

**Mountain-Valley
Emergency Medical Services Agency**

**EMERGENCY MEDICAL SERVICES SYSTEM PLAN
1996 ANNUAL UPDATE**



April 9, 1997

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Section 1: Summary of Changes

1. Transportation Plan - On October 9, 1996, the Agency Board of Directors approved changing the type of ground ambulance exclusivity awarded in Stanislaus County from advanced life support (ALS) to emergency and ALS. This change in the Transportation Plan was submitted to the State EMS Authority on October 10, 1996 for approval.
2. Standard 1.04 Medical Director - the time frame for this objective was changed from long range to short range.
3. Standard 1.06 Annual Plan Update - this objective has been met for FY 1995-96 and FY 1996-97.
4. Standard 1.07 Trauma Planning - this objective was changed from both sort range and long range to long range.
5. Standard 1.08 ALS Planning - the time frame for this objective was changed from long range to short range.
6. Standard 1.09 Inventory of Resources - this objective has been met for FY 1995-96 and FY 1996-97.
7. Standard 1.18 QA/QI - the time frame for this objective was changed from short range to both short range and long range.
8. Standard 1.19 Policies, Procedures, Protocols - the objectives originally listed in objective 1.23 in the 1995-96 EMS Plan regarding the development of a BLS scope of practice and the evaluation of the ALS scope of practice were moved to this objective.
9. Standard 1.20 DNR Policy - the time frame for this objective was changed from long range to both short range and long range. Additionally, the objective was modified to include the goal of improving the dissemination of DNR program materials throughout the EMS system.
10. Standard 1.22 Reporting of Abuse - the additional goal of working with other public, private agencies to increase awareness of abuse cases and reporting among prehospital personnel was added to this objective.
11. Standard 1.23 Interfacility Transfer - the original objectives listed in this section were moved to objective 1.19 and were replaced with the goal of evaluating the need for developing a BLS and ALS interfacility scope of practice. Additionally, the time frame for this objective was changed from short range to long range.
12. Standard 1.27 Pediatric System Plan - the time frame for this objective was changed from short range to long range.
13. Standard 1.28 EOA Plan - this objective has been met for FY 1995-96 and FY 1996-97.

14. Standard 2.13 Base Hospital Personnel - the time frame for this objective was changed from long range to short range.
15. Standard 3.01 Communications Plan - the time frame for this objective was changed from short range to short range and long range.
16. Standard 3.02 Radios - the time frame for this objective was changed from short range to short range and long range.
17. Standard 3.03 Interfacility Transfer - the time frame for this objective was changed from short range to short range and long range.
18. Standard 3.05 Hospitals - the time frame for this objective was changed from short range to short range and long range.
19. Standard 3.06 MCI/Disasters - the time frame for this objective was changed from short range to short range and long range.
20. Standard 4.05 Response Time Standards - the time frame for this objective was changed from long range to short range and long range. Additionally the objective was modified to include the goal of changing our current response time standards to the new response time standards adopted by the EMS Authority.
21. Standard 4.10 Aircraft Availability - the time frame for this objective was changed from short range to long range.
22. Standard 5.01 Assessment of Capabilities - the time frame for this objective was changed from short range to short and long range.
23. Standard 5.02 Triage and Transfer Protocols - the time frame for this objective was changed from short range to long range.
24. Standard 5.04 Specialty Care Facilities - the time frame for this objective was changed from long range to short range.
25. Standard 6.01 QA/QI Program - the time frame for this objective was changed from long range to short range and long range.
26. Standard 6.05 Data Management System - the time frame for this objective was changed from long range to short range.
27. Standard 6.06 System Design Evaluation - the time frame for this objective was changed from long range to short range.
28. Standard 6.08 Reporting - the time frame for this objective was changed from long range to short range. Additionally, this objective has been met for FY 1995-96.

29. Standard 6.09 ALS Audit - the time frame for this objective was changed from long range to short range.
30. Standard 8.04 Incident Command System - the time frame for this objective was changed from long range to short range and long range.
31. Standard 8.07 Disaster Communications - the time frame for this objective was changed from short range to short range and long range.
32. Standard 8.15 Interhospital Communications - the time frame for this objective was changed from short range to short range and long range.

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Section 2: Updates of Specific Information

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Table 2: System Organization and Management

EMS System: Mountain-Valley EMS Agency Reporting Year: 1996-97

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

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

County: Alpine, Amador, Calaveras, Mariposa, Stanislaus and Tuolumne

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

2. Type of agency D

- a - Public Health Department
- b - County Health Services Agency
- c - Other (non-health) County Department
- d - Joint Powers Agency
- e - Private Non-profit Entity
- f - Other: _____

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

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

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

Implementation of exclusive operating areas (ambulance franchising)	X
Designation of trauma centers/trauma care system planning	X
Designation/approval of pediatric facilities	X
Designation of other critical care centers	n/a
Development of transfer agreements	X

Table 2 - System Organization & Management (cont.)

Enforcement of local ambulance ordinance	X
Enforcement of ambulance service contracts	X
Operation of ambulance service	n/a
Continuing education	X
Personnel training	X
Operation or oversight of EMS dispatch center	X
Non-medical disaster planning	n/a
Administration of critical incident stress debriefing (CISD) team	n/a
Administration of disaster medical assistance team (DMAT)	n/a
Administration of EMS Fund [Senate Bill (SB) 12/612]	n/a
Other: _____	
Other: _____	
Other: _____	

5. EMS agency budget for FY: 1996-97

A. EXPENSES

Salaries and benefits (all but contract personnel)	\$406,014
Contract Services (e.g. medical director)	\$167,710
Operations (e.g. copying, postage, facilities)	\$171,730
Travel	\$13,800
Fixed assets	_____
Indirect expenses (overhead)	_____
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	_____
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: Training/Education	\$6,190
TOTAL EXPENSES	<u>\$765,444</u>

Table 2 - System Organization & Management (cont.)

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$135,754
Office of Traffic Safety (OTS)	
State general fund	\$258,300
County general fund	
Other local tax funds (e.g., EMS district)	
County contracts (e.g. multi-county agencies)	\$183,800
Certification fees	\$40,810
Training program approval fees	
Training program tuition/Average daily attendance funds (ADA), Job Training Partnership ACT (JTPA) funds or other payments	\$24,000
Base hospital application fees	
Base hospital designation fees	
Trauma center application fees	
Trauma center designation fees	
Pediatric facility approval fees	
Pediatric facility designation fees	
Other critical care center application or designation fees	
Type: _____	
Ambulance service/vehicle fees	\$40,000
Contributions	
EMS Fund (SB 12/612)	
Other (specify): Fines (including rollover funds)	\$65,830
Contracts with other LEMSAs for DBS or consulting services	\$1,500
Miscellaneous	\$15,450
TOTAL REVENUE	\$765,444

Table 2 - System Organization & Management (cont.)

6. Fee structure for FY 1996-97

<u> </u>	We do not charge any fees	
<u> X </u>	Our fee structure is:	
First responder certification		\$0.00 to \$30.00
EMS dispatcher certification		\$15.00
EMT-I certification		\$30.00
EMT-I recertification		\$30.00
EMT-defibrillation certification		no charge
EMT-defibrillation recertification		no charge
EMT-II certification		\$50.00
EMT-II recertification		\$25.00
EMT-P accreditation		\$50.00
EMT-P Reaccreditation		\$25.00
EMT-P Reaccreditation Late Fee		\$25.00
Mobile Intensive Care Nurse(MICN) authorization		\$25.00
MICN re-authorization		\$20.00
MICN Radio Skills Exam		\$15.00
EMT-P/MICN Field Experience Evaluation		\$1.00/hr
EMT-I training program approval		no charge
EMT-II training program approval		no charge
EMT-P training program approval		no charge
MICN training program approval		no charge
Base hospital application		no charge
Base hospital designation		no charge
Trauma center application		n/a
Trauma center designation		n/a
Pediatric facility approval		n/a
Pediatric facility designation		n/a

Table 2 - System Organization & Management (cont.)

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./ Coord./Dir.	Executive Director	1 FTE	\$26.00	31%	
Asst. Admin./ Admin. Asst./ Admin. Mgr.	Deputy Director	0 FTE	\$0.00	0%	Position vacant for this FY
ALS Coord./ Field Coord./ Trng Coord.	Manpower and Training Coordinator	1 FTE	\$17.25	31%	
Program Coord./Field Liaison (Non-clinical)	Field Liaison, Transportation Coordinator, Communications Coordinator	2.1 FTE	\$18.40	31%	
Trauma Coord.					
Med. Director	Medical Director	.25 FTE	\$38.50	n/a	
Other MD/ Med. Consult./ Trng. Med. Dir.					
Disaster Med. Planner	Disaster Coordinator	.5 FTE	\$17.00	31%	

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

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor					
Data Evaluator/Analyst	Data Analyst/Programmer	1 FTE	\$0.00	31%	Position vacant this FY
QA/QI Coordinator	Medical Quality Coordinator	.8 FTE	\$19.00	31%	
Public Info. & Ed. Coord.	Health Educator	.3 FTE	\$14.40	31%	
Ex. Secretary	Executive Secretary	1 FTE	\$12.10	31%	
Other Clerical	Receptionist, Secretary I	1 FTE	\$11.50	31%	
Data Entry Clerk	Data Entry Clerk	1 FTE	\$9.30	31%	
Other	Management Services Asst.	1 FTE	\$13.00	31%	

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

TABLE 3: Personnel/Training

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1995-96

	EMT - I	EMT - II	EMT - P	MICN	EMS Dispatchers
Total certified	1407	0		224	42
Number newly certified this year	77	0		14	21
Number recertified this year	392	0		77	6
Total number of accredited personnel on July 1 of the reporting year			227		
Number of certification reviews resulting in:					
a) formal investigations					
b) probation					
c) suspensions					
d) revocations					
e) denials					
f) denials of renewal					
g) no action taken			1		

1. Number of EMS dispatchers trained to EMSA standards: 42
2. Early defibrillation:
 - a) Number of EMT-I (defib) certified not assessed
 - b) Number of public safety (defib) certified (non-EMT-I) not assessed
3. Do you have a first responder training program? yes

TABLE 4: Communications

EMS System: Mountain-Valley EMS Agency

County: Alpine

Reporting Year: 1996-97

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

- 1. Number of primary Public Service Answering Points (PSAP) 0
- 2. Number of secondary PSAPs 1
- 3. Number of dispatch centers directly dispatching ambulances 0
- 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 153.800
 - b. Other methods: RACES
 - 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

TABLE 4: Communications

EMS System: Mountain-Valley EMS Agency

County: Amador

Reporting Year: 1996-97

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? yes
 - a. Radio primary frequency 462.250
 - b. Other methods: RACES
 - 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

TABLE 4: Communications

EMS System: Mountain-Valley EMS Agency

County: Calaveras

Reporting Year: 1996-97

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 0
5. Do you have an operational area disaster communication system? yes
 - a. Radio primary frequency 462.950
 - b. Other methods: RACES
 - 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

TABLE 4: Communications

EMS System: Mountain-Valley EMS Agency

County: Mariposa

Reporting Year: 1996-97

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 151.460
 - b. Other methods: None
 - c. Can all medical response units communicate on the same disaster communications system? yes
 - d. Do you participate in OASIS? No
 - 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

TABLE 4: Communications

EMS System: Mountain-Valley EMS Agency

County: Stanislaus

Reporting Year: 1996-97

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

- | | | |
|----|--|---------------------|
| 1. | Number of primary Public Service Answering Points (PSAP) | 4 |
| 2. | Number of secondary PSAPs | 2 |
| 3. | Number of dispatch centers directly dispatching ambulances | 4 |
| 4. | Number of designated dispatch centers for EMS Aircraft | 4 |
| 5. | Do you have an operational area disaster communication system? | No |
| a. | Radio primary frequency | 462.950 and 151.460 |
| b. | Other methods: | RACES |
| 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 |

TABLE 4: Communications

EMS System: Mountain-Valley EMS Agency

County: Tuolumne

Reporting Year: 1996-97

Note: Table 4 is to be 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 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 462.400
 - b. Other methods: RACES
 - 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

TABLE 5: Response/TransportationEMS System: Mountain-Valley EMS AgencyReporting Year: 1995 - 96**Transporting Agencies**

1.	Number of exclusive operating areas	8
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	73%
3.	Total number responses	unknown
	a) Number of emergency responses (scene calls)	37,528
	b) Number non-emergency responses (interfacility transfers)	unknown
4.	Total number of transports	unknown
	a) Number of emergency transports (scene calls)	23,891
	b) Number of non-emergency transports	unknown

Early Defibrillation Providers

5.	Number of public safety defibrillation providers	
	a) Automated	17
	b) Manual	0
6.	Number of EMT-Defibrillation providers	
	a) Automated	0
	b) Manual	0

Air Ambulance Services

7.	Total number of responses	1,248
	a) Number of emergency responses (scene calls)	11,00
	b) Number of non-emergency responses (interfacility transfers)	148
8.	Total number of transports	440
	a) Number of emergency responses (scene calls)	326
	b) Number of non-emergency responses (interfacility transfers)	114

TABLE 5: Response/Transportation (cont'd.)

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1995 - 96

County: Stanislaus¹

System Standard Response Times (90th percentile)

Enter the response times in the appropriate boxes.

	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1. BLS and CPR capable first responder.	n/a ²	n/a	n/a	n/a
2. Early defibrillation responder.	n/a	n/a	n/a	n/a
3. Advanced life support responder.	8	14	20	9
4. Transport Ambulance.	8	14	20	9

¹Stanislaus is the only county in the region for whom response time standards have been implemented.

²No mechanism exists for the collection of response time data for first response agencies.

TABLE 6: Facilities and Critical Care

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1995-96

Trauma

Trauma patients:

- | | |
|--|------------------|
| a) Number of patients meeting trauma triage criteria | N/A ¹ |
| b) Number of major trauma victims transported directly to a trauma center by ambulance | N/A |
| c) Number of major trauma patients transferred to a trauma center | N/A |
| d) Number of patients meeting triage criteria who weren't treated at a trauma center | N/A |

Emergency Departments

- | | |
|---|----|
| Total number of emergency departments | 11 |
| a) Number of referral emergency services | 0 |
| b) Number of standby emergency services | 2 |
| c) Number of basic emergency services | 9 |
| 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 | 10 |

¹A trauma system has not been implemented in the Mountain-Valley EMS System.

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TABLE 7: Disaster Medical

EMS System: Mountain-Valley EMS Agency

County: Alpine

Reporting Year: 1996-97

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Alpine County does not have a CCP
 - b. How are they staffed? n/a
 - c. Do you have a supply system for supporting them for 72 hours? n/a
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? n/a
 - c. Are they available for statewide response? n/a
 - d. Are they part of a formal out-of-state response system? n/a
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? no
 - b. At what HazMat level are they trained? n/a
 - c. Do you have the ability to do decontamination in an emergency room? n/a
 - d. Do you have the ability to do decontamination in the field? n/a

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

Table 7: Disaster Medical - Alpine County (cont.)

3. Have you tested your MCI Plan this year in a:
- a. real event? yes
 - b. exercise? no

4. List all counties with which you have a written medical mutual aid agreement. Amador;
El Dorado; Douglas County, Nevada

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: Disaster Medical

EMS System: Mountain-Valley EMS Agency

County: Amador

Reporting Year: 1996-97

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Amador County does not have a CCP
 - b. How are they staffed? n/a
 - c. Do you have a supply system for supporting them for 72 hours? n/a
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? n/a
 - c. Are they available for statewide response? n/a
 - d. Are they part of a formal out-of-state response system? n/a
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? yes
 - b. At what HazMat level are they trained? awareness
 - c. Do you have the ability to do decontamination in an emergency room? yes
 - d. Do you have the ability to do decontamination in the field? yes

OPERATIONS

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

Table 7: Disaster Medical - Amador County (cont.)

3. Have you tested your MCI Plan this year in a:
- a. real event? yes
 - b. exercise? yes

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

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes

6. Do you have 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: Disaster Medical

EMS System: Mountain-Valley EMS Agency

County: Calaveras

Reporting Year: 1996-97

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Calaveras County does not have a CCP
 - b. How are they staffed? n/a
 - c. Do you have a supply system for supporting them for 72 hours? n/a
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? n/a
 - c. Are they available for statewide response? n/a
 - d. Are they part of a formal out-of-state response system? n/a
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? yes
 - b. At what HazMat level are they trained? operational
 - c. Do you have the ability to do decontamination in an emergency room? yes
 - d. Do you have the ability to do decontamination in the field? yes

OPERATIONS

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

Table 7: Disaster Medical - Calaveras County (cont.)

3. Have you tested your MCI Plan this year in a:
- a. real event? yes
 - 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: Disaster Medical

EMS System: Mountain-Valley EMS Agency

County: Mariposa

Reporting Year: 1996-97

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Mariposa County does not have a CCP
 - b. How are they staffed? n/a
 - c. Do you have a supply system for supporting them for 72 hours? n/a
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? n/a
 - c. Are they available for statewide response? n/a
 - d. Are they part of a formal out-of-state response system? n/a
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? no
 - b. At what HazMat level are they trained? n/a
 - 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

Table 7: Disaster Medical - Mariposa County (cont.)

3. Have you tested your MCI Plan this year in a:
- a. real event? yes
 - b. exercise? yes
4. List all counties with which you have a written medical mutual aid agreement. Madera

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: Disaster Medical

EMS System: Mountain-Valley EMS Agency

County: Stanislaus

Reporting Year: 1996-97

SYSTEM RESOURCES

- 1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Stanislaus County does not have a CCP
 - b. How are they staffed? n/a
 - c. Do you have a supply system for supporting them for 72 hours? n/a
- 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? n/a
 - c. Are they available for statewide response? n/a
 - d. Are they part of a formal out-of-state response system? n/a
- 4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? yes
 - b. At what HazMat level are they trained? awareness
 - c. Do you have the ability to do decontamination in an emergency room? yes
 - d. Do you have the ability to do decontamination in the field? yes

OPERATIONS

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

Table 7: Disaster Medical - Stanislaus County (cont.)

3. Have you tested your MCI Plan this year in a:
- a. real event? yes
 - 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: Disaster Medical

EMS System: Mountain-Valley EMS Agency

County: Tuolumne

Reporting Year: 1996-97

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Tuolumne County Fair Grounds
 - b. How are they staffed? First responders, ambulance personnel and Red Cross volunteers
 - c. Do you have a supply system for supporting them for 72 hours? n/a
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? n/a
 - c. Are they available for statewide response? n/a
 - d. Are they part of a formal out-of-state response system? n/a
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? no
 - b. At what HazMat level are they trained? n/a
 - c. Do you have the ability to do decontamination in an emergency room? n/a
 - d. Do you have the ability to do decontamination in the field? n/a

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

Table 7: Disaster Medical - Tuolumne County (cont.)

3. Have you tested your MCI Plan this year in a: *yes*
- a. real event? *yes*
- 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 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Alpine

Name, address & telephone: Bear Valley Fire Department P.O. Box 5430 Bear Valley, CA 95223			(209) 753-2232			Primary Contact: Scott McKinney		
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 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: 10 PS PS-Defib 3 BLS 6 EMT-D LALS ALS			
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, _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a			

Name, address & telephone: Kirkwood Fire Protection District P.O. Box 247 Kirkwood, CA. 95646			(209) 258-4444			Primary Contact: Peter Tabacco		
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 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: 4 PS PS-Defib 5 BLS EMT-D LALS ALS			
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a			

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Alpine

Name, address & telephone: Markleeville Volunteer Fire Department P.O. Box 158 Markleeville, CA 96720 (916) 694-2357			Primary Contact: Wayne Thompson		
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 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: 13 PS _____ PS-Defib _____ BLS 1 EMT-D _____ LALS _____ ALS
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, _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, address & telephone: Woodfords Fire Department P.O. Box 21 Markleeville, CA 96120 (916) 694-2750			Primary Contact: Paul Washam		
Written Contract: <input type="checkbox"/> yes <input checked="" 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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Amador

Name, address & telephone: American Legion Ambulance P.O. Box 480 Sutter Creek, CA 95685				Primary Contact: Al Lennox	
		(209) 223-2963			
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 _____ 15 BLS _____ EMT-D _____ LALS 21 ALS _____
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 6

Name, address & telephone: Amador Fire Protection District 500 Argonaught Lane Jackson, CA 95642				Primary Contact: Jim McCart	
		(209) 223-6391			
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 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: 1 PS _____ PS-Defib _____ 14 BLS _____ EMT-D _____ LALS _____ ALS _____
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, _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Amador

Name, address & telephone: California Department of Forestry 11600 Highway 49 Sutter Creek, CA 95685 (209) 267-5215				Primary Contact: Jay Donnelly	
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 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 _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input checked="" type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, address & telephone: Ione Volunteer Fire Department P.O. Box 398 Ione, CA 95640 (209) 274-4548				Primary Contact: Kem Mackey	
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 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 _____ ALS
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, _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Amador

Name, address & telephone: Jackson Fire Department 33 Broadway Jackson, CA 95642			Primary Contact: Jack Quinn		
			(209) 223-1646		
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 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: 1 PS _____ PS-Defib 14 BLS _____ EMT-D _____ LALS _____ ALS
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, _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, address & telephone: Jackson Valley Fire Protection District 5784 Jackson Valley Road Ione, CA 95640			Primary Contact: Steve Mahoney		
			(209) 763-5848		
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 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 _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Amador

Name, address & telephone: Lockwood Fire Protection District P.O. Box 35 Volcano, CA 95689 (209) 296-5122				Primary Contact: Bob Benker	
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 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 9 PS-Defib _____ BLS 6 EMT-D _____ LALS _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, address & telephone: Pine Grove Conservation P.O. Box 405 Pine Grove, CA 95665 (209) 296-7591				Primary Contact: Tod Dorris	
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 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: 8 PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input checked="" type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Amador

Name, address & telephone: Plymouth Volunteer Fire Department P.O. Box 429 Plymouth, CA 95669				Primary Contact: Antonio Moreno	
		(209) 245-4833			
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 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 _____ ALS
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, _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, address & telephone: Sutter Creek Fire Protection District P.O. Box 365 Sutter Creek, CA 95685				Primary Contact: Butch Martin	
		(209) 267-0285			
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 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 11 PS-Defib _____ BLS 9 EMT-D _____ LALS _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Calaveras

Name, address & telephone: Cal-Sierra Ambulance P.O. Box 9150 Stockton, CA 95205 (209) 948-6056				Primary Contact: Perry Schimke	
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 9 BLS ____ EMT-D ____ LALS 9 ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec 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: San Andreas Ambulance P.O. Box 1115 San Andreas, CA 95249 (209) 754-3583				Primary Contact: Gail Spann	
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 2 ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Calaveras

Name, address & telephone: Valley Springs Ambulance P.O. Box 399 Valley Springs, CA 95252				Primary Contact: Bill McFall	
		(209) 772-2924			
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 _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec 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: Altaville-Melones Fire Protection District P.O. Box 431 Altaville, CA 95221				Primary Contact: Mike Seagle	
		(209) 736-2331			
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 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 _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Calaveras

Name, address & telephone: Blue Mountain Medical Volunteers - West Point Fire Protection District P.O. Box 271 Westpoint, CA 95255 (209) 293-7905				Primary Contact: Bryan Smith	
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 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: 4 PS 1 PS-Defib 11 BLS 8 EMT-D LALS ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, address & telephone: Calaveras County Fire Department 891 Mountain Ranch Road San Andreas, CA 95249 (209) 754-6639				Primary Contact: Jim Miner	
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 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: 30 PS PS-Defib 25 BLS EMT-D LALS ALS
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, _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Calaveras

Name, address & telephone: City of Angels P.O. Box 457 Angels, CA 95222			(209) 736-4081	Primary Contact: Dewayne Brown	
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 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: 2 PS _____ PS-Defib 7 BLS _____ EMT-D _____ LALS _____ ALS
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, _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, address & telephone: Copperopolis Fire Protection District P.O. Box 131 Copperopolis, CA 95228			(209) 785-2329	Primary Contact: Dennis Powers	
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 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: 20 PS _____ PS-Defib 10 BLS _____ EMT-D _____ LALS _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Calaveras

Name, address & telephone: Ebbetts Pass Fire Protection District P.O. Box 66 Arnold, CA 95223 (209) 795-1646				Primary Contact: Warren Wilkes	
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 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: 15 PS _____ PS-Defib 17 BLS _____ EMT-D _____ LALS _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, address & telephone: Glenco Railroad Flat Fire Protection District P.O. Box 226 Railroad Flat, CA 95248-0226 (209) 286-1536				Primary Contact: Skip Cavalli	
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 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: 3 PS _____ PS-Defib 5 BLS _____ EMT-D _____ LALS _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Calaveras

Name, address & telephone: Jenny Lind Fire Protection District P.O. Box 559 Valley Springs, CA 95252 (209) 786-2227				Primary Contact: Richard McDonald	
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 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 _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, address & telephone: Mokelumne Hill Fire Protection District P.O. Box 281 Mokelumne Hill, CA 95245 (209) 286-1536				Primary Contact: Skip Cavalli	
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 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 _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Calaveras

Name, address & telephone: Mountain Ranch Fire Protection District P.O. Box 2 Mountain Ranch, CA 95246 (209) 754-4330			Primary Contact: Phil Soria		
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 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: 5 PS PS-Defib BLS 9 EMT-D LALS ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, address & telephone: Murphys Fire Protection District P.O. Box 1013 Murphys, CA 95247 (209) 728-3864			Primary Contact: Richard Schuller		
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 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 7 PS-Defib BLS 5 EMT-D LALS ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Calaveras

Name, address & telephone: San Andreas Fire Protection District P.O. Box 88 San Andreas, CA 95221				Primary Contact: (209) 754-4693	
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 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: 8 PS _____ PS-Defib 5 BLS _____ EMT-D _____ LALS _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, address & telephone: Valley Springs Fire Company P.O. Box 193 Valley Springs, CA 95252				Primary Contact: Steve Gleason	
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 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: 12 PS _____ PS-Defib 6 BLS _____ EMT-D _____ LALS _____ ALS
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 checked="" type="checkbox"/> Other, <u>PUD</u>	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Mariposa

Name, address & telephone: Mercy Medical Transport P.O. Box 5004 Mariposa, CA 95338-5004 (209) 966-5762				Primary Contact: Rick Roesch	
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 13 BLS _____ EMT-D _____ LALS 11 ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec 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: California Department of Forestry 5366 Hwy 49 North, Mariposa, CA 95338 (209) 966-3622				Primary Contact: Bill Murdock	
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 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 _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input checked="" type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Mariposa

Name, address & telephone: Mariposa County Fire Department P.O. Box 162 Mariposa, CA 95338 (209) 966-4330				Primary Contact: Blaine Shultz	
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 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: 58 PS _____ PS-Defib 30 BLS _____ EMT-D _____ LALS _____ ALS
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, _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, address & telephone: Mariposa County Sheriff's Office P.O. Box 267 Mariposa, CA 95338 (209) 966-3615				Primary Contact: Roger Matlock	
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 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: 25 PS _____ PS-Defib 3 BLS _____ EMT-D _____ LALS _____ ALS
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, _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Stanislaus

Name, address & telephone: American Medical Response 501 15th Street Modesto, CA 95354 (209) 523-4543				Primary Contact: Roland Poole	
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 29 BLS _____ EMT-D _____ LALS 26 ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 10

Name, address & telephone: Hughson Paramedic Ambulance Company P.O. Box 1719 Hughson, CA 95326 (209) 883-9177				Primary Contact: Thomas Crowder	
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 23 BLS _____ EMT-D _____ LALS 10 ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 5

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Stanislaus

Name, address & telephone: Oak Valley District Ambulance 350 s. Oak Street Oakdale, CA 95361 (209) 847-3011				Primary Contact: Ray Leverett	
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 13 _____ BLS _____ EMT-D _____ LALS 14 ALS
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 checked="" type="checkbox"/> Other, hospital dist.	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec 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: Patterson District Ambulance P.O. Box 187 Patterson, CA 95353 (209) 892-8781				Primary Contact: Chuck Coelho	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
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 checked="" type="checkbox"/> Other, hospital dist.	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Stanislaus

Name, address & telephone: Air Med Team 1441 Florida Avenue Modesto, CA 95350 (209) 576-3939			Primary Contact: Jackie Brown		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input 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 ____ PS-Defib ____ BLS ____ EMT-D ____ LALS 15 ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec 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: Medi-Flight of Northern California 1700 Coffee Road, Modesto, CA 95355 (209) 572-7050			Primary Contact: Frank Erdman		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input 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 ____ PS-Defib ____ BLS ____ EMT-D ____ LALS 30 ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Stanislaus

Name, address & telephone: Burbank-Paradise Fire Protection District 1313 Beverly Drive Modesto, CA 95351				Primary Contact: Mark Lockwood	
		(209) 523-1129			
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 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 ____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, address & telephone: Ceres Fire Department 2727 Third Street Ceres, CA 95307				Primary Contact: Brian Weber	
		(209) 538-5701			
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 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: 6 PS ____ PS-Defib 14 BLS 11 EMT-D ____ LALS ____ ALS
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, _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Stanislaus

Name, address & telephone: Denair Fire District P.O. Box 262 Denair, CA 95316			(209) 632-5032		Primary Contact: Duane Larson
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 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: 15 PS _____ PS-Defib 1 BLS _____ EMT-D _____ LALS _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, address & telephone: Hughson Fire Protection District P.O. Box 37 Hughson, CA 95326			(209) 883-2863		Primary Contact: Scott Berner
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 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 3 BLS _____ EMT-D _____ LALS _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Stanislaus

Name, address & telephone: Industrial Fire Protection District 148 Imerial Modesto, CA 95351 (209) 537-3660				Primary Contact: Jesse Necasio	
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 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 _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, address & telephone: Keyes Fire Protection District P.O. Box 577 Keyes, CA 95328 (209) 634-7690				Primary Contact: Eddie Jones	
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 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 _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Stanislaus

Name, address & telephone: Modesto City Fire Department 610 Eleventh Street Modesto, CA 95354 (209) 572-9590				Primary Contact: Larry Hughes	
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 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: 29 PS _____ PS-Defib 107 BLS _____ EMT-D _____ LALS _____ ALS
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, _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, address & telephone: Mountain View Fire Protection District 9633 Crows Landing Road Crows Landing, CA 95313 (209) 634-4766				Primary Contact: Kevin Blount	
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 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 _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Stanislaus

Name, address & telephone: Newman Fire Department 1035 Yolo Newman, CA 95360				Primary Contact: Mel Souza	
		(209) 862-1716			
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 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 7 _____ BLS _____ EMT-D _____ LALS _____ ALS
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, _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, address & telephone: Oakdale City Fire Department 325 G Street Oakdale, CA 95361				Primary Contact: Bill Houk	
		(209) 847-5904			
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 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 _____ ALS
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, _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Stanislaus

Name, address & telephone: Oakdale Rural Fire Protection District 1398 East F Street Oakdale, CA 95361 (209) 847-6898				Primary Contact: Tim Hubble	
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 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 _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, address & telephone: Salida Fire Protection District P.O. Box 1335 Salida, CA 95369 (209) 545-0365				Primary Contact: John Brubaker	
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 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 19 _____ BLS _____ EMT-D _____ LALS _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Stanislaus

Name, address & telephone: Stanislaus Consolidated Fire District 929 Oakdale Road Modesto, CA 95355 (209) 525-4650				Primary Contact: Russ Richards	
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 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: 23 PS _____ PS-Defib 45 BLS _____ EMT-D _____ LALS _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, address & telephone: Turlock City Fire Department 271 Minaret Avenue Turlock, CA 95380 (209) 668-5800				Primary Contact: Bob Carlsen	
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 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 _____ ALS
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, _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Stanislaus

Name, address & telephone: Turlock Rural Fire Protection District 690 West Canal Drive Turlock, CA 95380 (209) 632-3953				Primary Contact: Craig Bothe	
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 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 _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, address & telephone: Valley Home Fire Protection District P.O. Box 215 Valley Home, CA 95384 (209) 847-8556				Primary Contact: Jerry Benedix	
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 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 4 _____ BLS _____ EMT-D _____ LALS _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Stanislaus

Name, address & telephone: West Stanislaus Fire Protection District P.O. Box 565 Patterson, CA 95363			Primary Contact: Dick Gaiser		
			(209) 892-5621		
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 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: 5 PS _____ PS-Defib 10 BLS _____ EMT-D _____ LALS _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, address & telephone: Westport Fire Protection District 5160 South Carpenter Modesto, CA 95351			Primary Contact: Gary Thompson		
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 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 _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Stanislaus

Name, address & telephone: Woodland Avenue Fire Protection District 5300 Woodland Avenue Modesto, CA 95351 (209) 524-4239				Primary Contact: Tom Crook	
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 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 _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, address & telephone:				Primary Contact:	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ 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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _____

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Tuolumne

Name, address & telephone: Tuolumne County Ambulance P.O. Box 5024 Sonora, CA 95370 (209) 532-3227			Primary Contact: Bill Caldera		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib 12 BLS _____ EMT-D _____ LALS 12 ALS
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, Ambulance	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 6

Name, address & telephone: Columbia College Fire Department P.O. Box 1849 Columbia, CA 95383 (209) 532-1191			Primary Contact: George Melendrez		
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 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 18 BLS _____ EMT-D _____ LALS _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input checked="" type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Tuolumne

Name, address & telephone: Columbia Fire Protection District P.O. Box 311 Columbia, CA 95310 (209) 532-3772			Primary Contact: Breston Birdwell		
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: 10 PS _____ PS-Defib 3 BLS _____ EMT-D _____ LALS _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, address & telephone: Groveland Community Services District P.O. Box 350 Groveland, CA 95321 (209) 962-7891			Primary Contact: Steve Williamson		
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: 11 PS _____ PS-Defib 7 BLS _____ EMT-D _____ LALS _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Tuolumne

Name, address & telephone: Jamestown Fire Protection District P.O. Box 771 Jamestown, CA 95327 (209) 984-5590			Primary Contact: Ray Parson		
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: 12 PS _____ PS-Defib 5 BLS _____ EMT-D _____ LALS _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, address & telephone: Mi-Wuk - Sugar Pine Fire Protection District P.O. Box 530 Mi-Wuk Village, CA 95346 (209) 586-5256			Primary Contact: Jeff Goularte		
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: 18 PS _____ PS-Defib 4 BLS _____ EMT-D _____ LALS _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Tuolumne

Name, address & telephone: Sonora City Fire Department 94 N. Washington Street Sonora, CA 95370 (209) 532-7432				Primary Contact: Mike Borrows	
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: 6 PS _____ PS-Defib 14 BLS _____ EMT-D ____ LALS _____ ALS
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, _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, address & telephone: Tuolumne City Fire Protection District P.O. Box 968 Tuolumne City, CA 95379 (209) 928-3344				Primary Contact: Don Burns	
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: 16 PS _____ PS-Defib ____ BLS _____ EMT-D ____ LALS _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Tuolumne

Name, address & telephone: Tuolumne County Fire Department 2 S. Forest Road Sonora, CA 95370 (209) 533-5548			Primary Contact: Mike Snare		
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: 120 PS _____ PS-Defib 27 BLS _____ EMT-D _____ LALS _____ ALS
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, _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

Name, address & telephone: Twain Harte Fire Protection District P.O. Box 447 Twain Harte, CA 95383			Primary Contact: Gary Johnson		
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: 12 PS _____ PS-Defib 6 BLS _____ EMT-D _____ LALS _____ ALS
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 8: Providers

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Tuolumne

Name, address & telephone: Tuolumne County Sheriff's Office Boat Patrol 28 Lower Sunset Drive Sonora, CA 95370 (209) 533-5815				Primary Contact: Bob Wolfgang	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input checked="" 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: 4 PS PS-Defib 1 BLS EMT-D LALS ALS
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, _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: n/a

Name, address & telephone: Tuolumne County Search and Rescue 28 Lower Sunset Drive Sonora, CA 95370 (209) 533-5815				Primary Contact: Dan Steely	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input checked="" type="checkbox"/> auxiliary rescue <input 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 PS-Defib BLS EMT-D LALS ALS
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, _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: n/a

TABLE 9: Approved Training Programs

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Amador

Training Institution Name and Address

Contact Person and Telephone #

Mountain-Valley EMS Agency 1101 Standiford Avenue, Suite D1, Modesto, Ca. 95350		Marilyn Smith (209) 529-5085
Student Eligibility: Open	Cost of Program: Basic \$65 plus books. Refresher: \$13	Program Level: EMT-I Number of Students completing training per year: Initial Training: 30 Refresher: 50 Continuing education: n/a Expiration Date: 6-30-97 Number of Courses: Initial training: 1 Refresher: 2 Continuing education n/a

Training Institution Name and Address

Contact Person and Telephone #

Student Eligibility:	Cost of Program: Basic: Refresher:	Program Level: Number of Students completing training per year: Initial Training: Refresher: Continuing education: Expiration Date: Number of Courses: Initial training: Refresher: Continuing education

TABLE 9: Approved Training Programs

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Calaveras

Training Institution Name and Address		Contact Person and Telephone #
Mountain-Valley EMS Agency 1101 Standiford Avenue, Suite D1, Modesto, Ca. 95350		Marilyn Smith (209) 529-5085
Student Eligibility: Open	Cost of Program: Basic \$65 plus books. Refresher: \$13	Program Level: EMT-I Number of Students completing training per year: Initial Training: 30 Refresher: 50 Continuing education: n/a Expiration Date: 6-30-97 Number of Courses: Initial training: 1 Refresher: 2 Continuing education: n/a

Training Institution Name and Address		Contact Person and Telephone #
Student Eligibility:	Cost of Program: Basic: Refresher:	Program Level: Number of Students completing training per year: Initial Training: Refresher: Continuing education: Expiration Date: Number of Courses: Initial training: Refresher: Continuing education

TABLE 9: Approved Training Programs

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Stanislaus

Training Institution Name and Address

Contact Person and Telephone #

Ceres Emergency Services		Danny Davis (209) 538-5709
Student Eligibility: Fire Personnel	Cost of Program: Basic: None Refresher: None	Program Level: EMT-I Number of Students completing training per year: Initial Training: 0 Refresher: 15 Continuing education: n/a Expiration Date: 6-30-97 Number of Courses: Initial training: Refresher: 1 Continuing education: n/a

Training Institution Name and Address

Contact Person and Telephone #

Ceres High School - ROP Program Stanislaus County Dept. of Education, 801 County Center Three, Modesto, Ca. 95355		Carol Perry (209) 538-0130
Student Eligibility: Open	Cost of Program: Basic: \$65 plus books Refresher: \$20	Program Level: EMT-I Number of Students completing training per year: Initial Training: 60 Refresher: 60 Continuing education: n/a Expiration Date: 6-30-97 Number of Courses: Initial training: 2 Refresher: 2 Continuing education: n/a

TABLE 9: Approved Training Programs

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Stanislaus

Training Institution Name and Address

Contact Person and Telephone #

Modesto City Fire Department		Mark Nelson (209) 572-9590
Student Eligibility: Fire Personnel	Cost of Program: Basic: None Refresher: None	Program Level: EMT-I Number of Students completing training per year: Initial Training: 0 Refresher: 45 Continuing education: n/a Expiration Date: 6-30-97 Number of Courses: Initial training: 0 Refresher: 2 Continuing education: n/a

Training Institution Name and Address

Contact Person and Telephone #

Modesto Junior College 435 College Avenue, Modesto, Ca. 95350		Rod Brouhard (209) 575-6362
Student Eligibility: Open	Cost of Program: Basic: \$60 plus books Refresher: \$100	Program Level: EMT-I Number of Students completing training per year: Initial Training: 130 Refresher: 65 Continuing education: n/a Expiration Date: 6-30-97 Number of Courses: Initial training: 3 Refresher: 2 Continuing education: n/a

TABLE 9: Approved Training Programs

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Stanislaus

Training Institution Name and Address

Contact Person and Telephone #

Modesto Junior College 435 College Avenue, Modesto, Ca. 95350		Rod Brouhard (209) 575-6362
Student Eligibility: Open	Cost of Program: Basic: \$2,000 plus books Refresher: n/a	Program Level: EMT-P Number of Students completing training per year: Initial Training: 12 Refresher: n/a Continuing education: n/a Expiration Date: 6-30-97 Number of Courses: Initial training: 0 Refresher: n/a Continuing education: n/a

Training Institution Name and Address

Contact Person and Telephone #

Woodland Avenue Fire Department		Tom Crook (209) 524-4239
Student Eligibility: Fire Personnel	Cost of Program: Basic: n/a Refresher: None	Program Level: EMT-I Number of Students completing training per year: Initial Training: n/a Refresher: 10 Continuing education: n/a Expiration Date: 6-30-97 Number of Courses: Initial training: n/a Refresher: 1 Continuing education: n/a

TABLE 9: Approved Training Programs

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Stanislaus

Training Institution Name and Address

Contact Person and Telephone #

Abrams College 435 College Avenue, Modesto, Ca. 95350		Dan Lucky (209) 551-1516	
Student Eligibility: Open	Cost of Program:	Program Level: EMT-I	
	Basic \$575	Number of Students completing training per year:	
	Refresher: n/a	Initial Training: 75	
		Refresher: n/a	
		Continuing education: n/a	
		Expiration Date: 7-1-00	
		Number of Courses:	
		Initial training: 4	
		Refresher: n/a	
		Continuing education: n/a	

Training Institution Name and Address

Contact Person and Telephone #

Student Eligibility: Fire Personnel	Cost of Program:	Program Level:	
	Basic:	Number of Students completing training per year:	
	Refresher:	Initial Training:	
		Refresher:	
		Continuing education:	
		Expiration Date:	
		Number of Courses:	
		Initial training:	
		Refresher:	
		Continuing education:	

TABLE 9. Approved Training Programs

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Tuolumne

Training Institution Name and Address

Contact Person and Telephone #

Columbia College		Pete Daly (209) 533-5100
Student Eligibility: Open	Cost of Program: Basic \$78 plus books Refresher: \$13	Program Level: EMT-I Number of Students completing training per year: Initial Training: 50 Refresher: 80 Continuing education: n/a Expiration Date: 6-30-97 Number of Courses: Initial training: 2 Refresher: 2 Continuing education n/a

Training Institution Name and Address

Contact Person and Telephone #

Student Eligibility:	Cost of Program: Basic: Refresher:	Program Level: Number of Students completing training per year: Initial Training: Refresher: Continuing education: Expiration Date: Number of Courses: Initial training: Refresher: Continuing education

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<p>Approved Training Programs</p>	<p>Program Name</p> <p>Year</p> <p>Approval Status</p>	<p>Program Description</p> <p>Program Objectives</p> <p>Program Evaluation</p>
<p>Approved Training Programs</p>	<p>Program Name</p> <p>Year</p> <p>Approval Status</p>	<p>Program Description</p> <p>Program Objectives</p> <p>Program Evaluation</p>
<p>Approved Training Programs</p>	<p>Program Name</p> <p>Year</p> <p>Approval Status</p>	<p>Program Description</p> <p>Program Objectives</p> <p>Program Evaluation</p>
<p>Approved Training Programs</p>	<p>Program Name</p> <p>Year</p> <p>Approval Status</p>	<p>Program Description</p> <p>Program Objectives</p> <p>Program Evaluation</p>

Table 9.1: Approved EMS Continuing Education Providers Reporting Year: 1996-97

EMS System: Mountain-Valley EMS Agency

County: Alpine

PROVIDER NUMBER	TYPE	NAME OF PROVIDER ADDRESS	CONTACT PERSON	LEVEL OF TRAINING	PROGRAM APPROVAL EXPIRATION DATE
CE 602002	Health Dept.	Alpine County Health Department P.O. Box 545 Markleeville, CA 96120	Rick Botto, M.D. (916) 541-5232	BLS	10-31-99

Table 9.1: Approved EMS Continuing Education Providers Reporting Year: 1996-97

EMS System: Mountain-Valley EMS Agency

County: Amador

PROVIDER NUMBER	TYPE	NAME OF PROVIDER ADDRESS	CONTACT PERSON	LEVEL OF TRAINING	PROGRAM APPROVAL EXPIRATION DATE
CE 60011	Base Hospital	Sutter - Amador Hospital 810 Court Street Jackson, CA 95642	Barabara Steuble, R.N. (209) 223-7500	BLS, ALS	4-30-98
CE 601006	Private	Pioneer-Amador Training Center 26949 Barton Road Pioneer, CA 95666	Patricia Vincent (209) 295-3443	BLS	4-30-99

Table 9.1: Approved EMS Continuing Education Providers Reporting Year: 1996-97

EMS System: Mountain-Valley EMS Agency

County: Calaveras

PROVIDER NUMBER	TYPE	NAME OF PROVIDER ADDRESS	CONTACT PERSON	LEVEL OF TRAINING	PROGRAM APPROVAL EXPIRATION DATE
CE 60021	Base Hospital	Mark Twain-St. Joseph's Hospital 768 Mountain Ranch Road San Andreas, CA 95249	Kathy Labuff, R.N. (209) 754-3521	BLS, ALS	2-28-98
CE 601007	Private	EMS Taught and Tested 9584 Oak Glenn Drive Valley Springs, CA 95252	Mildred Zyski, EMT-P (209) 786-2425	BLS, ALS	7-31-99
CE 600205	Public Non-Profit	Blue Mountain Medical Volunteers P.O. Box 721 West Point, CA 95255	Bryan Smith (209) 293-7905	BLS	7-31-99

Table 9.1: Approved EMS Continuing Education Providers Reporting Year: 1996-97

EMS System: Mountain-Valley EMS Agency

County: Mariposa

PROVIDER NUMBER	TYPE	NAME OF PROVIDER ADDRESS	CONTACT PERSON	LEVEL OF TRAINING	PROGRAM APPROVAL EXPIRATION DATE
CE 600071	Base Hospital	John C. Fremont Hospital 5189 Hospital Road Mariposa, CA 95338	Karen Mathes, R.N. (209) 966-3631	BLS, ALS	2-28-98
CE 602001	Health Dept.	Mariposa County Health Department P.O. Box 5 Mariposa, CA 95338	Phillip Whitson (209) 966-3689	BLS	12-31-98

Table 9.1: Approved EMS Continuing Education Providers

Reporting Year: 1996-97

EMS System: Mountain-Valley EMS Agency

County: Stanislaus

PROVIDER NUMBER	TYPE	NAME OF PROVIDER ADDRESS	CONTACT PERSON	LEVEL OF TRAINING	PROGRAM APPROVAL EXPIRATION DATE
CE 601008	Private	Education ETC. 3120 Gayland Drive Modesto, CA 95350	Carlene Bettencourt (209) 544-2928	BLS	1-31-00
CE 600052	Base Hospital	Doctors Medical Center 1441 Florida Avenue Modesto, CA 95350	Judy Mahan, R.N. (209) 576-3618	BLS, ALS	3-31-98
CE 600503	Ambulance Provider	American Medical Response Stanislaus County Division P.O. Box 4397 Modesto, CA 95352	Roland Poole, EMT-P (800) 913-9142	BLS, ALS	10-31-98
CE 600501	Ambulance Provider	Doctors Ambulance of Modesto 820 7th Street Modesto, CA 95354	Les Alderson, EMT-P (209) 524-6832	BLS, ALS	10-31-98
CE 600243	Fire Dept.	Modesto City Fire Department 610 11th Street Modesto, CA 95354	Bat. Chief Rich Sasser (209) 578-9591	BLS	12-31-98
CE 601009	Private	Community Education 101 College Avenue Modesto, CA 95354	Patricia Flanigan (209) 551-1516	BLS	2-29-00
CE 600512	Ambulance Provider	Medi-Flight of Northern California Memorial Medical Center 1700 Coffee Road Modesto, CA 95355	Roxanne Garbez, R.N. (209) 572-3292	BLS, ALS	1-31-99
CE 600054	Base Hospital	Memorial Medical Center 1700 Coffee Road Modesto, CA 95355	Linda Hutchinson, R.N. (209) 526-4500	BLS, ALS	2-28-98
CE 600264	Fire Dept.	Stanislaus Consolidated Fire Dept. 929 Oakdale Road Modesto, CA 95355	Dep. Chief Dan Reeves (209) 525-4651	BLS	11-30-99
CE 600058	Base Hospital	Stanislaus Medical Center 830 Scenic Drive Modesto, CA 95355	Joanne Helfer, R.N. (209) 558-7026	BLS, ALS	3-31-98

PROVIDER NUMBER	TYPE	NAME OF PROVIDER ADDRESS	CONTACT PERSON	LEVEL OF TRAINING	PROGRAM APPROVAL EXPIRATION DATE
CE 601005	Private	National Ski Patrol System, Inc. 2825 Laramie Drive Modesto, CA 95355	Tom Brennan (209) 521-0209	BLS	1-31-99
CE 600057	Base Hospital	Oak Valley District Hospital 350 South Oak Street Oakdale, CA 95361	Vivian Thompson, R.N. (209) 847-3011	BLS, ALS	2-28-98
CE 600254	Fire Dept.	Oakdale City Fire Department 325 East "G" Street Oakdale, CA 95361	Dan Cummins, EMT-P (209) 847-5907	BLS	1-28-99
CE 600255	Fire Dept.	Oakdale Rural Fire Protection Dist. 1398 East "F" Street Oakdale, CA 95361	Rich Reed, EMT-P (209) 847-6898	BLS	3-31-99
CE 600260	Fire Dept.	Salida Fire Protection District P.O. Box 1335 Salida, CA 95368	Leonard Larsen (209) 545-3840	BLS	2-28-99
CE 600053	Base Hospital	Emanuel Medical Center 825 Delbon Avenue Turlock, CA 95380	Debbie Reagor, R.N. (209) 667-5800	BLS, ALS	2-28-98
CE 600271	Fire Dept.	Turlock Rural Fire District 690 West Canal Drive Turlock, CA 95380	Craig Boothe (209) 632-3953	BLS	10-31-99
CE 600270	Fire Dept.	Turlock City Fire Department P.O. Box 1526 Turlock, CA 95381	Jerry McDaniel (209) 668-5580	BLS	1-28-99

Table 9.1: Approved EMS Continuing Education Providers

Reporting Year: 1996-97

EMS System: Mountain-Valley EMS Agency

County: Tuolumne

PROVIDER NUMBER	TYPE	NAME OF PROVIDER ADDRESS	CONTACT PERSON	LEVEL OF TRAINING	PROGRAM APPROVAL EXPIRATION DATE
CE 601003	College	Columbia College P.O. Box 1849 Columbia, CA 95310	Pete Daly, EMT-P (209) 533-5100	BLS	10-31-98
CE 601010	Private	Craig Peterson 19075 Outlook Drive Jamestown, CA 95327	Craig Peterson (209) 532-6280	BLS	9-30-00
CE 600610	Ambulance Provider	Tuolumne County Ambulance P.O. Box 5024 Sonora, CA 95370	Pete Daly, EMT-P (209) 532-3227	BLS, ALS	10-31-98
CE 600061	Base Hospital	Sonora Community Hospital 1 Forest Road Sonora, CA 95370	Don Burns, R.N. (209) 532-3161	BLS, ALS	2-28-98
CE 600062	Base Hospital	Tuolumne General Hospital 101 East Hospital Road Sonora, CA 95370	Janet Waldman, R.N. (209) 533-7100	BLS, ALS	2-28-98
CE 602003	County	Tuolumne County EMS P.O. Box 5024 Sonora, CA 95370	Pete Daly, EMT-P (209) 536-0620	BLS	9-30-00
CE 601001	Private	Rescue 3/The Rescue Source P.O. Box 519 Elk Grove, CA 95759	Gail Lane (916) 685-3006	BLS, ALS	2-28-98

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Agency	Provider Name	Address	City	State	Zip
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TABLE 10: Facilities

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Amador

Name, Address & telephone: Sutter Amador Hospital 810 Court Street, Jackson, Ca. 95642 (209) 223-6600		Primary Contact: Scot Stenberg, Administrator		
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 <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a

Name, Address & telephone:		Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Referral Emergency Service: <input type="checkbox"/> Standby Emergency Service: <input type="checkbox"/> Basic Emergency Service: <input type="checkbox"/> Comprehensive Emergency Service: <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:	
EDAP: <input type="checkbox"/> yes <input type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center, what Level: n/a

TABLE 10: Facilities

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Calaveras

Name, Address & telephone: Mark Twain - St. Joseph's Hospital 768 Mountain Ranch Road, San Andreas, Ca. 95249 (209) 754-3521			Primary Contact: Kathy Yarborough, Administrator	
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 <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a

Name, Address & telephone:			Primary Contact:	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Referral Emergency Service: <input type="checkbox"/> Standby Emergency Service: <input type="checkbox"/> Basic Emergency Service: <input type="checkbox"/> Comprehensive Emergency Service: <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:	
EDAP: <input type="checkbox"/> yes <input type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center, what Level: n/a

TABLE 10: Facilities

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Mariposa

Name, Address & telephone: John C. Fremont Hospital 5189 Hospital Road, Mariposa, Ca. 95338 (209) 966-3631			Primary Contact: Claire Kuczowski, Administrator	
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 <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a

Name, Address & telephone:			Primary Contact:	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Referral Emergency Service: <input type="checkbox"/> Standby Emergency Service: <input type="checkbox"/> Basic Emergency Service: <input type="checkbox"/> Comprehensive Emergency Service: <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:	
EDAP: <input type="checkbox"/> yes <input type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center, what Level: n/a

TABLE 10: Facilities

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Stanislaus

Name, Address & telephone: Del Puerto District Hospital P.O. Box 187, Patterson, Ca. 95363 (209) 892-8781			Primary Contact: Mike Petrie, Administrator		
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 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 <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a	

Name, Address & telephone: Doctors Medical Center 1441 Florida Avenue, Modesto, Ca. 95350 (209) 578-1211			Primary Contact: Chris Diccio, Chief Executive Officer		
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 <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a	

TABLE 10: Facilities

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Stanislaus

Name, Address & telephone: Emanuel Medical Center 825 Delbon Avenue, Turlock, Ca. 95380 (209) 667-4200			Primary Contact: Bob Moen, Administrator		
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 <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a	

Name, Address & telephone: Memorial Medical Center 1800 Coffee Road, Modesto, Ca. 95355 (209) 526-4500			Primary Contact: David Benn, Chief Executive Officer		
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 <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a	

TABLE 10: Facilities

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Stanislaus

Name, Address & telephone: Oak Valley District Hospital 350 South Oak Street, Oakdale, Ca. 95361 (209) 847-3011		Primary Contact: Gary Rappaport, Administrator		
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 <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a

Name, Address & telephone: Stanislaus Medical Center 830 Scenic Drive, Modesto, Ca. 95350 (209) 558-7200		Primary Contact: Bev Finley, Director Stanislaus County Health Services Agency		
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 <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a

TABLE 10: Facilities

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Tuolumne

Name, Address & telephone: Sonora Community Hospital 1 Forest Road, Sonora, Ca. 95370 (209) 532-3161			Primary Contact: Lary Davis, Administrator	
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 <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a

Name, Address & telephone: Tuolumne General Hospital 101 East Hospital Road, Sonora, Ca. 95370 (209) 533-7100			Primary Contact: Joe Mitchell, Administrator	
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 <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a

Table 11: Dispatch Agencies

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Amador

Name, address & telephone: Amador County Sheriff's Office, Communications Center 108 Court Street, Jackson, Ca. 95642 (209) 223-6513			Primary Contact: Darienne Threlkeld		
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: 10-12 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 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, _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: 4 ground ambulances 1 ALS squad	

Name, address & telephone:			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: _____	

Table 11: Dispatch Agencies

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Calaveras

Name, address & telephone: Calaveras County Sheriff's Office, Communications Center Government Center, San Andreas, Ca. 95249 (209) 754-6500			Primary Contact: Ron McFall		
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: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 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, _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: <u>4</u>	

Name, address & telephone:			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: _____	

Table 11: Dispatch Agencies

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Mariposa

Name, address & telephone: California Department of Forestry, Emergency Communications Center 5366 Highway 49 North, Mariposa, Ca. 95338 (209) 966-3622			Primary Contact: Armando Rios		
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: 5-10 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 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 checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input checked="" type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: 3 ground ambulances	

Name, address & telephone:			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: _____	

Table 11: Dispatch Agencies

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Stanislaus

Name, address & telephone: Air Med Team Communications Center 1441 Florida Avenue, Modesto, Ca. 95350 (209) 576 3939			Primary Contact: Jackie Brown		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: 1 air ambulance	

Name, address & telephone: Regional Rural Dispatch - Medi-Flight Communications Center 1800 Coffee Road, Modesto, Ca. 95355 (209) 572-7050			Primary Contact: Frank Erdman		
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"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: 2 air ambulances 4 ground ambulances	

Table 11: Dispatch Agencies

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Stanislaus

Name, address & telephone: Stanislaus County Emergency Medical Communications 801 11th Street, Modesto, Ca. 95354 (209) 524-6941			Primary Contact: Robert Wright	
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: <u>10-12</u> EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: <u>6-10</u>

Name, address & telephone:			Primary Contact:	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other	
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: _____

Table 11: Dispatch Agencies

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Tuolumne

Name, address & telephone: Tuolumne County Sheriff's Office, Communications Center 28 North Lower Sunset Drive, Sonora, Ca. 95370 (209) 533-5815			Primary Contact: Sue West		
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: 10-12 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 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, _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: 4 ground ambulances	

Name, address & telephone:			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: _____	

Section 3: Progress from Previous Year

Table 1 Summary of System Status

This section provides a summary of the Mountain-Valley Emergency Medical Services System's compliance with the State of California's EMS Systems Standards and Guidelines. An "x" placed in the first column indicates that the system does not meet the State's minimum standard. An "x" placed in the second or third column indicates that the system meets either the minimum or recommended standard. An "x" is placed in one of the last two columns to indicate the time-frame the agency has established for either meeting the standard or revising the current status.

A complete narrative description of each standard along with the objective for establishing compliance are included in the Major Changes to System Needs and Plan Objectives of this plan update, if a change has occurred in either the standard's need or objective since the adoption of the EMS Plan in December of 1995. Narrative descriptions of all other standards are contained in the 1995 EMS Plan.

System Organization and Management

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

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.12 Review & Monitoring		X	NA		X
1.13 Coordination		X	NA		X
1.14 Policy & Procedures Manual		X	NA		X
1.15 Compliance w/ Policies		X	NA		X
1.16 Funding Mechanism		X	NA		X
1.17 Medical Direction*		X	NA		X
1.18 QA / QI		X	X	X	X
1.19 Policies, Procedures, Protocols		X	X		X
1.20 DNR Policy		X	NA	X	X
1.21 Determination of Death		X	NA		X
1.22 Reporting of Abuse	X		NA	X	
1.23 Inter-facility Transfer		X	NA		X
1.24 ALS Systems	X			X	X
1.25 On-Line Medical Direction		X			X
1.26 Trauma System Plan					X
1.27 Pediatric System Plan	X		NA		X
1.28 EOA Plan		X		X	X

Staffing and Training

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
2.01 Assessment of Needs		X	NA		X
2.02 Approval of Training		X	NA		X
2.03 Personnel		X	NA	X	X
2.04 Dispatch Training	X				X
2.05 First Responder Training	X				X
2.06 Response	X		NA		X
2.07 Medical Control	X		NA		X
2.08 EMT-I Training		X	NA		X
2.09 CPR Training		X	NA		X
2.10 Advanced Life Support	X				X
2.11 Accreditation Process		X	NA		X
2.12 Early Defibrillation		X	NA	X	
2.13 Base Hospital Personnel		X	NA	X	

Communications

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
3.01 Communication Plan*		X		X	X
3.02 Radios		X	X	X	X
3.03 Inter-facility Transfer*		X	NA	X	X
3.04 Dispatch Center	X		NA		X
3.05 Hospitals		X	X	X	X
3.06 MCI/Disasters		X	NA	X	X
3.07 9-1-1 Planning/Coordination	X				X
3.08 9-1-1 Public Education		X	NA		X
3.09 Dispatch Triage	X		X		X
3.10 Integrated Dispatch	X				X

Response and Transportation

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.01 Service Area Boundaries*		X			X
4.02 Monitoring		X			X
4.03 Classifying Medical Requests	X				X
4.04 Pre-scheduled Responses		X	NA		X
4.05 Response Time Standards*	X			X	X

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.06 Staffing		X	NA		X
4.07 First Responder Agencies	X		NA		X
4.08 Medical & Rescue Aircraft*		X	NA		X
4.09 Air Dispatch Center		X	NA		X
4.10 Aircraft Availability*		X	NA		X
4.11 Specialty Vehicles*	X				X
4.12 Disaster Response	X		NA		X
4.13 Intercounty Response*		X			X
4.14 Incident Command System		X	NA		X
4.15 MCI Plans		X	NA		X
4.16 ALS Staffing		X			X
4.17 ALS Equipment		X	NA		X
4.18 Compliance	X		NA		X
4.19 Transportation Plan		X	NA		X
4.20 "Grandfathering"		X	NA		X
4.21 Compliance		X	NA		X
4.22 Evaluation		X	NA		X

Facilities and Critical Care

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
5.01 Assessment of Capabilities		X		X	X
5.02 Triage & Transfer Protocols*	X		NA		X
5.03 Transfer Guidelines*	X		NA		X
5.04 Specialty Care Facilities*	X		NA	X	
5.05 Mass Casualty Management		X	X		X
5.06 Hospital Evacuation*	X		NA		X
5.07 Base Hospital Designation*		X	NA		X
5.08 Trauma System Design					X
5.09 Public Input					X
5.10 Pediatric System Design	X		NA		X
5.11 Emergency Departments		X	X		X
5.12 Public Input		X	NA		X
5.13 Specialty System Design					X
5.14 Public Input					X

Data Collection and System Evaluation

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

Public Information and Education

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

Disaster Medical Response

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
8.01 Disaster Medical Planning*		X	NA		X
8.02 Response Plans		X	X		X
8.03 HazMat Training		X	NA		X
8.04 Incident Command System		X	X	X	X
8.05 Distribution of Casualties*		X		X	X
8.06 Needs Assessment		X	X		X
8.07 Disaster Communications*	X		NA	X	X
8.08 Inventory of Resources	X				X
8.09 DMAT Teams	X				X
8.10 Mutual Aid Agreements*	X		NA		X
8.11 CCP Designation*	X		NA		X
8.12 Establishment of CCPs	X		NA		X
8.13 Disaster Medical Training		X	X		X
8.14 Hospital Plans		X	X		X
8.15 Inter-hospital Communications		X	NA	X	X
8.16 Prhspt. Agency Plans		X	X		X
8.17 ALS Policies		X	NA		X
8.18 Specialty Cntr Roles					X
8.19 Waiving Exclusivity		X	NA		X

Table 1 System Assessment Forms

This section of the 1996 Annual Update of the EMS Plan lists each standard that has changed in either its' need, objective or time frame since the adoption of the 1995 EMS System Plan. Each standard contains a description of the:

- current status of the MV EMS system as it relates to the individual standard;
- efforts to coordinate resources and services with other local EMS agencies (LEMSAs) as required by the California EMS Authority;
- need of the MV EMS system as it relates to the individual standard;
- objective(s) for meeting the minimum standard, upgrading toward the recommended guidelines, or improving the efficiency or effectiveness of the EMS system.
- assignment of each objective to the annual work plan, long range plan, or both.

The needs and objectives of the EMS plan are designed to address both the State of California's EMS Systems Standards and Guidelines and the MV EMSA's EMS System Model. As with the 1995 EMS Plan, most of the objectives of the 1996 Annual Update are written as general statements such as Standard 1.28 which states: "Monitor system design and make changes as required." Many of the objectives may need to be refined when they are included in an annual work plan, pediatric plan, transportation plan, or trauma plan.

System Organization and Management

1.04 MEDICAL DIRECTOR

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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:

The agency Medical Director possesses Board Certification in Emergency Medicine and previous experience as a base hospital medical director.

A committee comprised of all 10 of the base hospital medical directors was recently formed by the MV EMSA for the purpose of providing medical oversight of the agency's QA/QI processes. Ad hoc committees for trauma care and pediatrics have been formed and disbanded as needed.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure medical direction of the EMS system.

OBJECTIVE:

Monitor and amend, as needed, the structure of the agency's medical advisory committees to best meet the needs of the EMS system.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

1.06 ANNUAL PLAN UPDATE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Completion of this plan fulfills the requirements of this standard.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Annually evaluate the EMS system plan to determine progress in meeting plan objectives and system changes.

OBJECTIVE:

Submit an annual update of the EMS system plan to the State EMS Authority, which reflects system changes and progress made in meeting plan objectives.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- Long -Range Plan (more than one year)

1.07 TRAUMA PLANNING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Although major planning efforts were conducted in 1981-83, 1988-90 and 1992-93, a trauma system has not been established in the MV EMS system. Trauma and specialty care planning was identified by the Regional Advisory Committee and other groups as a top priority for the agency and is included in the EMS system model adopted by the agency.

COORDINATION WITH OTHER EMS AGENCIES:

The demographics and geography of the MV EMS system requires all specialty care planning to consider adjoining systems when determining resource availability and catchment areas.

NEED(S):

Ensure the availability of trauma services for critically injured patients.

OBJECTIVE:

Develop a trauma care system, which may include facility designation, before the end of the century.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

1.09 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Completion of this plan fulfills the requirements of this standard.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the accurateness of the resource directories included in this plan.

OBJECTIVE:

Periodically update the resource directories included in this plan.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

1.18 QA/QI

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

In 1994, the agency adopted an EMS System Quality Assurance/Improvement (QA/QI) Plan which formed a multi-disciplinary Quality Liaison Committee (QLC) comprised of base hospital medical directors, base hospital nurse liaisons, ambulance provider quality coordinators, first response quality coordinators and dispatch quality coordinators to assist the agency Medical Director in providing oversight and evaluation of the EMS system. Local Q.I. groups, consisting of members of an operational area, have also been formed to evaluate response, care and transport. Most aspects of the previous clinical review (medical auditing) program were lost with the transition to the new QA/QI program.

COORDINATION WITH OTHER EMS AGENCIES:

None

NEED(S):

Establishment of a process to identify preventable morbidity and mortality. Reinstitution of medical audit process. Development of a process to provide feedback to prehospital personnel on patient outcomes as described in the EMS system model. Ensure that the QI/QI process meets system needs and State standards.

OBJECTIVE:

Develop a process to: identify preventable morbidity and mortality; conduct medical auditing and; provide feedback to prehospital personnel on patient outcomes. Continue to monitor and amend the QA/QI program to meet system needs.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

1.19 POLICIES, PROCEDURES, PROTOCOLS

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

ALS treatment protocols, including complete sections on standing orders were recently revised and implemented. Policies, protocols or policy statements regarding medical dispatch, transport, on-scene times, transfer of emergency patients, on-scene physicians and other medical personnel and local scope of practice have been established but require evaluation and revision. Policies on triage and base hospital contact have not been developed.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Develop and revise policies to meet state minimum standards and the EMS system model.

OBJECTIVE:

1) Review and revise policies, as needed, to meet minimum standards and the EMS System Model. 2) Develop policies for transport of patients to facilities appropriate for their injuries or illness. 3) Implement pre-arrival instruction system-wide. 4) Develop and implement a policy describing the BLS scope of practice. 5) Evaluate and modify the ALS scope of practice as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
X Long-Range Plan (more than one year)

1.20 DNR POLICY

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

A comprehensive DNR policy was created and implemented in 1992, with the assistance of the Stanislaus County Medical Society, the Medic-Alert Foundation and the San Diego County EMSA. This DNR program, with minor revisions, was adopted by the State EMSA and the California Medical Association as a State Standard in 1993.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the DNR policy continues to meet standards and system needs.

OBJECTIVE:

Monitor the utilization of the DNR policy and amend as needed. Improve the dissemination of DNR program materials throughout the EMS system.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

1.22 REPORTING OF ABUSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

No EMS policies have been developed regarding the reporting of abuse or suspected SIDS deaths. Agency staff currently serve on a county Domestic Violence Task Force for the purpose of establishing a standardized multi-disciplinary approach for addressing domestic violence.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that a mechanism exists for the reporting of abuse or suspected SIDS deaths.

OBJECTIVE:

Create EMS policies regarding the reporting of abuse or suspected SIDS deaths. Work with other public, private agencies to increase awareness of abuse cases and reporting among prehospital personnel.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

1.23 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

A policy delineating the scene and interfacility transfer scope of practice of paramedics has been established.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Evaluate the need for developing a BLS and ALS interfacility scope of practice.

OBJECTIVE:

Evaluate the need for developing a BLS and ALS interfacility scope of practice.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

1.27 PEDIATRIC SYSTEM PLAN

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

A Pediatric Emergency Medical and Critical Care System was developed and implemented in 1993-1995 as part of two special project grants awarded to the MV EMSA by the California EMS Authority. The pediatric system addresses the major Emergency Medical Services for Children (EMSC) components identified by the California EMS Authority as required of an EMSC system.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that the Pediatric Emergency Medical and Critical Care System and the pediatric services provided by the EMS system meets the needs of critically ill and injured children within the MV EMS system. Develop a Pediatric System Plan which describes the current EMSC system and identifies the optimal system design.

OBJECTIVE:

Evaluate the effectiveness of the EMS system at meeting the needs of critically ill and injured children. Develop a pediatric system plan.

TIME FRAME FOR MEETING OBJECTIVE:

- | | | |
|---|--------------------------------------|---|
| | Short-Range Plan (one year or less) | X |
| X | Long-Range Plan (more than one year) | X |

1.28 EOA Plan

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Existing exclusive operating areas were designed to solidify the provision of ALS transport and emergency response with those historic providers who met the eligibility requirements for "grandfathering" under Health and Safety Code. The optimal system design for ALS ambulance and the process for assigning roles to system participants is described in the Transportation Plan included with this document and is based on the EMS system model adopted by the agency.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that system design continues to meet community needs.

OBJECTIVE:

Monitor system design and make changes as required.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

Staffing and Training

2.13 BASE HOSPITAL PERSONNEL

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Policies and agreements specify that only mobile intensive care nurses, who have been authorized by the MV EMSA Medical Director, or base hospital physicians, who have been judged knowledgeable in prehospital policies and protocols by the Base Hospital Medical Director, shall provide medical direction to EMS personnel.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that only adequately trained nurses and physicians provide medical direction to EMS personnel.

OBJECTIVE:

Develop policies requiring base hospital physicians and mobile intensive care nurses to be trained in providing prehospital medical direction, radio communication and EMS agency policies. Monitor compliance to ensure that base hospital personnel who provide medical direction are knowledgeable about EMS policies and procedures.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

Communications

3.01 COMMUNICATIONS PLAN

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

The current system of dispatch, field and hospital medical communication was developed more than ten years ago and is in need of evaluation, upgrade and repair. An assessment of the communication system was recently performed as a precursor to the development of a revised communications plan.

COORDINATION WITH OTHER EMS AGENCIES:

The Assignment of communications frequencies and the locations of radio repeaters was performed in conjunction with adjacent EMS systems.

NEED(S):

Ensure the availability of all necessary EMS dispatch and medical communications.

OBJECTIVE:

Revise the communications plan, prioritize system repairs and upgrades and make necessary changes to comply with the EMS system model. The communications plan should ensure that an adequate number of frequencies exist for dispatch, scene management, patient dispersal and medical control.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

3.02 RADIOS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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:

All emergency medical transport vehicles have two-way radio equipment capable of performing field to dispatch, field to field, and field to hospital communications. However, communications "dead-spots" exist through out the system especially in the higher elevations of the mountain counties. Policies requiring the capability of ambulance and first responder communication have not been established.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard

NEED(S):

Ensure the availability of medical communications.

OBJECTIVE:

Revise the communications plan, prioritize system repairs and upgrades and make necessary changes.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

3.03 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

As discussed in 3.01, the current system of dispatch, field and hospital medical communication was developed more than ten years ago and is in need of evaluation, upgrade and repair. An assessment of the communication system was recently performed as a precursor to the development of a revised communications plan.

COORDINATION WITH OTHER EMS AGENCIES:

Communications frequencies and the locations of radio repeaters was performed in conjunction with adjacent EMS systems.

NEED(S):

Ensure the availability of medical communications.

OBJECTIVE:

Revise the communications plan, prioritize system repairs and upgrades and make necessary changes.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

3.05 HOSPITALS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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:

Hospitals within Stanislaus County can communicate with each other through a dedicated BLAST phone system. Common radio frequencies between hospitals within the EMS system have not been established. No work has been conducted to provide direct communications access to relevant services between hospitals.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the availability of medical communications.

OBJECTIVE:

Revise the communications plan, prioritize system repairs and upgrades and make necessary changes.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

3.06 MCI/DISASTERS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The county disaster control facilities (DCF) and the regional DCF use regular telephone and facsimile lines when determining the capabilities of area hospitals during MCIs and disasters. The only alternate communications capability for hospital-to-hospital transmissions is RACES.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the availability of medical communications during disaster and multi-casualty incidents to include: common dispatch and travel frequencies; tactical frequencies coordinated with local public safety agencies; a mechanism for patient dispersal; and medical control communications.

OBJECTIVE:

Revise the communications plan, prioritize system repairs and upgrades and make necessary changes consistent with system needs and the EMS system model.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

Response and Transportation

4.05 RESPONSE TIME STANDARDS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergency responses, response times shall not exceed:

	Metropolitan - Urban Area	Suburban - Rural Area	Wilderness Area
BLS First Responder	5 minutes	15 minutes	ASAP
Early Defibrillation First Responder	5 minutes	ASAP	ASAP
ALS Responder or Ambulance	8 minutes	20 minutes	ASAP
EMS Transportation Unit	8 minutes	20 minutes	ASAP

CURRENT STATUS:

Response standards were developed for ALS ambulance providers in Amador and Stanislaus counties. In Stanislaus County, response times for the EMS transportation unit are measured from the time the secondary PSAP has enough information to send an ambulance (address, complaint, severity) to arrival on scene. Response time standards are based on the State EMSA Draft 1992 Guidelines of Urban - 8 min, Rural - 12 min, Remote - 22 min, Wilderness - 40 min.

In Amador County, the response time is measured as suggested in the minimum guideline. However, Amador County contains neither demographics nor geography that make it well suited to the utilization of the recommended guidelines for the measurement of response times. Thus, the entire county is divided into fifteen response time zones, some of which attempt to measure response to areas of greater population. This attempt to base response times upon population density is less successful than would be expected from a county with a less challenging geography. Response standards have been developed only as goals for Amador County and the response areas are used for data collection purposes.

Response times for first responders to medical responses are not available in any LEMSA counties.

Standard 4.05 continued.

COORDINATION WITH OTHER EMS AGENCIES:

Agreements have been made with Merced, El Dorado and Douglas counties for the utilization of ambulance service which cross county lines.

NEED(S):

Ensure the ability to measure response times from the primary PSAP to arrival on scene for ambulance and first response vehicles.

Further development of response time standards for Alpine, Calaveras, Mariposa and Tuolumne counties. Development of a mechanism to measure or collect response times for first response agencies and the establishment of response time goals or standards for first response agencies.

OBJECTIVE:

Create a mechanism to measure response times from receipt of call at primary PSAP to arrival on scene.

Establish response time standards for Alpine, Calaveras, Mariposa and Tuolumne counties.

Create a mechanism to measure or collect response times for first response agencies and establish response time goals or standards for first response agencies.

Develop response time standards for alternate transport/response units as identified in the EMS system model.

Change current emergency ambulance response time standards (Metro/Urban < 8 min, Rural < 12 min, Remote < 22 min, Wilderness < 40 min) to those recommended by the EMS Authority: Metropolitan/Urban < 8 min; Suburban/Rural < 20 min; Wilderness - ASAP.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

4.10 AIRCRAFT AVAILABILITY

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The MV EMSA has identified medical and rescue aircraft for emergency patient transportation for aeromedical services operating within the EMS area. Written agreements between the LEMSA and all such aeromedical services are in place with the exception of Life Flight of U.C. Davis and Reno's Care Flight program.

COORDINATION WITH OTHER EMS AGENCIES:

Reno's Care Flight program is under the direct control of the EMS agency in Reno, NV.

NEED(S):

Ensure the availability and appropriate staffing of EMS medical and rescue aircraft to meet the demands of the EMS system. Complete written agreements with Reno's Care Flight and Life Flight of U.C. Davis.

OBJECTIVE:

Monitor providers to ensure that system demands are being met and take corrective action as necessary. Develop an exclusive operating area or other mechanism to ensure optimal system design and providers compliance with agreements and policy.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

Facilities and Critical Care

5.01 ASSESSMENT of CAPABILITIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

Facility Assessment Profiles were last completed in 1989. The Emergency Facilities Self-Assessment Instrument, which is used to develop Facility Assessment Profiles, was revised in 1995. At the request of the hospitals, the agency's plans for using the assessment instrument were put on hold in July 1995.

The agency has written base hospital agreements with ten of the eleven hospitals in the MV EMS system. No agreements or contracts regarding receiving facility status have been developed.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

To conduct an assessment of area hospitals to determine EMS capabilities to assist the agency in developing triage and destination policies.

To develop receiving hospital agreements with all hospitals or add receiving hospital language to existing base hospital agreements.

OBJECTIVE:

In conjunction with area hospitals and the medical community, determine hospital capabilities through completion of a facility assessment instrument.

Develop and execute receiving facility agreements with all area hospitals based on their capabilities.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

5.02 TRIAGE & TRANSFER PROTOCOLS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None

CURRENT STATUS:

Prehospital triage protocols have not been implemented. Transfer protocols and model transfer agreements have been developed and implemented.

COORDINATION WITH OTHER EMS AGENCIES:

Work with adjacent EMS systems to establish standard triage and transfer protocols as practical.

NEED(S):

Prehospital triage protocols must be developed in order to ensure that patients receive an appropriate level of care, i.e.: transport to the closest hospital capable of meeting the patient's treatment needs; transport to the patient's preferred health care provider; treat and release at scene, etc. The development of patient destination policies has been identified by the Regional Advisory Committee and other groups as a top priority.

OBJECTIVE:

Develop prehospital triage and transfer protocols based on medical need and preferred transport which ensure the delivery of patients to appropriate facilities. Explore the concept of treat and release at scene and alternative treatment and transport modalities as identified in the EMS system model.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

5.04 SPECIALTY CARE FACILITIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

A receiving hospital policy was adopted in 1992, but has not been implemented. Agreements have been developed with those facilities providing Pediatric Critical Care Center and Pediatric Trauma Center services to the MV EMS system.

COORDINATION WITH OTHER EMS AGENCIES:

The recognition agreements with centers located outside of our region were performed with the approval of the local EMS agencies who had originally designated the centers.

NEED(S):

Ensure a process exists to designate and monitor receiving hospitals and specialty care facilities for specified groups of emergency patients.

OBJECTIVE:

Implement the receiving hospital policy and execute receiving hospital agreements.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

6.01 QA/QI PROGRAM

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

In 1994, the agency adopted an EMS System Quality Assurance/Quality Improvement (QA/QI) Plan which formed a multi-disciplinary Quality Liaison Committee (QLC) comprised of base hospital medical directors, base hospital nurse liaisons, ambulance provider quality coordinators, first response quality coordinators and dispatch quality coordinators. The purpose of the QLC is to assist the agency Medical Director in providing oversight and evaluation of the EMS system. Local Q.I. groups, consisting of members of an operational area, have also been formed to evaluate response, care and transport. Most aspects of the previous clinical review (medical auditing) program were lost with the transition to the new QA/QI program.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Establishment of a process to identify preventable morbidity and mortality. Reinstitution of a medical audit process. Development of a process to provide feedback to prehospital personnel on patient outcomes, as described in the EMS system model. Ensure that the QA/QI process meets system needs and State standards.

OBJECTIVE:

Develop a process to: identify preventable morbidity and mortality; conduct medical auditing and; provide feedback to prehospital personnel on patient outcomes. Continue to monitor and amend the QA/QI program to meet system needs.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

6.05 DATA MANAGEMENT SYSTEM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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:

The MV EMSA created and implemented an integrated data management system which meets and exceeds state standards, and includes system response and clinical (both prehospital and hospital) data. However, the establishment of QA/QI benchmarks and the utilization of data for system evaluation is minimal.

Attempts to obtain access to other sources of patient information such as trauma registries and other computerized hospital data have, generally, not been successful.

COORDINATION WITH OTHER EMS AGENCIES:

This data management system has been made available to all other local EMS agencies and is in use in Imperial, Santa Clara, San Joaquin and San Mateo EMS systems and is being considered for use in several others. Agency staff continues to work with EMSAAC, EMDAC and State EMSA on developing benchmarks and quality indicators.

NEEDS:

In order to assure that our data management system meets the changing needs of the agencies using it in the future, the tasks of need assessment, revision design, programming and documentation must continue. Gain access to existing hospital data regarding the outcomes of prehospital patients.

Establish benchmarks and quality indicators.

6.05 continued:

OBJECTIVE:

Develop Version 4.1 of the EMS Database System, to include the following features to meet existing needs:

- Addition of several fields for the purposes of improving collection of times, vitals, medication effectiveness, personal protection equipment, patient demographics and diagnoses data
- User-defined detail reports
- Procedure/medication detail reports
- Three-part user-defined validation sentences
- Enhanced query parameter editing and validation features
- Enhanced data export capability
- Dated user-defined code sets

Develop a process for obtaining access to existing hospital data regarding the outcomes of prehospital patients.

Establish QA indicators and benchmarks.

Monitor and modify as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- Long -Range Plan (more than one year)

6.06 SYSTEM DESIGN EVALUATION

MINIMUM STANDARDS:

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.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

In 1994, the agency adopted an EMS System Quality Assurance/Quality Improvement (QA/QI) Plan which formed a multi-disciplinary Quality Liaison Committee (QLC) comprised of base hospital medical directors, base hospital nurse liaisons, ambulance provider quality coordinators, first response quality coordinators and dispatch quality coordinators to assist the agency Medical Director in providing oversight and evaluation of the EMS system. Local Q.I. groups, consisting of members of an operational area, have also been formed to evaluate response, care and transport. Most aspects of the previous clinical review (medical auditing) program were lost with the transition to the new QA/QI program.

Additionally, each member county has a functioning Emergency Medical Care Committee which reviews local operations, policies and practices. A Regional Advisory Committee (RAC) comprised of three persons from each member county meets bi-monthly and reviews all MV EMSA plans, policies and procedures before they are submitted to the Board of Directors (BOD) for consideration. All meetings of the BOD, RAC and county EMCCs are open to the public with time allocated on each agenda for open public comments. Additionally, impacted groups are routinely notified in advance of issues before RAC and the BOD.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Creation of common indicators which can be used for evaluating the effectiveness of the EMS system at meeting community needs and system demands.

OBJECTIVE:

Create common indicators which can be used for evaluating the effectiveness of the EMS system at meeting community needs and system demands.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- Long -Range Plan (more than one year)

6.08 REPORTING

MINIMUM STANDARDS:

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).

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The agency currently produces quarterly or semi-annual reports for the entities listed above that include information about patient populations, response time intervals, scene time intervals, etc. However, these reports only provide aggregate data not system analysis.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEEDS:

Analyze data using established QA indicators and benchmarks.

OBJECTIVE:

Report analyzed data on a semi-annual or quarterly basis. Annually report the results of the system evaluation, design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- Long -Range Plan (more than one year)

6.09 ALS AUDIT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

In 1994, the agency adopted an EMS System Quality Improvement/Assurance (QA/QI) Plan which formed a multi-disciplinary Quality Liaison Committee (QLC) comprised of base hospital medical directors, base hospital nurse liaisons, ambulance provider quality coordinators, first response quality coordinators and dispatch quality coordinators to assist the agency Medical Director in providing oversight and evaluation of the EMS system. Local Q.I. groups, consisting of members of an operational area, have also been formed to evaluate response, care and transport. Most aspects of the previous clinical review (medical auditing) program were lost with the transition to the new QA/QI program.

The local EMS agency's integrated data management system is capable of tracking prehospital, base hospital, and receiving hospital data.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Establish a process to identify preventable morbidity and mortality. Re-institute a medical audit process. Develop of a process to provide feedback to prehospital personnel on patient outcomes, as described in the EMS system model. Ensure that the QI/QI process meets system needs and State standards.

OBJECTIVE:

Develop a process to: identify preventable morbidity and mortality; conduct medical auditing and; provide feedback to prehospital personnel on patient outcomes. Continue to monitor and amend the QA/QI program, as needed, to meet system needs.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- Long -Range Plan (more than one year)

Disaster Medical Response

8.04 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS:

The OES Region IV MCI Plan adopted by the MV EMSA is based on the Incident Command System. Completion of ICS 120 and a 4-hour hospital or 8-hour field MCI course is the minimum standard for EMS personnel. However, the agency only ensures the training of paramedic and MICN personnel. A process for training all EMS personnel in the requirements of the State's Standardized Emergency Management System (SEMS) is currently being drafted.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure that all EMS personnel are trained in ICS, MCI and SEMS.

OBJECTIVE:

Modify existing processes to ensure that all EMS personnel, including EMTs, first responders and dispatchers are trained in ICS, MCI and SEMS. Monitor compliance to training standards and make changes as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

8.07 DISASTER COMMUNICATIONS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The current system of dispatch, field and hospital medical communication was developed more than ten years ago and is in need of evaluation, upgrade and repair. An assessment of the communication system was recently performed as a precursor to the development of a revised communications plan.

Most transporting and non-transporting emergency medical response vehicles in the EMS system have CALCORD capabilities. However, no frequency has been officially designated for disaster medical communications.

COORDINATION WITH OTHER EMS AGENCIES:

Communications frequencies and the locations of radio repeaters was performed in conjunction with adjacent EMS systems.

NEED(S):

Ensure the availability of common medical communications during disasters.

OBJECTIVE:

Revise the communications plan, prioritize system repairs and upgrades and make necessary changes to meet system needs.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

8.15 INTERHOSPITAL COMMUNICATIONS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Hospitals within Stanislaus County can communicate with each other through a dedicated BLAST phone system. Common radio frequencies between hospitals within the EMS system have not been established.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Ensure the availability of inter-hospital medical communications.

OBJECTIVE:

Revise the communications plan, prioritize system repairs and upgrades and make necessary changes.

TIME FRAME FOR MEETING OBJECTIVE:

- X Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

Major Changes to the EMS System

(continued from page 146)

1. There was a reduction in the number of ALS/emergency ambulance service providers in Stanislaus County from eight to five.
 - American Medical Response (AMR) West purchased Turlock Ambulance Service. This allowed AMR to assume the contractual obligations for the exclusive operating area defined as Zone 8 that surrounds the city of Turlock in Stanislaus County. AMR also purchased Doctors Ambulance Company which made AMR the sole emergency and ALS ambulance provider in the Modesto area exclusive operating area (Zone 1) in Stanislaus County.

2. Oak Valley District Ambulance Assumes Provision of Ambulance Services in Waterford Community Ambulance's Exclusive Operating Area.
 - Due to financial difficulties, Waterford Community Ambulance Service approached Oak Valley Hospital District to provide ambulance coverage in Waterford's exclusive operating area in Stanislaus County. Oak Valley District Ambulance complied with Waterford Community Ambulance's request and now provides emergency and ALS ambulance services to Zone 6, a large rural area south and adjacent to Oak Valley District Ambulance's exclusive operating area.

3. All emergency ambulance services in Stanislaus County are now dispatched by level II EMD centers.
 - The "Regional Rural Ambulance Dispatch Center" in Stanislaus County in FY 95-96. This ambulance dispatch center provides Level II EMD services for Oak Valley District Ambulance, Patterson District Ambulance, and West Side District Ambulance. The creation of this dispatch, all of Stanislaus County's emergency ambulance services are dispatched by one of two dispatch centers that provide level II emergency medical dispatch services.

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Mountain-Valley EMS Agency

There was a reduction in the number of ambulance services in Stanislaus County from eight to five.

American Medical Response (AMR) West provided Truck Ambulance service in Stanislaus County. AMR was selected to provide the contractual obligation for the exclusive operating area defined as Zone 2 that encompasses the city of Turlock in Stanislaus County. AMR was purchased through Stanislaus County which made AMR the sole emergency and critical care ambulance provider in the AMR's exclusive operating area (Zone 2) in Stanislaus County.

Ok Valley District Ambulance Assesses Provision of Ambulance Service in West Valley Community Ambulance's Exclusive Operating Area.

Due to financial difficulties, West Valley Community Ambulance Service approached the West Valley District to provide ambulance coverage in West Valley's exclusive operating area in Stanislaus County. Ok Valley District Ambulance completed with West Valley Community Ambulance's request and now provides emergency and critical care ambulance services to Zone 6, a large rural area south and adjacent to the Valley. West Valley Ambulance's exclusive operating area.

All emergency and critical care services in Stanislaus County are now dispatched by Level II EMS.

The Stanislaus County Ambulance District in Stanislaus County on 11-21-96. This ambulance district covers provides Level II EMS services for the Valley and the Stanislaus County Ambulance District, and West Valley District in Stanislaus County. The coverage of this district covers all of Stanislaus County's emergency ambulance services provided by one of two district centers that provide Level II emergency medical dispatch services.

Progress in Meeting 1995-96 Objectives

System Organization and Management

1. Standard 1.01 LEMSA Structure (long range plan): Funding was secured through a Preventative Health Block Grant administered by the State EMS Authority to hire a project coordinator to assist the Agency in developing and implementing a QI program based on the QI/QA Roll-Out Plan for ALS providers and base hospitals. This position will be funded for approximately 1000 hours between October 1996 and September 1997. A subcommittee of the Agency Board of Directors was created in August of 1996, to explore funding solutions to enable hiring a full-time Deputy Director and other vacant staff positions.
2. Standard 1.06 Annual Plan Update (short range plan): This objective has been met for FY 1995-96 and FY 1996-97.
3. Standard 1.07 Trauma Planning (short range plan): No significant amount of work was performed on this objective in FY 1995-96.
4. Standard 1.08 ALS Planning (long range plan): The time frame for this objective was changed from long range to short range in the FY 1996-97 Annual EMS Plan Update.
5. Standard 1.09 Inventory of Resources (short range plan): This objective has been met for FY 1995-96 and FY 1996-97.
6. Standard 1.18 QA/QI (long range plan): The time frame for this objective was changed from short range to both short range and long range in the FY 1996-97 Annual EMS Plan Update. Funding was secured through a Preventative Health Block Grant administered by the State EMS Authority to hire a registered nurse to assist the Agency in developing and implementing a QI program based on the QI/QA Roll-Out Plan for ALS providers and base hospitals. This position will be funded for approximately 1000 hours between October 1996 and September 1997.
7. Standard 1.22 Reporting of Abuse (short range plan): The time frame for this objective was changed from short range to long range in the FY 1996-97 Annual EMS Plan Update. The Agency's Medical Quality improvement Coordinator served on a multi-jurisdictional multi-disciplinary Domestic Violence Task Force in Stanislaus County which developed a standardized reporting process for hospitals, health clinics and physician's offices. Information and resource materials regarding domestic violence reporting were distributed to all prehospital providers within the EMS during FY 1995-96. However, an EMS system policy for reporting abuse has not been established.
8. Standard 1.23 Interfacility Transfers (short range plan): No Significant amount of work was performed on this objective in FY 1995-96.
9. Standard 1.24 ALS Systems (short range plan): A draft RFP designed to create a single exclusive operating area for Tuolumne County was developed by the agency and rejected by Tuolumne County administration.

10. Standard 1.27 Pediatric System Plan (short range plan): No significant amount of work was performed on this objective in FY 1995-96. Additionally, the time frame for this objective was changed from short range to long range in the FY 1996-97 Annual EMS Plan Update.

11. Standard 1.28 EOA Plan (short range plan): This objective has been met for FY 1995-96 and FY 1996-97.

Staffing and Training

12. Standard 2.03 Personnel (short range plan): No Significant amount of work was performed on this objective in FY 1995-96.

13. Standard 2.12 Early Defibrillation (short range plan): No Significant amount of work was performed on this objective in FY 1995-96.

14. Standard 2.13 Base Hospital Personnel (long range plan): The time frame for this objective was changed from long range to short range in the FY 1996-97 Annual EMS Plan Update. This objective is included in the Quality Improvement Project scheduled for completion this year.

Communications

15. Standard 3.01 Communication Plan (short range plan): The time frame for this objective was changed from short range to short range and long range in the FY 1996-97 Annual EMS Plan Update. Two requests were submitted for Preventative Health Block Grant funds to assist the Agency in meeting this objective in FY 1996-97. Both requests were denied by the State EMS Authority.

16. Standard 3.02 Radios (short range plan): The time frame for this objective was changed from short range to short range and long range in the FY 1996-97 Annual EMS Plan Update. Two requests were submitted for Preventative Health Block Grant funds to assist the Agency in meeting this objective in FY 1996-97. Both requests were denied by the State EMS Authority.

17. Standard 3.03 Interfacility Transfer (short range plan) The time frame for this objective was changed from short range to short range and long range in the FY 1996-97 Annual EMS Plan Update. Two requests were submitted for Preventative Health Block Grant funds to assist the Agency in meeting this objective in FY 1996-97. Both requests were denied by the State EMS Authority.

18. Standard 3.05 Hospitals (short range plan) The time frame for this objective was changed from short range to short range and long range in the FY 1996-97 Annual EMS Plan Update. Two requests were submitted for Preventative Health Block Grant funds to assist the Agency in meeting this objective in FY 1996-97. Both requests were denied by the State EMS Authority.

19. Standard 3.06 MCI/Disasters (short range plan): The time frame for this objective was changed from short range to short range and long range in the FY 1996-97 Annual EMS Plan Update. Two requests were submitted for Preventative Health Block Grant funds to assist the Agency in meeting this objective in FY 1996-97. Both requests were denied by the State EMS Authority.

Response and Transportation

20. Standard 4.05 Response Time Standards (long range plan): The time frame for this objective was changed from long range to short range and long range in the FY 1996-97 Annual EMS Plan Update.
21. Standard 4.10 Aircraft Availability (short range plan): The time frame for this objective was changed from short range to long range in the FY 1996-97 Annual EMS Plan Update.

Facilities and Critical Care

22. Standard 5.01 Assessment of Capabilities (short range plan): The time frame for this objective was changed from short range to short and long range in the FY 1996-97 Annual EMS Plan Update. No significant amount of work was performed on this objective in FY 1995-96.
23. Standard 5.02 Triage and Transfer Protocols (short range plan): The time frame for this objective was changed from short range to long range in the FY 1996-97 Annual EMS Plan Update. No significant amount of work was performed on this objective in FY 1995-96.

Data Collection and System Evaluation

24. Standard 6.01 QA/QI Program (long range plan): The time frame for this objective was changed from long range to short range in the FY 1996-97 Annual EMS Plan Update. This objective is included in the Quality Improvement Project scheduled for completion this year.
25. Standard 6.02 Prehospital Records (short range plan): The Modesto Area Local Quality Improvement Group conducted a six month trial study designed to improve the submission of PCRs to the patient's receiving hospital prior to the transporting ambulance leaving the facility. Initial results were positive, however, compliance rates decreased significantly towards the end of the study.
26. Standard 6.03 Prehospital Care Audits (short range plan): The objectives listed for this standard are being addressed in FY 96-97 through multiple EMS Authority Grant projects.
27. Standard 6.05 Data Management System (long range plan): The time frame for this objective was changed from long range to short range in the FY 1996-97 Annual EMS Plan Update. Funding was secured through a Preventative Health Block Grant administered by the State EMS Authority to hire an analyst programmer to upgrade the Agency current EMS Database System. Additionally, some parts of this objective are included in the QI Project Scheduled for completion this year.

28. Standard 6.06 System Design Evaluation (long range plan): The time frame for this objective was changed from long range to short range in the FY 1996-97 Annual EMS Plan Update.
29. Standard 6.09 ALS Audit (long range plan): The time frame for this objective was changed from long range to short range in the FY 1996-97 Annual EMS Plan Update.

Public Information and Education

30. Standard 7.01 Public Information Materials (short range plan): Public education brochures and materials were revised. Numerous presentations were made during the FY at health faires and other EMS events throughout the EMS system.

Disaster Medical Response

31. Standard 8.04 Incident Command System (long range plan): The time frame for this objective was changed from long range to short range in the FY 1996-97 Annual EMS Plan Update. Funding was secured through a Preventative Health Block Grant administered by the State EMS Authority to assist the agency in meeting this objective during the 1996-97 fiscal year.
32. Standard 8.05 Distribution of Casualties (short range plan): No significant amount of work was performed on the facility profile portion of this objective in FY 1995-96. Evaluation of patient distribution using Disaster Control Facilities is a continual process.
33. Standard 8.07 Disaster Communications (short range plan): The time frame for this objective was changed from short range to short range and long range in the FY 1996-97 Annual EMS Plan Update. Two requests were submitted for Preventative Health Block Grant funds to assist the Agency in meeting this objective in FY 1996-97. Both requests were denied by the State EMS Authority.
34. Standard Inter-Hospital Communications (short range plan): The time frame for this objective was changed from short range to short range and long range in the FY 1996-97 Annual EMS Plan Update. Two requests were submitted for Preventative Health Block Grant funds to assist the Agency in meeting this objective in FY 1996-97. Both requests were denied by the State EMS Authority.

Plan Objectives for 1996-97

1. Standard 1.04 Medical Director: Monitor and amend, as needed, the structure of the agency's medical advisory committees to best meet the needs of the EMS system. Time Frame - Short Range.
2. Standard 1.06 Annual plan Update: Submit an annual update of the EMS system plan to the State EMS Authority, which reflects system changes and progress made in meeting plan objectives. Time frame - Short Range.
3. Standard 1.08 ALS Planning: Study the feasibility of ALS first response services and other ALS alternatives as described in the EMS system model, including the development of exclusive operating areas for non-transporting ALS service providers. Make changes as necessary to ensure the optimal provision of ALS services. Time Frame - Short Range.
4. Standard 1.09 Inventory of Resources: Periodically update the resource directories included in the EMS Plan. Time Frame - Short Range.
5. Standard 1.18 QA/QI: Develop a process to: identify preventable morbidity and mortality; conduct medical auditing and; provide feedback to prehospital personnel on patient outcomes. Continue to monitor and amend the QA/QI program to meet system needs. Time Frame - Short and Long Range.
6. Standard 1.20 DNR Policy: Improve the dissemination of DNR program materials throughout the EMS system. Time Frame - Short Range.
7. Standard 1.22 Reporting of Abuse: Create EMS policies regarding the reporting of abuse or suspected SIDS deaths. Work with other public, private agencies to increase awareness of abuse cases and reporting among prehospital personnel. Time Frame - Short Range.
8. Standard 1.24 ALS Systems: Establish written agreements with all ALS providers and monitor compliance. Determine the feasibility of establishing county-wide EOAs, including emergency ambulance providers and non-transporting ALS service providers. When a county-wide EOA for either emergency ambulance or non-transporting ALS service providers are not feasible then multiple EOAs should be established to ensure appropriate emergency and ALS response. Time Frame - Short Range.
9. Standard 1.28 EOA Plan: Monitor system design and make changes as required. Time Frame - Short and Long Range.
10. Standard 2.03 Personnel: Develop policies on first responder and EMT-I certification. Monitor all EMS personnel policies and make changes as needed. Time Frame Short and Long Range.

11. Standard 2.12 Early Defibrillation: Evaluate existing policies and procedures for early defibrillation training and certification to determine that system needs are being met. Time Frame Short Range.
12. Standard 2.13 Base Hospital Personnel: Develop policies requiring base hospital physicians and mobile intensive care nurses to be trained in providing prehospital medical direction, radio communication and EMS agency policies. Monitor compliance to ensure that base hospital personnel who provide medical direction are knowledgeable about EMS policies and procedures. Time Frame Short Range.
13. Standard 3.01 Communications Plan: Revise the communications plan, prioritize system repairs and upgrades and make necessary changes to comply with the EMS system model. The communications plan should ensure that an adequate number of frequencies exist for dispatch, scene management, patient dispersal and medical control. Time Frame - Short and Long Range.
14. Standard 3.02 Radios: Revise the communications plan, prioritize system repairs and upgrades and make necessary changes. Time Frame - Short and Long Range.
15. Standard 3.03 Interfacility Transfers: Revise the communications plan, prioritize system repairs and upgrades and make necessary changes. Time Frame - Short and Long Range.
16. Standard 3.05 Hospitals: Revise the communications plan, prioritize system repairs and upgrades and make necessary changes. Time Frame - Short and Long Range.
17. Standard 3.06 MCI/Disasters: Revise the communications plan, prioritize system repairs and upgrades and make necessary changes consistent with system needs and the EMS system model. Time Frame - Short and Long Range.
18. Standard 4.05 Response Time Standards: Create a mechanism to measure response times from receipt of call at primary PSAP to arrival on scene. Establish response time standards for Alpine, Calaveras, Mariposa and Tuolumne counties. Create a mechanism to measure or collect response times for first response agencies and establish response time goals or standards for first response agencies. Develop response time standards for alternate transport/response units as identified in the EMS system model. Change current emergency ambulance response time standards (Metro/Urban < 8 min, Rural < 12 min, Remote < 22 min, Wilderness < 40 min) to those recommended by the EMS Authority: Metropolitan/Urban < 8 min; Suburban/Rural < 20 min; Wilderness - ASAP. Time Frame - Short and Long Range.
19. Standard 5.01 Assessment of Capabilities: In conjunction with area hospitals and the medical community, determine hospital capabilities through completion of a facility assessment instrument. Develop and execute receiving facility agreements with all area hospitals based on their capabilities. Time Frame - Short and Long Range.
20. Standard 5.04 Specialty Care Facilities: Implement the receiving hospital policy and execute receiving hospital agreements. Time Frame - Short Range.

21. Standard 6.01 QA/QI Program: Develop a process to: identify preventable morbidity and mortality; conduct medical auditing and; provide feedback to prehospital personnel on patient outcomes. Continue to monitor and amend the QA/QI program to meet system needs. Time Frame - Short and Long Range.
22. Standard 6.02 Prehospital Records: Investigate ways of improving completeness and timely submission of patient care records. Monitor providers to ensure adherence to policy and take corrective action as necessary. Time Frame - Short and Long Range.
23. Standard 6.03 Prehospital Care Audits: Develop a Wide Area Network (WAN) or other type of electronic data link to allow access to the EMS Database System for the EMSA, ambulance provider agencies and base hospitals to facilitate data collection and reporting. Develop a process to identify preventable morbidity and mortality and ensure adherence to treatment standards. Time Frame - Short and Long Range.
24. Standard 6.05 Data Management System: Develop Version 4.1 of the EMS Database System, to include the following features to meet existing needs:
 - Addition of several fields for the purposes of improving collection of times, vitals, medication effectiveness, personal protection equipment, patient demographics and diagnoses data
 - User-defined detail reports
 - Procedure/medication detail reports
 - Three-part user-defined validation sentences
 - Enhanced query parameter editing and validation features
 - Enhanced data export capability
 - Dated user-defined code sets

Develop a process for obtaining access to existing hospital data regarding the outcomes of prehospital patients. Establish QA indicators and benchmarks. Monitor and modify as needed. Time Frame - Short Range.

25. Standard 6.06 System Design Evaluation: Create common indicators which can be used for evaluating the effectiveness of the EMS system at meeting community needs and system demands. Time Frame - Short Range.
26. Standard 6.08 Reporting: Report analyzed data on a semi-annual or quarterly basis. Annually report the results of the system evaluation, design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s). Time Frame - Short Range.
27. Standard 6.09 ALS Audit: Develop a process to: identify preventable morbidity and mortality; conduct medical auditing and; provide feedback to prehospital personnel on patient outcomes. Continue to monitor and amend the QA/QI program, as needed, to meet system needs. Time Frame - Short Range.

28. **Standard 7.01 Public Information Materials:** In coordination with primary care providers and other public safety agencies, develop and present education materials and programs regarding system access and utilization as described in the EMS system model. Review and make modifications, as needed, to the EMS Youth Program. Time Frame - Short and Long Range.
29. **Standard 8.04 Incident Command System:** Modify existing processes to ensure that all EMS personnel, including EMTs, first responders and dispatchers are trained in ICS, MCI and SEMS. Monitor compliance to training standards and make changes as needed. Time Frame - Short and Long Range.
30. **Standard 8.05 Distribution of Casualties:** Monitor the distribution of disaster casualties, and make changes as needed, to ensure that patients are distributed to appropriate facilities. Update the facilities assessment profiles for each hospital in the EMS system. Time Frame - Short and Long Range.
31. **Standard 8.07 Disaster Medical Communications:** Revise the communications plan, prioritize system repairs and upgrades and make necessary changes to meet system needs. Time Frame - Short and Long Range.
32. **Standard 8.15 Inter-Hospital Communications:** Revise the communications plan, prioritize system repairs and upgrades and make necessary changes. Time Frame - Short and Long Range.

TABLE 9: Approved Training Programs

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Amador

Training Institution Name and Address		Contact Person and Telephone #
Mountain-Valley EMS Agency 1101 Standiford Avenue, Suite D1, Modesto, Ca. 95350		Marilyn Smith (209) 529-5085
Student Eligibility: Open	Cost of Program: Basic: \$65 plus books. Refresher: \$13	Program Level: EMT-I Number of Students completing training per year: Initial Training: 30 Refresher: 50 Continuing education: n/a Expiration Date: 6-30-97 Number of Courses: Initial training: 1 Refresher: 2 Continuing education: n/a

Training Institution Name and Address		Contact Person and Telephone #
Student Eligibility:	Cost of Program: Basic: Refresher:	Program Level: Number of Students completing training per year: Initial Training: Refresher: Continuing education: Expiration Date: Number of Courses: Initial training: Refresher: Continuing education:

TABLE 9: Approved Training Programs

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Calaveras

Training Institution Name and Address		Contact Person and Telephone #
Mountain-Valley EMS Agency 1101 Standiford Avenue, Suite D1, Modesto, Ca. 95350		Marilyn Smith (209) 529-5085
Student Eligibility: Open	Cost of Program: Basic \$65 plus books. Refresher: \$13	Program Level: EMT-I Number of Students completing training per year: Initial Training: 30 Refresher: 50 Continuing education: n/a Expiration Date: 6-30-97 Number of Courses: Initial training: 1 Refresher: 2 Continuing education n/a

Training Institution Name and Address		Contact Person and Telephone #
Student Eligibility:	Cost of Program: Basic: Refresher:	Program Level: Number of Students completing training per year: Initial Training: Refresher: Continuing education: Expiration Date: Number of Courses: Initial training: Refresher: Continuing education

TABLE 9: Approved Training Programs

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Stanislaus

Training Institution Name and Address

Contact Person and Telephone #

Ceres Emergency Services		Danny Davis (209) 538-5709
Student Eligibility: Fire Personnel	Cost of Program: Basic: None Refresher: None	Program Level: EMT-I Number of Students completing training per year: Initial Training: 0 Refresher: 15 Continuing education: n/a Expiration Date: 6-30-97 Number of Courses: Initial training: Refresher: 1 Continuing education: n/a

Training Institution Name and Address

Contact Person and Telephone #

Ceres High School - ROP Program Stanislaus County Dept. of Education, 801 County Center Three, Modesto, Ca. 95355		Carol Perry (209) 538-0130
Student Eligibility: Open	Cost of Program: Basic: \$65 plus books Refresher: \$20	Program Level: EMT-I Number of Students completing training per year: Initial Training: 60 Refresher: 60 Continuing education: n/a Expiration Date: 6-30-97 Number of Courses: Initial training: 2 Refresher: 2 Continuing education: n/a

TABLE 9: Approved Training Programs

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Stanislaus

Training Institution Name and Address

Contact Person and Telephone #

Modesto City Fire Department		Mark Nelson	(209) 572-9590
Student Eligibility: Fire Personnel	Cost of Program: Basic: None Refresher: None	Program Level: EMT-I	Number of Students completing training per year: Initial Training: 0 Refresher: 45 Continuing education: n/a Expiration Date: 6-30-97
		Number of Courses: Initial training: 0 Refresher: 2 Continuing education: n/a	

Training Institution Name and Address

Contact Person and Telephone #

Modesto Junior College 435 College Avenue, Modesto, Ca. 95350		Rod Brouhard	(209) 575-6362
Student Eligibility: Open	Cost of Program: Basic: \$60 plus books Refresher: \$100	Program Level: EMT-I	Number of Students completing training per year: Initial Training: 130 Refresher: 65 Continuing education: n/a Expiration Date: 6-30-97
		Number of Courses: Initial training: 3 Refresher: 2 Continuing education: n/a	

TABLE 9: Approved Training Programs

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Stanislaus

Training Institution Name and Address

Contact Person and Telephone #

Modesto Junior College 435 College Avenue, Modesto, Ca. 95350		Rod Brouhard (209) 575-6362
Student Eligibility: Open	Cost of Program: Basic \$2,000 plus books Refresher: n/a	Program Level: EMT-P Number of Students completing training per year: Initial Training: 12 Refresher: n/a Continuing education: n/a Expiration Date: 6-30-97 Number of Courses: Initial training: 0 Refresher: n/a Continuing education: n/a

Training Institution Name and Address

Contact Person and Telephone #

Woodland Avenue Fire Department		Tom Crook (209) 524-4239
Student Eligibility: Fire Personnel	Cost of Program: Basic: n/a Refresher: None	Program Level: EMT-I Number of Students completing training per year: Initial Training: n/a Refresher: 10 Continuing education: n/a Expiration Date: 6-30-97 Number of Courses: Initial training: n/a Refresher: 1 Continuing education: n/a

TABLE 9: Approved Training Programs

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Stanislaus

Training Institution Name and Address		Contact Person and Telephone #	
Abrams College 435 College Avenue, Modesto, Ca. 95350		Dan Lucky	(209) 551-1516
Student Eligibility: Open	Cost of Program: Basic \$575 Refresher: n/a	Program Level: EMT-I	Number of Students completing training per year: Initial Training: 75 Refresher: n/a Continuing education: n/a Expiration Date: 7-1-00
		Number of Courses: Initial training: 4 Refresher: n/a Continuing education: n/a	

Training Institution Name and Address		Contact Person and Telephone #	
Student Eligibility: Fire Personnel	Cost of Program: Basic: Refresher:	Program Level:	Number of Students completing training per year: Initial Training: Refresher: Continuing education: Expiration Date:
		Number of Courses: Initial training: Refresher: Continuing education	

TABLE 9: Approved Training Programs

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Tuolumne

Training Institution Name and Address

Contact Person and Telephone #

Columbia College		Pete Daly	(209) 533-5100
Student Eligibility: Open	Cost of Program: Basic \$78 plus books Refresher: \$13	Program Level: EMT-I	Number of Students completing training per year: Initial Training: 50 Refresher: 80 Continuing education: n/a Expiration Date: 6-30-97
		Number of Courses: Initial training: 2 Refresher: 2 Continuing education: n/a	

Training Institution Name and Address

Contact Person and Telephone #

Student Eligibility:	Cost of Program: Basic: Refresher:	Program Level:	Number of Students completing training per year: Initial Training: Refresher: Continuing education: Expiration Date:
		Number of Courses: Initial training: Refresher: Continuing education	

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<p>1. Name of Training Program</p> <p>2. Description of Program</p> <p>3. Agency/Institution</p> <p>4. Start Date</p> <p>5. End Date</p> <p>6. Status</p>	<p>7. Program Number</p> <p>8. Program Type</p> <p>9. Program Level</p> <p>10. Program Category</p> <p>11. Program Duration</p> <p>12. Program Cost</p>	<p>13. Program Description</p> <p>14. Program Objectives</p> <p>15. Program Outcomes</p> <p>16. Program Evaluation</p> <p>17. Program Funding</p> <p>18. Program Contact</p>
<p>1. Name of Training Program</p> <p>2. Description of Program</p> <p>3. Agency/Institution</p> <p>4. Start Date</p> <p>5. End Date</p> <p>6. Status</p>	<p>7. Program Number</p> <p>8. Program Type</p> <p>9. Program Level</p> <p>10. Program Category</p> <p>11. Program Duration</p> <p>12. Program Cost</p>	<p>13. Program Description</p> <p>14. Program Objectives</p> <p>15. Program Outcomes</p> <p>16. Program Evaluation</p> <p>17. Program Funding</p> <p>18. Program Contact</p>
<p>1. Name of Training Program</p> <p>2. Description of Program</p> <p>3. Agency/Institution</p> <p>4. Start Date</p> <p>5. End Date</p> <p>6. Status</p>	<p>7. Program Number</p> <p>8. Program Type</p> <p>9. Program Level</p> <p>10. Program Category</p> <p>11. Program Duration</p> <p>12. Program Cost</p>	<p>13. Program Description</p> <p>14. Program Objectives</p> <p>15. Program Outcomes</p> <p>16. Program Evaluation</p> <p>17. Program Funding</p> <p>18. Program Contact</p>

Table 9.1: Approved EMS Continuing Education Providers

Reporting Year: 1996-97

EMS System: Mountain-Valley EMS Agency

County: Alpine

PROVIDER NUMBER	TYPE	NAME OF PROVIDER ADDRESS	CONTACT PERSON	LEVEL OF TRAINING	PROGRAM APPROVAL EXPIRATION DATE
CE 602002	Health Dept.	Alpine County Health Department P.O. Box 545 Markleeville, CA 96120	Rick Botto, M.D. (916) 541-5232	BLS	10-31-99

Table 9.1: Approved EMS Continuing Education Providers

Reporting Year: 1996-97

EMS System: Mountain-Valley EMS Agency

County: Amador

PROVIDER NUMBER	TYPE	NAME OF PROVIDER ADDRESS	CONTACT PERSON	LEVEL OF TRAINING	PROGRAM APPROVAL EXPIRATION DATE
CE 60011	Base Hospital	Sutter - Amador Hospital 810 Court Street Jackson, CA 95642	Barabara Steuble, R.N. (209) 223-7500	BLS, ALS	4-30-98
CE 601006	Private	Pioneer-Amador Training Center 26949 Barton Road Pioneer, CA 95666	Patricia Vincent (209) 295-3443	BLS	4-30-99

Table 9.1: Approved EMS Continuing Education Providers

Reporting Year: 1996-97

EMS System: Mountain-Valley EMS Agency

County: Calaveras

PROVIDER NUMBER	TYPE	NAME OF PROVIDER ADDRESS	CONTACT PERSON	LEVEL OF TRAINING	PROGRAM APPROVAL EXPIRATION DATE
CE 60021	Base Hospital	Mark Twain-St. Joseph's Hospital 768 Mountain Ranch Road San Andreas, CA 95249	Kathy Labuff, R.N. (209) 754-3521	BLS, ALS	2-28-98
CE 601007	Private	EMS Taught and Tested 9584 Oak Glenn Drive Valley Springs, CA 95252	Mildred Zyski, EMT-P (209) 786-2425	BLS, ALS	7-31-99
CE 600205	Public Non-Profit	Blue Mountain Medical Volunteers P.O. Box 721 West Point, CA 95255	Bryan Smith (209) 293-7905	BLS	7-31-99

Table 9.1: Approved EMS Continuing Education Providers

Reporting Year: 1996-97

EMS System: Mountain-Valley EMS Agency

County: Mariposa

PROVIDER NUMBER	TYPE	NAME OF PROVIDER ADDRESS	CONTACT PERSON	LEVEL OF TRAINING	PROGRAM APPROVAL EXPIRATION DATE
CE 600071	Base Hospital	John C. Fremont Hospital 5189 Hospital Road Mariposa, CA 95338	Karen Mathes, R.N. (209) 966-3631	BLS, ALS	2-28-98
CE 602001	Health Dept.	Mariposa County Health Department P.O. Box 5 Mariposa, CA 95338	Phillip Whitson (209) 966-3689	BLS	12-31-98

Table 9.1: Approved EMS Continuing Education Providers

Reporting Year: 1996-97

EMS System: Mountain-Valley EMS Agency

County: Stanislaus

PROVIDER NUMBER	TYPE	NAME OF PROVIDER ADDRESS	CONTACT PERSON	LEVEL OF TRAINING	PROGRAM APPROVAL EXPIRATION DATE
CE 601008	Private	Education ETC. 3120 Gayland Drive Modesto, CA 95350	Carlene Bettencourt (209) 544-2928	BLS	1-31-00
CE 600052	Base Hospital	Doctors Medical Center 1441 Florida Avenue Modesto, CA 95350	Judy Mahan, R.N. (209) 576-3618	BLS, ALS	3-31-98
CE 600503	Ambulance Provider	American Medical Response Stanislaus County Division P.O. Box 4397 Modesto, CA 95352	Roland Poole, EMT-P (800) 913-9142	BLS, ALS	10-31-98
CE 600501	Ambulance Provider	Doctors Ambulance of Modesto 820 7th Street Modesto, CA 95354	Les Alderson, EMT-P (209) 524-6832	BLS, ALS	10-31-98
CE 600243	Fire Dept.	Modesto City Fire Department 610 11th Street Modesto, CA 95354	Bat. Chief Rich Sasser (209) 578-9591	BLS	12-31-98
CE 601009	Private	Community Education 101 College Avenue Modesto, CA 95354	Patricia Flanigan (209) 551-1516	BLS	2-29-00
CE 600512	Ambulance Provider	Medi-Flight of Northern California Memorial Medical Center 1700 Coffee Road Modesto, CA 95355	Roxanne Garbez, R.N. (209) 572-3292	BLS, ALS	1-31-99
CE 600054	Base Hospital	Memorial Medical Center 1700 Coffee Road Modesto, CA 95355	Linda Hutchinson, R.N. (209) 526-4500	BLS, ALS	2-28-98
CE 600264	Fire Dept.	Stanislaus Consolidated Fire Dept. 929 Oakdale Road Modesto, CA 95355	Dep. Chief Dan Reeves (209) 525-4651	BLS	11-30-99
CE 600058	Base Hospital	Stanislaus Medical Center 830 Scenic Drive Modesto, CA 95355	Joanne Helfer, R.N. (209) 558-7026	BLS, ALS	3-31-98

PROVIDER NUMBER	TYPE	NAME OF PROVIDER ADDRESS	CONTACT PERSON	LEVEL OF TRAINING	PROGRAM APPROVAL EXPIRATION DATE
CE 601005	Private	National Ski Patrol System, Inc. 2825 Laramie Drive Modesto, CA 95355	Tom Brennan (209) 521-0209	BLS	1-31-99
CE 600057	Base Hospital	Oak Valley District Hospital 350 South Oak Street Oakdale, CA 95361	Vivian Thompson, R.N. (209) 847-3011	BLS, ALS	2-28-98
CE 600254	Fire Dept.	Oakdale City Fire Department 325 East "G" Street Oakdale, CA 95361	Dan Cummins, EMT-P (209) 847-5907	BLS	1-28-99
CE 600255	Fire Dept.	Oakdale Rural Fire Protection Dist. 1398 East "F" Street Oakdale, CA 95361	Rich Reed, EMT-P (209) 847-6898	BLS	3-31-99
CE 600260	Fire Dept.	Salida Fire Protection District P.O. Box 1335 Salida, CA 95368	Leonard Larsen (209) 545-3840	BLS	2-28-99
CE 600053	Base Hospital	Emanuel Medical Center 825 Delbon Avenue Turlock, CA 95380	Debbie Reagor, R.N. (209) 667-5800	BLS, ALS	2-28-98
CE 600271	Fire Dept.	Turlock Rural Fire District 690 West Canal Drive Turlock, CA 95380	Craig Boothe (209) 632-3953	BLS	10-31-99
CE 600270	Fire Dept.	Turlock City Fire Department P.O. Box 1526 Turlock, CA 95381	Jerry McDaniel (209) 668-5580	BLS	1-28-99

Table 9.1: Approved EMS Continuing Education Providers

Reporting Year: 1996-97

EMS System: Mountain-Valley EMS Agency

County: Tuolumne

PROVIDER NUMBER	TYPE	NAME OF PROVIDER ADDRESS	CONTACT PERSON	LEVEL OF TRAINING	PROGRAM APPROVAL EXPIRATION DATE
CE 601003	College	Columbia College P.O. Box 1849 Columbia, CA 95310	Pete Daly, EMT-P (209) 533-5100	BLS	10-31-98
CE 601010	Private	Craig Peterson 19075 Outlook Drive Jamestown, CA 95327	Craig Peterson (209) 532-6280	BLS	9-30-00
CE 600610	Ambulance Provider	Tuolumne County Ambulance P.O. Box 5024 Sonora, CA 95370	Pete Daly, EMT-P (209) 532-3227	BLS, ALS	10-31-98
CE 600061	Base Hospital	Sonora Community Hospital 1 Forest Road Sonora, CA 95370	Don Burns, R.N. (209) 532-3161	BLS, ALS	2-28-98
CE 600062	Base Hospital	Tuolumne General Hospital 101 East Hospital Road Sonora, CA 95370	Janet Waldman, R.N. (209) 533-7100	BLS, ALS	2-28-98
CE 602003	County	Tuolumne County EMS P.O. Box 5024 Sonora, CA 95370	Pete Daly, EMT-P (209) 536-0620	BLS	9-30-00
CE 601001	Private	Rescue 3/The Rescue Source P.O. Box 519 Elk Grove, CA 95759	Gail Lane (916) 685-3006	BLS, ALS	2-28-98

TABLE 10: Facilities

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Amador

Name, Address & telephone: Sutter Amador Hospital 810 Court Street, Jackson, Ca. 95642 (209) 223-6600			Primary Contact: Scot Stenberg, Administrator	
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 <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a

Name, Address & telephone:			Primary Contact:	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Referral Emergency Service: <input type="checkbox"/> Standby Emergency Service: <input type="checkbox"/> Basic Emergency Service: <input type="checkbox"/> Comprehensive Emergency Service: <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:	
EDAP: <input type="checkbox"/> yes <input type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center, what Level: n/a

TABLE 10: Facilities

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Calaveras

Name, Address & telephone: Mark Twain - St. Joseph's Hospital 768 Mountain Ranch Road, San Andreas, Ca. 95249 (209) 754-3521			Primary Contact: Kathy Yarborough, Administrator		
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 <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a	

Name, Address & telephone:			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Referral Emergency Service: <input type="checkbox"/> Standby Emergency Service: <input type="checkbox"/> Basic Emergency Service: <input type="checkbox"/> Comprehensive Emergency Service: <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:		
EDAP: <input type="checkbox"/> yes <input type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center, what Level: n/a	

TABLE 10: Facilities

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Mariposa

Name, Address & telephone: John C. Fremont Hospital 5189 Hospital Road, Mariposa, Ca. 95338 (209) 966-3631			Primary Contact: Claire Kuczkowski, Administrator	
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 <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a

Name, Address & telephone:			Primary Contact:	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Referral Emergency Service: <input type="checkbox"/> Standby Emergency Service: <input type="checkbox"/> Basic Emergency Service: <input type="checkbox"/> Comprehensive Emergency Service: <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:	
EDAP: <input type="checkbox"/> yes <input type="checkbox"/> no	PICU: <input type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center, what Level: n/a

TABLE 10: Facilities

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Stanislaus

Name, Address & telephone: Del Puerto District Hospital P.O. Box 187, Patterson, Ca. 95363 (209) 892-8781			Primary Contact: Mike Petrie, Administrator	
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 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 <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a

Name, Address & telephone: Doctors Medical Center 1441 Florida Avenue, Modesto, Ca. 95350 (209) 578-1211			Primary Contact: Chris Diciccio, Chief Executive Officer	
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 <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a

TABLE 10: Facilities

EMS System: Mountain-Valley EMS Agency Reporting Year: 1996-97
 County: Stanislaus

Name, Address & telephone: Emanuel Medical Center 825 Delbon Avenue, Turlock, Ca. 95380 (209) 667-4200			Primary Contact: Bob Moen, Administrator	
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 <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a

Name, Address & telephone: Memorial Medical Center 1800 Coffee Road, Modesto, Ca. 95355 (209) 526-4500			Primary Contact: David Benn, Chief Executive Officer	
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 <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a

TABLE 10: Facilities

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Stanislaus

Name, Address & telephone: Oak Valley District Hospital 350 South Oak Street, Oakdale, Ca. 95361 (209) 847-3011			Primary Contact: Gary Rappaport, Administrator	
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 <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a

Name, Address & telephone: Stanislaus Medical Center 830 Scenic Drive, Modesto, Ca. 95350 (209) 558-7200			Primary Contact: Bev Finley, Director Stanislaus County Health Services Agency	
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 <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a

TABLE 10: Facilities

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Tuolumne

Name, Address & telephone: Sonora Community Hospital 1 Forest Road, Sonora, Ca. 95370 (209) 532-3161			Primary Contact: Lary Davis, Administrator	
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 <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a

Name, Address & telephone: Tuolumne General Hospital 101 East Hospital Road, Sonora, Ca. 95370 (209) 533-7100			Primary Contact: Joe Mitchell, Administrator	
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 <input checked="" type="checkbox"/> no	If Trauma Center, what Level: n/a

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ΕΠΙΧΕΙΡΗΣΙΑ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ
ΕΠΙΧΕΙΡΗΣΙΑ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ
ΕΠΙΧΕΙΡΗΣΙΑ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ
ΕΠΙΧΕΙΡΗΣΙΑ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ

ΕΠΙΧΕΙΡΗΣΙΑ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ
ΕΠΙΧΕΙΡΗΣΙΑ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ
ΕΠΙΧΕΙΡΗΣΙΑ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ
ΕΠΙΧΕΙΡΗΣΙΑ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ	ΚΑΤΗΓΟΡΙΑ	ΠΕΡΙΓΡΑΦΗ

Table 11: Dispatch Agencies

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Amador

Name, address & telephone: Amador County Sheriff's Office, Communications Center 108 Court Street, Jackson, Ca. 95642 (209) 223-6513			Primary Contact: Darienne Threlkeld		
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: 10-12 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 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, _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: 4 ground ambulances 1 ALS squad	

Name, address & telephone:			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: _____	

Table 11: Dispatch Agencies

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Calaveras

Name, address & telephone: Calaveras County Sheriff's Office, Communications Center Government Center, San Andreas, Ca. 95249 (209) 754-6500			Primary Contact: Ron McFall	
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: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 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, _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: <u>4</u>

Name, address & telephone:			Primary Contact:	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other	
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: _____

Table 11: Dispatch Agencies

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Mariposa

Name, address & telephone: California Department of Forestry, Emergency Communications Center 5366 Highway 49 North, Mariposa, Ca. 95338 (209) 966-3622			Primary Contact: Armando Rios		
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: 5-10 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 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 checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input checked="" type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: 3 ground ambulances	

Name, address & telephone:			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: _____	

Table 11: Dispatch Agencies

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Stanislaus

Name, address & telephone: Stanislaus County Emergency Medical Communications 801 11th Street, Modesto, Ca. 95354 (209) 524-6941			Primary Contact: Robert Wright		
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: <u>10-12</u> EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: <u>6-10</u>	

Name, address & telephone:			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: _____	

Table 11: Dispatch Agencies

EMS System: Mountain-Valley EMS Agency

Reporting Year: 1996-97

County: Tuolumne

Name, address & telephone: Tuolumne County Sheriff's Office, Communications Center 28 North Lower Sunset Drive, Sonora, Ca. 95370 (209) 533-5815			Primary Contact: Sue West		
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: 10-12 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 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, _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: 4 ground ambulances	

Name, address & telephone:			Primary Contact:		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
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, _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	Number of ambulances: _____	

EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9TH STREET, SUITE 100
SACRAMENTO, CA 95814-7043
(916) 322-4336 FAX: (916) 324-2875



October 1, 1997

Steve Andriese
EMS Executive Director
Mountain-Valley EMS Agency
1101 Standiford Avenue, #D1
Modesto, CA 95350

Dear Ms. Andriese:

We have completed our review of the *Mountain-Valley EMS Agency's Emergency Medical Services Plan Update: 1996*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*.

If you have any questions regarding the plan review, please call Michele Rains at (916) 322-4336, extension 315.

Sincerely,

Michele Rains for

Maureen McNeil
Chief, EMS Division

MM:mr