Services District PO Box 487, McCloud 96057			<b>Primary Contact:</b> Peter Tolosano 916/964-2422		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 2      PS-Defib: 0 BLS: 13      EMT-D: 2 LALS: 3      ALS: 0
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 1

<b>Name, address &amp; telephone:</b> Montague Fire District PO Box 281, Montague 96064			<b>Primary Contact:</b> Matt Moser 916/459-5343		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 3      PS-Defib: 2 BLS: 3      EMT-D: 1 LALS: 0      ALS: 0
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Northern California EMS

County: Siskiyou

Reporting Year: 1994

*Shasta  
916/926-2665*

<b>Name, address &amp; telephone:</b> Mount Shasta Ambulance PO Box 1030, Mt. Shasta 96067			<b>Primary Contact:</b> Angelo Banos 916/926-2665		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 0      PS-Defib: 0 BLS: 17     EMT-D: 0 LALS: 5     ALS: 4
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city, <input type="checkbox"/> county, <input type="checkbox"/> state, <input type="checkbox"/> fire district, <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 4

*H-205  
916/842-3583*

<b>Name, address &amp; telephone:</b> Northern Siskiyou Ambulance 553 North Main Street, Yreka 96097			<b>Primary Contact:</b> Darrell Frost 916/842-3583		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 0      PS-Defib: 0 BLS: 8      EMT-D: 4 LALS: 5     ALS: 2
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city, <input type="checkbox"/> county, <input type="checkbox"/> state, <input type="checkbox"/> fire district, <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 3

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Northern California EMS

County: Siskiyou

Reporting Year: 1994

Name, address & telephone: Weed Fire Department PO Box 470, Weed 96094			Primary Contact: Darin Quigley 916/938-5030		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> HLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS: 2      PS-Defib: 0 BLS: 8      EMT-D: 3 LALS: 3      ALS: 2
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other <small>explain:</small>	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

Name, address & telephone:			Primary Contact: 016/		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> HLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS:      PS-Defib: BLS:      EMT-D: LALS: 0      ALS: 0
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other <small>explain:</small>	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Northern California EMS

County: Tehama

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> City of Red Bluff Fire Department 555 Washington Street, Red Bluff 96080			<b>Primary Contact:</b> Doug Smith 916/527-1126		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 0      PS-Defib: 0 BLS: 0      EMT-D: 30 LALS: 0      ALS: 0
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

<b>Name, address &amp; telephone:</b> St. Elizabeth Hospital Sister Mary Columbia Drive, Red Bluff 96080			<b>Primary Contact:</b> Penny Costa 916/529-8000		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: 0      PS-Defib: 0 BLS: 3      EMT-D: 0 LALS: 1      ALS: 26
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 5

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Northern California EMS

County: Tehama

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Tehama County Fire Department 604 Antelope Boulevard, Red Bluff 96080			<b>Primary Contact:</b> Dave Ebert 916/529-8548		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: PS-Defib: BLS: EMT-D: LALS: 0 ALS: 0
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

<b>Name, address &amp; telephone:</b>			<b>Primary Contact:</b> 916/		
<b>Written Contract:</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> PS: PS-Defib: BLS: EMT-D: LALS: 0 ALS: 0
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Northern California EMS

County: Trinity

Reporting Year: 1994

Name, address & telephone: Coffee Creek Volunteer Fire Department Route 2, Box 3972 Trinity Center 96091			Primary Contact: Carol Callahan 916/266-3501		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input checked="" type="checkbox"/> ALS rescue <input checked="" type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS: 5      PS-Defib: 0 BLS: 2      EMT-D: 0 LALS: 0      ALS: 1
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

Name, address & telephone: Hayfork Volunteer Fire Department PO Box 613, Hayfork 96041			Primary Contact: Bob Young 916/628-5126		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input checked="" type="checkbox"/> ALS rescue <input checked="" type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS: 4      PS-Defib: 0 BLS : 0      EMT-D: 8 LALS: 0      ALS: 0
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

← Hyampom CSD  
Trans - BLS

## TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Trinity

Reporting Year: 1994

Name, address & telephone: Lewiston Volunteer Fire Department PO Box 113, Lewiston 96052			Primary Contact: Jess Cox 916/778-3869		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS: PS-Defib: BLS: EMT-D: LALS: 0 ALS: 0
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 1

Name, address & telephone: Trinity Center Volunteer Fire Department PO Box 300, Trinity Center 96091			Primary Contact: Dick Hamilton 916/266-3378		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS: PS-Defib: BLS: EMT-D: LALS: 0 ALS: 0
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

**TABLE 8: RESOURCES DIRECTORY -- Providers**

EMS System: Northern California EMS

County: Trinity

Reporting Year: 1994

Name, address & telephone: Trinity County Life Support PO Box 2907, Weaverville 96093			Primary Contact: Jack Pederson 916/623-2500		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS: 3 PS-Defib: 0 BLS: 3 EMT-D: 0 LALS: 2 ALS: 5
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city, <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 4

Name, address & telephone:			Primary Contact: 916/		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS: PS-Defib: BLS: EMT-D: LALS: 0 ALS: 0
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city, <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

5- Trinity Area Rescue - Trinity Co.  
Trans ALS  
slw trin Co.  
Peanut area

**Table 9: Approved Training Programs**

## TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: NOR-CAL EMS

County: Butte

Reporting Year: 1994

Training Institution Name / Address		Contact Person telephone no.
N.T. Enloe Hospital 193 Via Mission Drive Chico, CA 95928		Jonathan Smith, RN 916/891-7418
Student Eligibility: *	Cost of Program	**Program Level: EMT-I
Open	Basic NA	Number of students completing training per year:
	Refresher NA	Initial training: 0
		Refresher: 0
		Cont. Education 300
		Expiration Date: 1/15/96
		Number of courses: 0
		Initial training: 0
		Refresher: 0
		Cont. Education: 11

Training Institution Name / Address		Contact Person telephone no.
Butte Community College 3536 Butte Campus Drive Oroville, CA 95965		Mike Boyd, RN 916/895-2328
Student Eligibility: *	Cost of Program	**Program Level: EMT-I; EMT-P
EMT-I: Open	Basic 171.50	Number of students completing training per year:
EMT-P: EMT-I; Prerequisite courses;	Refresher 42.00	Initial training:
Competence in math, English, and reading	Paramedic 700.00	Refresher:
		Cont. Education 0
		Expiration Date: 1/15/96
		Number of courses:
		Initial training: EMT-I: 6; EMT-P: 1
		Refresher: 4
		Cont. Education:

\* Open to general public or restricted to certain personnel only.

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

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: NOR-CAL EMS

County: Colusa

Reporting Year: 1994

Training Institution Name / Address		Contact Person telephone no.
Yuba College Extension 745 10th Street Colusa, CA 95932		Jim Lemos 916/458-4085
Student Eligibility: *	Cost of Program	**Program Level: EMT-I
Open	Basic 71.00 Refresher 19.00	Number of students completing training per year: Initial training: 25 Refresher: 18 Cont. Education: 0 Expiration Date: 1/15/96 Number of courses: 2 Initial training: 1 Refresher: 1 Cont. Education: 0

Training Institution Name / Address		Contact Person telephone no.
Student Eligibility: *	Cost of Program	**Program Level:
		Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration Date: Number of courses: Initial training: Refresher: Cont. Education:

\* Open to general public or restricted to certain personnel only.  
 \*\* Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: NOR-CAL EMS

County: Glenn

Reporting Year: 1994

Training Institution Name / Address		Contact Person telephone no.
Butte College Extension Sycamore Street Willows, CA 95988		Corinne Enos 916/934-2144
Student Eligibility: *	Cost of Program	**Program Level: EMT-I
Open	Basic 157.50 Refresher 64.50	Number of students completing training per year: Initial training: 25 Refresher: 27 Cont. Education: 0 Expiration Date: 1/15/96 Number of courses: 2 Initial training: 1 Refresher: 1 Cont. Education: 0

Training Institution Name / Address		Contact Person telephone no.
Student Eligibility: *	Cost of Program	**Program Level:
	Basic	Number of students completing training per year:
	Refresher	Initial training:
		Refresher:
		Cont. Education:
		Expiration Date:
		Number of courses:
		Initial training:
		Refresher:
		Cont. Education:

\* Open to general public or restricted to certain personnel only.  
 \*\* Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

## TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: NOR-CAL EMS

County: Lassen

Reporting Year: 1994

Training Institution Name / Address		Contact Person telephone no.
Lassen Community College PO Box 3000 Susanville, CA 96130		Lino Callegari 916/257-6181
Student Eligibility: *	Cost of Program	**Program Level: EMT-I and II
Open	Basic 82.50 Refresher 13.00 EMT-II: 195.00	Number of students completing training per year: Initial training: EMT-I: 74 II: 40 Refresher: 64 Cont. Education 0 Expiration Date: 1/15/96
		Number of courses: Initial training: 3 Refresher: 2 Cont. Education: 0

Training Institution Name / Address		Contact Person telephone no.
Student Eligibility: *	Cost of Program	**Program Level:
	Basic	Number of students completing training per year:
	Refresher	Initial training:
		Refresher:
		Cont. Education:
		Expiration Date:
		Number of courses:
		Initial training:
		Refresher:
		Cont. Education:

\* Open to general public or restricted to certain personnel only.

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

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: NOR-CAL EMS

County: Modoc

Reporting Year: 1994

Training Institution Name / Address		Contact Person telephone no.
Lassen Community College PO Box 3000 Susanville, CA 96130		Lino Callegari 916/257-6181
Student Eligibility: *	Cost of Program	**Program Level: EMT-I
Open	Basic 82.50 Refresher 13.00	Number of students completing training per year: Initial training: 20 Refresher: 20 Cont. Education 0 Expiration Date: 1/15/96
		Number of courses: Initial training: 1 Refresher: 1 Cont. Education: 0

Training Institution Name / Address		Contact Person telephone no.
Student Eligibility: *	Cost of Program	**Program Level:
	Basic	Number of students completing training per year:
	Refresher	Initial training:
		Refresher:
		Cont. Education:
		Expiration Date:
		Number of courses:
		Initial training:
		Refresher:
		Cont. Education:

\* Open to general public or restricted to certain personnel only.

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

## TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: NOR-CAL EMS

County: Plumas

Reporting Year: 1994

Training Institution Name / Address		Contact Person telephone no.
Feather River College PO Box 1110 Quincy, CA 95971		Connie Litz 283-0101 x 242
Student Eligibility: *	Cost of Program	**Program Level: EMT-I
Open	Basic 73.00 Refresher 31.00	Number of students completing training per year: Initial training: 45 Refresher: 21 Cont. Education: 0 Expiration Date: 1/15/96 Number of courses: 3 Initial training: 2 Refresher: 1 Cont. Education: 0

Training Institution Name / Address		Contact Person telephone no.
Student Eligibility: *	Cost of Program	**Program Level:
	Basic: _____ Refresher: _____	Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration Date: Number of courses: Initial training: Refresher: Cont. Education:

\* Open to general public or restricted to certain personnel only.

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

## TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: NOR-CAL EMS

County: Sierra

Reporting Year: 1994

Training Institution Name / Address		Contact Person telephone no.
Lassen Community College PO Box 3000 Susanville, CA 96130		Lino Callegari 916/257-6181
Student Eligibility: *	Cost of Program	**Program Level: MET-I
Open	Basic 82.50 Refresher 13.00	Number of students completing training per year: Initial training: 13 Refresher: 13 Cont. Education: 0 Expiration Date: 1/15/96
		Number of courses: Initial training: 1 Refresher: 1 Cont. Education: 0

Training Institution Name / Address		Contact Person telephone no.
Student Eligibility: *	Cost of Program	**Program Level:
	Basic	Number of students completing training per year:
	Refresher	Initial training:
		Refresher:
		Cont. Education:
		Expiration Date:
		Number of courses:
		Initial training:
		Refresher:
		Cont. Education:

\* Open to general public or restricted to certain personnel only.

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

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: NOR-CAL EMS

County: Shasta

Reporting Year: 1994

Training Institution Name / Address		Contact Person telephone no.
Shasta College P.O. Box 6006 Redding, CA 96009		John White 916/225-4623
Student Eligibility: *	Cost of Program	**Program Level: EMT-I
Open	Basic 88.00	Number of students completing training per year:
	Refresher 26.00	Initial training: 175
		Refresher: 75
		Cont. Education: 0
		Expiration Date: 1/15/96
		Number of courses: 10
		Initial training: 7
		Refresher: 3
		Cont. Education: 0

Training Institution Name / Address		Contact Person telephone no.
Mercy Medical Center PO Box 496009 Redding, CA 96049-6009		Nancy George, RN 916/225-7244
Student Eligibility: *	Cost of Program	**Program Level: EMT-II EMT-P
EMT-II: Qualified EMT-Is	EMT-II: \$500	Number of students completing training:
EMT-P: Qualified EMT-Is	EMT-II to EMT-P upgrade: \$800	Initial training: 20 20
		Refresher:
		Cont. Education: 0
		Expiration Date: 1/15/96
		Number of courses:
		Initial training: 1 1
		Refresher: 0 0
		Cont. Education: 0

\* Open to general public or restricted to certain personnel only.

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

## TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: NOR-CAL EMS

County: Shasta (Continued)

Reporting Year: 1994

Training Institution Name / Address		Contact Person telephone no.
Redding Medical Center 1100 Butte Street Redding, CA 96001		Holly Felsenthal 916/244-5170
Student Eligibility: *	Cost of Program	**Program Level: EMT-P; MICN
Paramedic: Open	Paramedic 2,300.00	Number of students completing training per year:
MICN: In-house only	MICN No Charge	Initial training: EMT-P: 13; MICN: 7
		Refresher: 0
		Cont. Education: 60
		Expiration Date: 1/15/96
		Number of courses: 14
		Initial training: EMT-P: 1; MICN: 1
		Refresher: 0
		Cont. Education: 12

Training Institution Name / Address		Contact Person telephone no.
Student Eligibility: *	Cost of Program	**Program Level:
	Basic _____	Number of students completing training per year:
	Refresher _____	Initial training:
		Refresher:
		Cont. Education:
		Expiration Date:
		Number of courses:
		Initial training:
		Refresher:
		Cont. Education:

\* Open to general public or restricted to certain personnel only.

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

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: NOR-CAL EMS

County: Siskiyou

Reporting Year: 1994

**Training Institution Name / Address**

**Contact Person telephone no.**

College of the Siskiyous 800 College Avenue Weed, CA 96094		Carol Kramm 916/938-5206
Student Eligibility: *	Cost of Program	**Program Level: EMT-I
Open	Basic 59.00	Number of students completing training per year:
	Refresher 20.00	Initial training: 80
		Refresher: 20
		Cont. Education: 0
		Expiration Date: 1/15/96
		Number of courses:
		Initial training: 4
		Refresher: * 0*
		Cont. Education: 0
* Refresher training is conducted in conjunction with full EMT-I courses		

**Training Institution Name / Address**

**Contact Person telephone no.**

Student Eligibility: *	Cost of Program	**Program Level:
	Basic	Number of students completing training per year:
	Refresher	Initial training:
		Refresher:
		Cont. Education:
		Expiration Date:
		Number of courses:
		Initial training:
		Refresher:
		Cont. Education:

\* Open to general public or restricted to certain personnel only.

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

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: NOR-CAL EMS

County: Tehama

Reporting Year: 1994

Training Institution Name / Address		Contact Person telephone no.
St. Elizabeths Hospital Sister Mary Columbia Drive Red Bluff, CA		Mike Casey 916/529-8311
Student Eligibility:  Open	Cost of Program  Basic 5.00 Refresher 5.00	**Program Level: Number of students completing training per year: Initial training: 69 Refresher: 7 Cont. Education Not Available Expiration Date: 1/15/96  Number of courses: Initial training: 3 Refresher: 2 Cont. Education: 4

Training Institution Name / Address		Contact Person telephone no.
Student Eligibility: *	Cost of Program  Basic Refresher	**Program Level: Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date:  Number of courses: Initial training: Refresher: Cont. Education:

\* Open to general public or restricted to certain personnel only.

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

## TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: NOR-CAL EMS

County: Trinity

Reporting Year: 1994

Training Institution Name / Address		Contact Person telephone no.
Shasta College Outreach PO Box 6006 Redding, CA 96009		John White 916/225-4623
Student Eligibility: *	Cost of Program	**Program Level: EMT-I
Open	Basic 88.00 Refresher 26.00	Number of students completing training per year: Initial training: 20 Refresher: 20 Cont. Education: 0 Expiration Date: 1/15/96 Number of courses: 2 Initial training: 1 Refresher: 1 Cont. Education: 0

Training Institution Name / Address		Contact Person telephone no.
Student Eligibility: *	Cost of Program	**Program Level:
	Basic Refresher	Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date: Number of courses: Initial training: Refresher: Cont. Education:

\* 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: Facilities**

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

EMS System: NOR-CAL

County: Butte

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Biggs-Gridley Hospital 240 Spruce Street Gridley, CA 95948 916/846-5671		<b>Primary Contact:</b> Charles Norton, Administrator	
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes If Trauma Center what Level:****

<b>Name, address &amp; telephone:</b> Chico Community Hospital 560 Cohasset Road Chico, CA 95926 916/896-5000		<b>Primary Contact:</b> Melissa Sloan, R.N.	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes If Trauma Center what Level:****

- \* Meets EMSA Pediatric Critical Care Center (PCCC) Standards.
- \*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- \*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- \*\*\*\* Levels I, II, III and Pediatric.

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

EMS System: NOR-CAL

County: Butte

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> N.T. Enloe Hospital 5th Avenue and The Esplanade Chico, CA 95926 916/891-7418			<b>Primary Contact:</b> Jonathan Smith, R.N.	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes	If Trauma Center what Level: II

<b>Name, address &amp; telephone:</b> Feather River Hospital 5974 Pentz Road Paradise, CA 95969 916/877-3325			<b>Primary Contact:</b> Kathy Halvig, R.N.	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes	If Trauma Center what Level:****

- \* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- \*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- \*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- \*\*\*\* Levels I, II, III and Pediatric.

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

EMS System: NOR-CAL

County: Butte

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Oroville Hospital 2767 Olive Highway Oroville, CA 95966 916/533-8500		<b>Primary Contact:</b> Holly Edwards, R.N.	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes If Trauma Center what Level:****

\* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

\*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric.

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

EMS System: NOR-CAL

County: Colusa

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Colusa Community Hospital 199 East Webster Street Colusa, CA 95932 916/458-5821		<b>Primary Contact:</b> Jim Dunn, R.N.	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes If Trauma Center what Level:****

\* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

\*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric.

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

EMS System: NOR-CAL

County: Glenn

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Glenn General Hospital 1133 W. Sycamore Street Willows, CA 95988 916/934-6461		<b>Primary Contact:</b>		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes	If Trauma Center what Level:****

\* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

\*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric.

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

EMS System: NOR-CAL

County: Lassen

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Lassen Community Hospital Hospital Lane & West Street Susanville, CA 96130 916/257-5325			<b>Primary Contact:</b> Carol Wall, R.N.	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes	If Trauma Center what Level:****

- \* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- \*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- \*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- \*\*\*\* Levels I, II, III and Pediatric.

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

EMS System: NOR-CAL

County: Modoc

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Modoc Medical Center 228 McDowell Street Alturas, CA 96101 916/233-5131			<b>Primary Contact:</b> Sandi Hoxsey, MICP		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes	If Trauma Center what Level:****	

<b>Name, address &amp; telephone:</b> Surprise Valley Hospital P.O. Box 246 Cedarville, CA 96104 916/279-6111			<b>Primary Contact:</b> Chris Gibson, R.N.		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes	If Trauma Center what Level:****	

\* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

\*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric.

## TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: NOR-CAL

County: Plumas

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Eastern Plumas District Hospital P.O. Box 1075 Portola, CA 96122 916/832832-4277			<b>Primary Contact:</b> Phyllis Springer, R.N.	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes	If Trauma Center what Level:****

<b>Name, address &amp; telephone:</b> Indian Valley Hospital 174 Hot Springs Road Greenville, CA 95947 916/284-7191			<b>Primary Contact:</b> Art Johnson, R.N.	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes	If Trauma Center what Level:****

\* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

\*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric.

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

EMS System: NOR-CAL

County: Plumas

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Plumas District Hospital 1065 Bucks Lake Road Quincy, CA 95971 916/283-2121			<b>Primary Contact:</b> Julie Cassou, R.N.	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes	If Trauma Center what Level:****

<b>Name, address &amp; telephone:</b> Seneca District Hospital P.O. Box 737 Chester, CA 96029 916/258-2151			<b>Primary Contact:</b> Debbie Kincaid, R.N.	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes	If Trauma Center what Level:****

\* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

\*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric.

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

EMS System: NOR-CAL

County: Shasta

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Mayers Memorial Hospital P.O. Box 459 Fall River Mills, CA 96028 916/336-5511			<b>Primary Contact:</b> Pat Brown, R.N.	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: ** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes	If Trauma Center what Level: ****

<b>Name, address &amp; telephone:</b> Mercy Medical Center P.O. Box 496009 Redding, CA 96049 916/225-7246			<b>Primary Contact:</b> Darrell Cole, R.N.	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: ** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes	If Trauma Center what Level: II

\* Meets EMSA Pediatric Critical Care Center (PCCC) Standards.

\*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric.

## TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: NOR-CAL

County: Shasta

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Redding Medical Center P.O. Box 496072 Redding, CA 96049 916/244-5170		<b>Primary Contact:</b> Holly Felsenthal, R.N.	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes If Trauma Center what Level:****

Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

\*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric.

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

EMS System: NOR-CAL

County: Sierra

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Sierra Valley District Hospital P.O. Box 178 Loyalton, CA 96118 916/993-1225		<b>Primary Contact:</b> Bruce Stone	
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes If Trauma Center what Level:****

\* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

\*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric.

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

EMS System: NOR-CAL

County: Siskiyou

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Mercy Medical Center Mt. Shasta 914 Pine Street Mt. Shasta, CA 96067 916/926-6111			<b>Primary Contact:</b> Mary Gordon, R.N.	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes	If Trauma Center what Level:****

<b>Name, address &amp; telephone:</b> Siskiyou General Hospital 818 South Main Street Yreka, CA 96097 916/842-4121			<b>Primary Contact:</b> Fay Powers, R.N.	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes	If Trauma Center what Level:****

\* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

\*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric.

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

EMS System: NOR-CAL

County: Tehama

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> St. Elizabeth Hospital Sister Mary Columbia Drive Red Bluff, CA 96080 916/529-8000			<b>Primary Contact:</b> Penny Costa, R.N.	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes	If Trauma Center what Level:****

\* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

\*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric.

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

EMS System: NOR-CAL

County: Trinity

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Trinity Hospital P.O. Box 1229 Weaverville, CA 96093 916/623-5541			<b>Primary Contact:</b> Cindy Merwin, R.N.	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes * <input type="checkbox"/> no  *Satellite Base Station		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes	If Trauma Center what Level:****

\* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

\*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric.

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

EMS System: NOR-CAL

County: Out-of-Region Receiving Facility Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Tahoe Forest Hospital P.O. Box 759 Truckee, CA 96160 916/587-6011			<b>Primary Contact:</b> Russ Mann, R.N.				
<b>Written Contract</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		<b>Referral emergency service</b> <input type="checkbox"/> <b>Standby emergency service</b> <input type="checkbox"/> <b>Basic emergency service</b> <input checked="" type="checkbox"/> <b>Comprehensive emergency service</b> <input type="checkbox"/>		<b>Base Hospital:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		<b>Pediatric Critical Care Center:*</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
<b>EDAP:**</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>PICU:***</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>Burn Center:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>Trauma Center:</b> <input type="checkbox"/> yes <b>If Trauma Center what Level:****</b>	

\* Meets EMSA Pediatric Critical Care Center (PCCC) Standards.

\*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric.

**Table 11: Dispatch Agencies**

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Northern California EMS

County: Butte

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> N.T. Enloe Hospital 193 Via Mission Drive, Chico 95928		<b>Primary Contact:</b> Bob Kiuttu 916/891-7371	
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> 7 EMD Training      0 EMT-D      1 ALS 7 BLS                      0 LALS              0 Other
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal
<b>Number of Ambulances:</b> 8			

<b>Name, address &amp; telephone:</b> Butte County Fire 176 Nelson Avenue, Oroville 95965		<b>Primary Contact:</b> Wayne Wilson 916/538-6837, EXT. 156	
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> 25 EMD Training      0 EMT-D      0 ALS 0 BLS                      0 LALS              0 Other
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal
<b>Number of Ambulances:</b> 6			

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Northern California EMS

County: Butte

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Paradise Ambulance PO Box 727, Paradise 95969		<b>Primary Contact:</b> Don Howard 916/877-8866		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> 12 EMD Training      0 EMT-D      0 ALS 0 BLS                      0 LALS            0 Other	
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>Number of Ambulances:</b> 4

<b>Name, address &amp; telephone:</b>		<b>Primary Contact:</b>		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> 0 EMD Training      0 EMT-D      0 ALS 0 BLS                      0 LALS            0 Other	
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>Number of Ambulances:</b> _____

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Northern California EMS

County: Colusa

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Colusa County Sheriff 929 Bridge Street, Colusa 95932		<b>Primary Contact:</b> Scott Marshall 916/458-0200		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> 0 EMD Training      0 EMT-D      0 ALS 0 BLS                      0 LALS      7 Other	
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>Number of Ambulances:</b> 4

<b>Name, address &amp; telephone:</b>		<b>Primary Contact:</b>		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> 0 EMD Training      0 EMT-D      0 ALS 0 BLS                      0 LALS      0 Other	
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>Number of Ambulances:</b> _____

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Northern California EMS

County: Glenn

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Glenn General Hospital 1133 W. Sycamore, Willows 95988		<b>Primary Contact:</b> Lee Sparby 916/934-3809		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> 0 EMD Training      0 EMT-D      0 ALS 0 BLS                      0 LALS              6 Other	
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>Number of Ambulances:</b> 2

<b>Name, address &amp; telephone:</b>		<b>Primary Contact:</b>		
<b>Written Contract</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> 0 EMD Training      0 EMT-D      0 ALS 0 BLS                      0 LALS              0 Other	
<b>Ownership</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>Number of Ambulances:</b> _____

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Northern California EMS

County: Lassen

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Mountain EMS, Inc./Lassen Communications PO Box D, Susanville 96130		<b>Primary Contact:</b> Brad Reger 916/257-0249	
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> 1 EMD Training      0 EMT-D      0 ALS 0 BLS                      0 LALS      3 Other
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal
<b>Number of Ambulances:</b> 5			

<b>Name, address &amp; telephone:</b> Susanville Interagency Fire Center 697345 Highway 36, Susanville 96130		<b>Primary Contact:</b> Doug James 916/257-5575	
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> 0 EMD Training      0 EMT-D      0 ALS 0 BLS                      3 LALS      5 Other
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal
<b>Number of Ambulances:</b> 3			

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Northern California EMS

County: Modoc

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Modoc County Sheriff PO Drawer 460, Alturas 96101		<b>Primary Contact:</b> Bruce Mix 916/233-4416			
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> 0 EMD Training      0 EMT-D      0 ALS 0 BLS                      0 LALS      12 Other		
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>Number of Ambulances:</b> 6	

<b>Name, address &amp; telephone:</b>		<b>Primary Contact:</b>			
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> 0 EMD Training      0 EMT-D      0 ALS 0 BLS                      0 LALS      0 Other		
<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>Number of Ambulances:</b> _____	

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Northern California EMS

County: Plumas

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Eastern Plumas District Hospital 500 First Avenue, Portola 96122		<b>Primary Contact:</b> Phyllis Springer 916/832-4277		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> 0 EMD Training      0 EMT-D      0 ALS 0 BLS                      0 LALS      20 Other	
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Hospital Dist.	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>Number of Ambulances:</b> 2

<b>Name, address &amp; telephone:</b> Indian Valley District Hospital 174 Hot Springs Road, Greenville 95947		<b>Primary Contact:</b> Bob Stone 916/284-7191		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> 0 EMD Training      0 EMT-D      3 ALS 0 BLS                      0 LALS      10 Other	
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Hospital Dist.	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>Number of Ambulances:</b> 1

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Northern California EMS

County: Plumas

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Plumas District Hospital 1065 Bucks Lake Road, Quincy 95971		<b>Primary Contact:</b> Robbie Cassou 916/283-2121		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> 0 EMD Training      0 EMT-D      0 ALS 0 BLS                      0 LALS      6 Other	
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Hospital Dist.	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>Number of Ambulances:</b> 3

<b>Name, address &amp; telephone:</b> Seneca District Hospital PO Box 737, Chester 96020		<b>Primary Contact:</b> Dave Stratford 916/258-2151		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> 0 EMD Training      0 EMT-D      1 ALS 0 BLS                      0 LALS      9 Other	
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Hospital Dist.	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>Number of Ambulances:</b> 3

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Northern California EMS

County: Shasta

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Mercy Medical Center PO Box 496009, Redding 96049		<b>Primary Contact:</b> Brenda Poulson 916/225-6290		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> 8 EMD Training      0 EMT-D      1 ALS 1 BLS                      1 LALS              1 Other	
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>Number of Ambulances:</b> 10

<b>Name, address &amp; telephone:</b> Redding Medical Center PO Box 496072, Redding 96049		<b>Primary Contact:</b> Mark Eliason 916/244-5192		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> 0 EMD Training      0 EMT-D      0 ALS 6 BLS                      0 LALS              0 Other	
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>Number of Ambulances:</b> 2

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Northern California EMS

County: Shasta

Reporting Year: 1994

Name, address & telephone: SHASCOM 3101 South Street, Redding 96001		Primary Contact: Debbie Davis 916/225-6500		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training      0 EMT-D      0 ALS 0 BLS                      0 LALS      21 Other	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: 7

Name, address & telephone:		Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training      0 EMT-D      0 ALS 0 BLS                      0 LALS      0 Other	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: _____

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Northern California EMS

County: Sierra

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Sierra County Sheriff PO Box 66 Downieville 95936		<b>Primary Contact:</b> Lou Foxworthy 916/289-3700		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> 0 EMD Training      0 EMT-D      0 ALS 0 BLS                      0 LALS      9 Other	
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>Number of Ambulances:</b> 4

<b>Name, address &amp; telephone:</b>		<b>Primary Contact:</b>		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> 0 EMD Training      0 EMT-D      0 ALS 0 BLS                      0 LALS      0 Other	
<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>Number of Ambulances:</b> _____

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Northern California EMS

County: Siskiyou

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> CDF Emergency Command Center PO Box 128, Yreka 96097		<b>Primary Contact:</b> Bill Johnson 916/842-5443		
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> 7 EMD Training      0 EMT-D      0 ALS 1 BLS                      0 LALS      0 Other	
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	<b>Number of Ambulances:</b> 17

<b>Name, address &amp; telephone:</b>		<b>Primary Contact:</b>		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> 0 EMD Training      0 EMT-D      0 ALS 0 BLS                      0 LALS      0 Other	
<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>Number of Ambulances:</b> _____

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Northern California EMS

County: Tehama

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> St. Elizabeth Hospital Sister Mary Columbia Drive, Red Bluff 96080		<b>Primary Contact:</b> Penny Costa 916/529-8000			
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> 2 EMD Training      0 EMT-D      0 ALS 2 BLS                      0 LALS              2 Other		
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: 5	

<b>Name, address &amp; telephone:</b>		<b>Primary Contact:</b>			
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> 0 EMD Training      0 EMT-D      0 ALS 0 BLS                      0 LALS              0 Other		
<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: _____	

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Northern California EMS

County: Trinity

Reporting Year: 1994

<b>Name, address &amp; telephone:</b> Trinity County Sheriff PO Box 1228, Weaverville 96093		<b>Primary Contact:</b> Charley Downen 916/623-3740		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> 0 EMD Training      0 EMT-D      0 ALS 0 BLS                      0 LALS      7 Other	
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>Number of Ambulances:</b> 8

<b>Name, address &amp; telephone:</b>		<b>Primary Contact:</b>		
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> 0 EMD Training      0 EMT-D      0 ALS 0 BLS                      0 LALS      0 Other	
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	<b>Number of Ambulances:</b> _____

**TABLE 11a: RESOURCES DIRECTORY--Disaster Medical Responders**

<b>EMS System:</b> Northern California EMS		<b>County:</b> Butte	<b>Year:</b> 1994
<b>County Office of Emergency Services Coordinator:</b>		<b>Alternate:</b>	
<b>Name:</b>	J. Michael Madden	<b>Name:</b>	None
<b>Work Telephone:</b>	916/538-7373	<b>Work Telephone:</b>	916/
<b>Home Telephone:</b>	916/895-0206	<b>Home Telephone:</b>	916/
<b>Office Pager No.:</b>	916/896-8830	<b>Office Pager No.:</b>	916/
<b>FAX No.:</b>	916/538-6760	<b>FAX No.:</b>	916/
<b>24-hour No.:</b>	916/538-7451	<b>24-hour No.:</b>	916/
<b>County EMS Disaster Medical Services Coordinator:</b>		<b>Alternate:</b>	
<b>Name:</b>	To be named later	<b>Name:</b>	None
<b>Work Telephone:</b>	916/538-7581	<b>Work Telephone:</b>	916/
<b>Home Telephone:</b>	916/	<b>Home Telephone:</b>	916/
<b>Office Pager No.:</b>	916/	<b>Office Pager No.:</b>	916/
<b>FAX No.:</b>	916/538-2165	<b>FAX No.:</b>	916/
<b>24-hour No.:</b>	916/538-7451	<b>24-hour No.:</b>	916/
<b>County Health Officer:</b>		<b>Alternate:</b>	
<b>Name:</b>	To be named later	<b>Name:</b>	
<b>Work Telephone:</b>	916/	<b>Work Telephone:</b>	916/
<b>Home Telephone:</b>	916/	<b>Home Telephone:</b>	916/
<b>Office Pager No.:</b>	916/	<b>Office Pager No.:</b>	916/
<b>FAX No.:</b>	916/	<b>FAX No.:</b>	916/
<b>24-hour No.:</b>	916/	<b>24-hour No.:</b>	916/
<b>Medical/Health EOC Telephone:</b>	916/	<b>Medical/Health EOC FAX:</b>	916/
<b>Amateur Radio Contact Name:</b>	Butte County Sheriff	<b>Medical/Health radio frequency used:</b>	
<b>Regional RDMHC:</b>	Northern California EMS		

**TABLE 11a: RESOURCES DIRECTORY--Disaster Medical Responders**

**EMS System:** Northern California EMS

**County:** Colusa

**Year:** 1994

**County Office of Emergency Services Coordinator:**

**Name:** Scott Marshall  
**Work Telephone:** 916/458-0200  
**Home Telephone:** 916/-----  
**Office Pager No.:** 916/523-4377  
**FAX No.:** 916/458-4697  
**24-hour No.:** 916/458-0200

**Alternate:**

**Name:** Jeri Lyn Peterson  
**Work Telephone:** 916/458-0200  
**Home Telephone:** 916/-----  
**Office Pager No.:** 916/523-4805  
**FAX No.:** 916/458-4697  
**24-hour No.:** 916/458-0200

**County EMS Disaster Medical Services Coordinator:**

**Name:** Karen Tait, MD  
**Work Telephone:** 916/458-0380  
**Home Telephone:** 916/258-2834 or 707/275-2834  
**Office Pager No.:** 707/279-3942  
**FAX No.:** 916/458-4136  
**24-hour No.:** 916/458-0200

**Alternate:**

**Name:** Nancy Parriott, RN  
**Work Telephone:** 916/458-0387  
**Home Telephone:** 916/458-2515  
**Office Pager No.:** None  
**FAX No.:** 916/458-4136  
**24-hour No.:** 916/458-2515

**County Health Officer:**

**Name:** Katen Tait, MD  
**Work Telephone:** 916/ AS  
**Home Telephone:** 916/ ABOVE  
**Office Pager No.:** 916/  
**FAX No.:** 916/  
**24-hour No.:** 916/

**Alternate:**

**Name:** Nancy Parriott, RN  
**Work Telephone:** 916/  
**Home Telephone:** 916/ AS  
**Office Pager No.:** 916/ ABOVE  
**FAX No.:** 916/  
**24-hour No.:** 916/

**Medical/Health EOC Telephone:** None

**Medical/Health EOC FAX:** 916/458-4697

**Amateur Radio Contact Name:**

**Medical/Health radio frequency used:** Med Channel 2

**Regional RDMHC:** Northern California EMS

**TABLE 11a: RESOURCES DIRECTORY--Disaster Medical Responders**

**EMS System:** Northern California EMS

**County:** Glenn

**Year:** 1994

**County Office of Emergency Services Coordinator:**

**Name:**  
**Work Telephone:** 916/  
**Home Telephone:** 916/  
**Office Pager No.:** 916/  
**FAX No.:** 916/  
**24-hour No.:** 916/

**Alternate:**

**Name:**  
**Work Telephone:** 916/  
**Home Telephone:** 916/  
**Office Pager No.:** 916/  
**FAX No.:** 916/  
**24-hour No.:** 916/

**County EMS Disaster Medical Services Coordinator:**

**Name:**  
**Work Telephone:** 916/  
**Home Telephone:** 916/  
**Office Pager No.:** 916/  
**FAX No.:** 916/  
**24-hour No.:** 916/

**Alternate:**

**Name:**  
**Work Telephone:** 916/  
**Home Telephone:** 916/  
**Office Pager No.:** 916/  
**FAX No.:** 916/  
**24-hour No.:** 916/

**County Health Officer:**

**Name:**  
**Work Telephone:** 916/  
**Home Telephone:** 916/  
**Office Pager No.:** 916/  
**FAX No.:** 916/  
**24-hour No.:** 916/

**Alternate:**

**Name:**  
**Work Telephone:** 916/  
**Home Telephone:** 916/  
**Office Pager No.:** 916/  
**FAX No.:** 916/  
**24-hour No.:** 916/

**Medical/Health EOC Telephone:** 916/

**Medical/Health EOC FAX:** 916/

**Amateur Radio Contact Name:**

**Medical/Health radio frequency used:**

**Regional RDMHC:** Northern California EMS



**TABLE 11a: RESOURCES DIRECTORY--Disaster Medical Responders**

**EMS System:** Northern California EMS

**County:** Modoc

**Year:** 1994

**County Office of Emergency Services Coordinator:**

**Name:** Bruce Mix, Sheriff-Coroner  
**Work Telephone:** 916/233-4416  
**Home Telephone:** 916/233-3171  
**Office Pager No.:** 916/233-4416  
**FAX No.:** 916/233-4971  
**24-hour No.:** 916/233-4416

**Alternate:**

**Name:** David Ivers (Undersheriff)  
**Work Telephone:** 916/233-4416  
**Home Telephone:** 916/233-5271  
**Office Pager No.:** 916/233-4416  
**FAX No.:** 916/233-4971  
**24-hour No.:** 916/233-4416

**County EMS Disaster Medical Services Coordinator:**

**Name:** Sandra Hoxsey  
**Work Telephone:** 916/233-5131  
**Home Telephone:** 916/233-2639  
**Office Pager No.:** 916/233-5131  
**FAX No.:** 916/233-4310  
**24-hour No.:** 916/233-5131

**Alternate:**

**Name:** Noel Sweet  
**Work Telephone:** 916/233-5131  
**Home Telephone:** 916/233-3023  
**Office Pager No.:** 916/233-5131  
**FAX No.:** 916/233-4310  
**24-hour No.:** 916/233-5131

**County Health Officer:**

**Name:** Edward Rickert, MD  
**Work Telephone:** 916/233-3516  
**Home Telephone:** 916/233-3365  
**Office Pager No.:** 916/233-5131 (Hospital Pager)  
**FAX No.:** 916/233-4310  
**24-hour No.:** 916/233-5131

**Alternate:**

**Name:** Owen Panner, MD  
**Work Telephone:** 916/233-3516  
**Home Telephone:** 916/233-5759  
**Office Pager No.:** 916/233-5131  
**FAX No.:** 916/233-4310  
**24-hour No.:** 916/233-5131

**Medical/Health EOC Telephone:** 916/233-5131

**Medical/Health EOC FAX:** 916/233-4310

**Amateur Radio Contact Name:** None

**Medical/Health radio frequency used:** 468.125

**Regional RDMHC:** Northern California EMS

**TABLE 11a: RESOURCES DIRECTORY--Disaster Medical Responders**

**EMS System:** Northern California EMS

**County:** Plumas

**Year:** 1994

**County Office of Emergency Services Coordinator:**

**Name:** R.G. Anderson  
**Work Telephone:** 916/283-6332  
**Home Telephone:** 916/283-0863  
**Office Pager No.:** None  
**FAX No.:** 916/283-0897  
**24-hour No.:** 916/283-6300

**Alternate:**

**Name:** Jay Newman  
**Work Telephone:** 916/258-3456  
**Home Telephone:** 916/258-2289  
**Office Pager No.:** None  
**FAX No.:** 916/283-0897  
**24-hour No.:** 916/283-6300

**County EMS Disaster Medical Services Coordinator:**

**Name:** None  
**Work Telephone:** 916/  
**Home Telephone:** 916/  
**Office Pager No.:** 916/  
**FAX No.:** 916/  
**24-hour No.:** 916/

**Alternate:**

**Name:** None  
**Work Telephone:** 916/  
**Home Telephone:** 916/  
**Office Pager No.:** 916/  
**FAX No.:** 916/  
**24-hour No.:** 916/

**County Health Officer:**

**Name:** Dana Ware, MD  
**Work Telephone:** 916/283-6330  
**Home Telephone:** 916/258-3239  
**Office Pager No.:** 916/258-4116  
**FAX No.:** 916/258-3836 or 283-6425  
**24-hour No.:** 916/258-4116 or 283-6300

**Alternate:**

**Name:** Rita Scardaci  
**Work Telephone:** 916/283-6342  
**Home Telephone:** 916/836-4342  
**Office Pager No.:** None  
**FAX No.:** 916/283-6425  
**24-hour No.:** 916/283-6300

**Medical/Health EOC Telephone:** 916/283-2121

**Medical/Health EOC FAX:** 916/283-6425

**Amateur Radio Contact Name:** Larry Van Bergen

**Medical/Health radio frequency used:** None

**Regional RDMHC:** Northern California EMS

**TABLE 11a: RESOURCES DIRECTORY--Disaster Medical Responders**

**EMS System:** Northern California EMS

**County:** Shasta

**Year:** 1994

**County Office of Emergency Services Coordinator:**

**Name:**  
**Work Telephone:** 916/  
**Home Telephone:** 916/  
**Office Pager No.:** 916/  
**FAX No.:** 916/  
**24-hour No.:** 916/

**Alternate:**

**Name:**  
**Work Telephone:** 916/  
**Home Telephone:** 916/  
**Office Pager No.:** 916/  
**FAX No.:** 916/  
**24-hour No.:** 916/

**County EMS Disaster Medical Services Coordinator:**

**Name:**  
**Work Telephone:** 916/  
**Home Telephone:** 916/  
**Office Pager No.:** 916/  
**FAX No.:** 916/  
**24-hour No.:** 916/

**Alternate:**

**Name:**  
**Work Telephone:** 916/  
**Home Telephone:** 916/  
**Office Pager No.:** 916/  
**FAX No.:** 916/  
**24-hour No.:** 916/

**County Health Officer:**

**Name:**  
**Work Telephone:** 916/  
**Home Telephone:** 916/  
**Office Pager No.:** 916/  
**FAX No.:** 916/  
**24-hour No.:** 916/

**Alternate:**

**Name:**  
**Work Telephone:** 916/  
**Home Telephone:** 916/  
**Office Pager No.:** 916/  
**FAX No.:** 916/  
**24-hour No.:** 916/

**Medical/Health EOC Telephone:** 916/

**Medical/Health EOC FAX:** 916/

**Amateur Radio Contact Name:**

**Medical/Health radio frequency used:**

**Regional RDMHC:** Northern California EMS

**TABLE 11a: RESOURCES DIRECTORY--Disaster Medical Responders**

**EMS System:** Northern California EMS

**County:** Sierra

**Year:** 1994

**County Office of Emergency Services Coordinator:**

**Name:**  
**Work Telephone:** 916/  
**Home Telephone:** 916/  
**Office Pager No.:** 916/  
**FAX No.:** 916/  
**24-hour No.:** 916/

**Alternate:**

**Name:**  
**Work Telephone:** 916/  
**Home Telephone:** 916/  
**Office Pager No.:** 916/  
**FAX No.:** 916/  
**24-hour No.:** 916/

**County EMS Disaster Medical Services Coordinator:**

**Name:**  
**Work Telephone:** 916/  
**Home Telephone:** 916/  
**Office Pager No.:** 916/  
**FAX No.:** 916/  
**24-hour No.:** 916/

**Alternate:**

**Name:**  
**Work Telephone:** 916/  
**Home Telephone:** 916/  
**Office Pager No.:** 916/  
**FAX No.:** 916/  
**24-hour No.:** 916/

**County Health Officer:**

**Name:**  
**Work Telephone:** 916/  
**Home Telephone:** 916/  
**Office Pager No.:** 916/  
**FAX No.:** 916/  
**24-hour No.:** 916/

**Alternate:**

**Name:**  
**Work Telephone:** 916/  
**Home Telephone:** 916/  
**Office Pager No.:** 916/  
**FAX No.:** 916/  
**24-hour No.:** 916/

**Medical/Health EOC Telephone:** 916/

**Medical/Health EOC FAX:** 916/

**Amateur Radio Contact Name:**

**Medical/Health radio frequency used:**

**Regional RDMHC:** Northern California EMS

**TABLE 11a: RESOURCES DIRECTORY--Disaster Medical Responders**

**EMS System:** Northern California EMS

**County:** Siskiyou

**Year:** 1994

**County Office of Emergency Services Coordinator:**

**Name:** Charlie Simpson  
**Work Telephone:** 916/842-8320  
**Home Telephone:** 916/926-3325  
**Office Pager No.:** 916/841-2900 (Dispatch)  
**FAX No.:** 916/842-8378  
**24-hour No.:** 916/841-2900

**Alternate:**

**Name:** Pam Rowe  
**Work Telephone:** 916/842-8011  
**Home Telephone:** 916/475-0640  
**Office Pager No.:** None  
**FAX No.:** 916/842-8378  
**24-hour No.:** 916/841-2900

**County EMS Disaster Medical Services Coordinator:**

**Name:** David Herfindahl, MD  
**Work Telephone:** 916/842-8230  
**Home Telephone:** 916/----  
**Office Pager No.:** None  
**FAX No.:** 916/842-8239  
**24-hour No.:** 916/841-2900

**Alternate:**

**Name:** Terry Barber  
**Work Telephone:** 916/842-8230  
**Home Telephone:** 916/----  
**Office Pager No.:** None  
**FAX No.:** 916/842-8239  
**24-hour No.:** 916/841-2900

**County Health Officer:**

**Name:** David Herfindahl, MD  
**Work Telephone:** 916/  
**Home Telephone:** 916/ AS  
**Office Pager No.:** 916/ ABOVE  
**FAX No.:** 916/  
**24-hour No.:** 916/

**Alternate:**

**Name:** None  
**Work Telephone:** 916/  
**Home Telephone:** 916/  
**Office Pager No.:** 916/  
**FAX No.:** 916/  
**24-hour No.:** 916/

**Medical/Health EOC Telephone:** None  
**Amateur Radio Contact Name:** Wayne Humbert  
**Regional RDMHC:** Northern California EMS

**Medical/Health EOC FAX:** None  
**Medical/Health radio frequency used:** None

**TABLE 11a: RESOURCES DIRECTORY--Disaster Medical Responders**

**EMS System:** Northern California EMS

**County:** Tehama

**Year:** 1994

**County Office of Emergency Services Coordinator:**

**Name:** Dennis Garton, Captain  
**Work Telephone:** 916/529-7900  
**Home Telephone:** 916/-----  
**Office Pager No.:** 916/223-8920  
**FAX No.:** 916/529-7933  
**24-hour No.:** 916/529-7900

**Alternate:**

**Name:** Robert A. Heard, Sheriff  
**Work Telephone:** 916/529-7900  
**Home Telephone:** 916/-----  
**Office Pager No.:** None  
**FAX No.:** 916/529-7933  
**24-hour No.:** 916/529-7900

**County EMS Disaster Medical Services Coordinator:**

**Name:** NONE  
**Work Telephone:** 916/  
**Home Telephone:** 916/  
**Office Pager No.:** 916/  
**FAX No.:** 916/  
**24-hour No.:** 916/

**Alternate:**

**Name:** NONE  
**Work Telephone:** 916/  
**Home Telephone:** 916/  
**Office Pager No.:** 916/  
**FAX No.:** 916/  
**24-hour No.:** 916/

**County Health Officer:**

**Name:** Richard Wickenheiser, MD  
**Work Telephone:** 916/527-0414  
**Home Telephone:** 916/----  
**Office Pager No.:** 916/  
**FAX No.:** 916/527-7090  
**24-hour No.:** 916/527-0249

**Alternate:**

**Name:** NONE  
**Work Telephone:** 916/  
**Home Telephone:** 916/  
**Office Pager No.:** 916/  
**FAX No.:** 916/  
**24-hour No.:** 916/

**Medical/Health EOC Telephone:** 916/529-7900

**Medical/Health EOC FAX:** 916/529-7933

**Amateur Radio Contact Name:**

**Medical/Health radio frequency used:**

**Regional RDMHC:** Northern California EMS

**TABLE 11a: RESOURCES DIRECTORY--Disaster Medical Responders**

**EMS System:** Northern California EMS

**County:** Trinity

**Year:** 1994

**County Office of Emergency Services Coordinator:**

**Name:** Nick Tranquilla  
**Work Telephone:** 916/623-1227  
**Home Telephone:** N/A-----  
**Office Pager No.:** Call Dispatch 916/623-2611  
**FAX No.:** 916/623-3926  
**24-hour No.:** 916/623-2611

**Alternate:**

**Name:** Dave Laffranchini  
**Work Telephone:** 916/623-3740  
**Home Telephone:** N/A  
**Office Pager No.:** Call Dispatch 623-2611  
**FAX No.:**  
**24-hour No.:**

**County EMS Disaster Medical Services Coordinator:**

**Name:** Dr. Donald Krouse  
**Work Telephone:** 916/623-5011 Trinity Family Medical Group  
**Home Telephone:** N/A  
**Office Pager No.:** N/A  
**FAX No.:** 916/623-3480  
**24-hour No.:** 916/623-2611

**Alternate:**

**Name:** Mary Nixon, PHN, Director Public Health Nursing  
**Work Telephone:** 916/623-1358  
**Home Telephone:**  
**Office Pager No.:**  
**FAX No.:**  
**24-hour No.:**

**County Health Officer:**

**Name:** Donald Krouse, MD  
**Work Telephone:** 916/  
**Home Telephone:** 916/  
**Office Pager No.:** 916/  
**FAX No.:** 916/  
**24-hour No.:** 916/

**Alternate:**

**Name:**  
**Work Telephone:** 916/  
**Home Telephone:** 916/  
**Office Pager No.:** 916/  
**FAX No.:** 916/  
**24-hour No.:** 916/

**Medical/Health EOC Telephone:** 916/

**Medical/Health EOC FAX:** 916/

**Amateur Radio Contact Name:**

**Medical/Health radio frequency used:**

**Regional RDMHC:** Northern California EMS

**TABLE 11b: RESOURCES DIRECTORY--Disaster Medical Responders (cont)**

**OES Region:** III

**Counties:** Butte, Colusa, Glenn, Lassen, Modoc, Plumas,  
Shasta, Sierra, Siskiyou, Tehama & Trinity

**Year:** 1994

Note: Northern California EMS serves as the RDMHC for this OES region, including those counties not included in the EMS region.

**Regional OES Coordinator:**

**Alternate:**

**Name:** Deborah Russell  
**Work Telephone:** 916/224-4837  
**Home Telephone:** ----  
**Office Pager No.:** 916/948-5085  
**FAX No.:** 916/224-4114  
**24-hour No.:** 916/262-1621

**Name:** Andy Coughanour  
**Work Telephone:** 916/224-4839  
**Home Telephone:** 916/222-0372  
**Office Pager No.:** 916/535-3744  
**FAX No.:** 916/224-4114  
**24-hour No.:** 916/262-1621

**Regional Disaster Coordinator:**

**Alternate:**

Same as above

Same as above

**TABLE 11b: RESOURCES DIRECTORY--Disaster Medical Responders (cont)**

**Regional Disaster Medical Health Coordinator:**

**Name:** Hal Renollet, MD  
**Work Telephone:** 916/221-7900  
**Home Telephone:** 916/961-6536  
**Office Pager No.:** None  
**FAX No.:** 916/221-7544  
**24-hour No.:** 916/245-6550

**Alternate:**

**Name:** Ron Grider  
**Work Telephone:** 916/221-7900  
**Home Telephone:** 916/275-3320  
**Office Pager: 24-hr. Cellular:** 916/524-0037  
**FAX No.:** 916/221-7544  
**24-hour No.:** 916/245-6550

**Regional Ambulance Transportation Coordinator:**

**Name:** Brad Reger  
**Work Telephone:** 916/257-0249  
**Home Telephone:** 916/257-8148  
**Office Pager No.:** 916/953-1802  
**FAX No.:** 916/251-2998  
**24-hour No.:** 916/257-2444

**Alternate:**

**Name:** Ed Schuyler  
**Work Telephone:** 916/257-0249  
**Home Telephone:** 916/257-7312  
**Office Pager No.:** 916/257-2444  
**FAX No.:** 916/251-2998  
**24-hour No.:** 916/257-2444

**Medical/Health EOC telephone:** None  
**Amateur Radio Contact Name:** Les Kratz

**Medical/Health EOC FAX No.:** None  
**Medical/Health radio frequencies used:** UHF Med Channels

## SECTION 5. PLAN DEVELOPMENT PROCESS

The 1995 EMS System Plan for the Northern California region was developed with the input of hundreds of individuals representing EMS, fire service, law enforcement, public safety communications, emergency management, education, local government, and the public. We gratefully acknowledge the participation of each of these people in the development of both the plan and the strategy for its implementation.

Adoption of this plan by the agency's Board of Directors represents additional involvement by representatives of medical societies, local government, hospitals, ambulance services, emergency medical care committees, and the public at large.

The development process entailed extensive dialogue with constituent groups and many others. Involvement by all agency staff was also sought to ensure that the assessment is accurate and the resulting plan realistic.

The Assessment and System Resources and Operations sections were completed primarily with input from agency staff and information provided by the region's counties. Resource Directories were completed almost entirely by conducting surveys and dialogue with providers, facilities, counties, allied agencies, and others in the system.

In some cases, valid and current data were unavailable. In those cases we have opted to omit the data rather than provide information which may be inaccurate and misleading. We anticipate that the 1996 update will fill those voids.

The objectives identified in these pages are based on optimums. While this agency will strive to meet each, many will be costly, and their attainment dependent on funding beyond current levels. Where appropriate, special projects may be proposed to help meet some of these.

It is our intention that this plan be dynamic, responding to the ever-changing features, circumstances, demands, and aspirations of this agency and all of its constituents. The document remains available to all interested parties for review, comment, or other participation in its ongoing development.

## **Resolution Adopting The Plan**

NORTHERN CALIFORNIA EMERGENCY MEDICAL SERVICES, INC.

BOARD OF DIRECTORS' MEETING

GENERAL SESSION

September 28, 1995

Northern California Emergency Medical Services, Inc.  
Redding, California

### BOARD MEMBERS PRESENT

Shan Patterson, Chairman	Member at Large
George Fribance	Hospital Representative
Larry Masterman	EMC Committee Representative
Ivan Young	Supervisor Representative
Everett Beck	Hospital Representative
Chester Ward, M.D.	Physician Representative
Charles Willard	Sitting In for Supervisor Representative
Eric Johnson	EMC Representative

### BOARD MEMBERS EXCUSED

JoAnn Landingham	Supervisor Representative
William Shadish, M.D.	Physician Representative

### STAFF

Dan Spiess	Associate Executive Officer
Nancy Phillips	Regional Trauma Director
Pat Tillman	Corporate Counsel
Ralph Garza	Quality Assurance Coordinator

### GUESTS

Holly Cronemiller, R.N.	Redding Medical Center
Jerry Fikes, R.N.	Mercy Medical Center
Brad Reger	Mountain EMS, Inc.

9. STATE PLAN

Larry Masterman cited the memo to the Board regarding the State Plan in Board Packet. Larry explained that the State Plan was primarily an assessment and resource directory document that must be approved by the Board of Directors. He went on to state that in lieu of sending the complete plan which is a 300+ page document, that the summary was being submitted to the Board and that the summary contained long and short range actions resulting from the Plan.

Larry Masterman referenced the Executive Summary attachment to the memorandum which outlined the background overview major issues, solutions and the application of the plan.

The Board discussed the authority of the counties and not of Nor-Cal EMS as it related to short and long range actions. The Board reiterated that the authority to establish EOA's is currently retained by counties. Further discussion occurred regarding the disaster objectives and the associated expenses of meeting those objectives.

Following the discussion, it was M/S/C by Everett Beck and Ivan Young to adopt the plan.

## EXCLUSIVE OPERATING AREAS EMS PLAN- ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> Butte County
<b>Area or subarea (Zone) Name or Title:</b> Chico
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  Chico Paramedic Rescue/Enloe Hospital since at least 1/1/81
<b>Area or subarea (Zone) Geographic Description:</b>  The greater Chico urban area including the incorporated city of Chico and the surrounding suburban and rural areas
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.  Exclusive (please refer to attached documents)
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  ALS
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>Competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Grandfathered

## EXCLUSIVE OPERATING AREAS EMS PLAN- ZONE SUMMARY

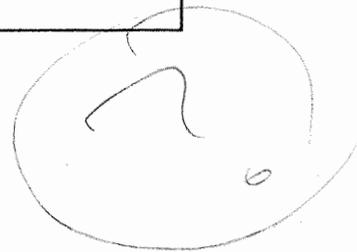
In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b> Butte County</p>
<p><b>Area or subarea (Zone) Name or Title:</b> County Service Area 37</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Enloe Hospital Ambulance since 1987</p>
<p><b>Area or subarea (Zone) Geographic Description:</b> This service area includes about 100 square miles in the southwestern portion of the county, the cities of Biggs and Gridly, the unincorporated areas near them, and the community of Richvale</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.  Exclusive (please refer to attached documents)</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  ALS</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Competitively-determined</p>

**EXCLUSIVE OPERATING AREAS  
EMS PLAN- ZONE SUMMARY**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b> Butte County
<b>Area or subarea (Zone) Name or Title:</b> East-south-east
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Bi-County Ambulance since at least 1/1/81
<b>Area or subarea (Zone) Geographic Description:</b> The remote southern tip of Butte county: The residents of this area obtain the majority of their medical care in the Marysville/Yuba City area.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.  Exclusive (please refer to attached documents)
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  ALS
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>Competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Grandfathered



**EXCLUSIVE OPERATING AREAS  
EMS PLAN- ZONE SUMMARY**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b> Butte County</p>
<p><b>Area or subarea (Zone) Name or Title:</b> Oroville</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Oroville Hospital Ambulance since at least 1/1/81</p>
<p><b>Area or subarea (Zone) Geographic Description:</b> The city of Oroville, its surrounding communities and remote foothill areas</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive (please refer to attached documents)</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). ALS</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered</p>

**EXCLUSIVE OPERATING AREAS  
EMS PLAN- ZONE SUMMARY**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b> Butte County</p>
<p><b>Area or subarea (Zone) Name or Title:</b> Paradise</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Paradise Ambulance Service since at least 1/1/81</p>
<p><b>Area or subarea (Zone) Geographic Description:</b> The town of Paradise, the city of Magalia, and the unincorporated ridge communities</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.  Exclusive (please refer to attached documents)</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  ALS</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Grandfathered</p>

**EMERGENCY MEDICAL SERVICES AUTHORITY**

1930 9TH STREET, SUITE 100  
SACRAMENTO, CA 95814-7043  
(916) 322-4336  
FAX (916) 324-2875



March 7, 1996

Dan Spiess  
Chief Executive Officer  
Northern California EMS, Inc.  
630 Azalea Avenue  
Redding, CA 96002

Dear Mr. Spiess: *Dan*

The initial review of your region's EMS Plan has been completed. Our reviewers have determined that there is insufficient information contained in the plan to determine if it meets the minimum standards outlined in the EMS System Planning Guidelines.

The assessment forms lacked adequate information for evaluation. The plan should specify how and to what extent each standard has been met. If a specific standard does not meet the minimum requirements, the objectives should lay out the agency's plans for bringing that section up to the minimum standard.

Please review the assessment forms and resubmit those sections that do not explain how and to what extent the standard is met. I have enclosed a copy of an approved plan to assist you in your review. If you have any questions, please feel free to call me at 322-4336, extension 314, or Michele Rains at extension 315.

Sincerely,

A handwritten signature in cursive script that reads "Maureen McNeil".

Maureen McNeil  
Chief, EMS Division

Enclosure