

**SIERRA-SACRAMENTO VALLEY  
EMERGENCY MEDICAL SERVICES AGENCY**

**REGIONAL  
EMERGENCY MEDICAL SERVICES  
PLAN**

**SERVING THE COUNTIES OF**

**PLACER  
YOLO  
NEVADA  
SUTTER  
YUBA**

**1997**

SIERRA-  
SACRAMENTO  
VALLEY

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Robert Weygandt, Chairperson, Supervisor, Placer County  
Mike McGowan, Supervisor, Yolo County  
Rene Antonson, Supervisor, Nevada County  
Casey Kroon, Supervisor, Sutter County  
Al Amaro, Supervisor, Yuba County

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# EMERGENCY MEDICAL SERVICES PLAN

1997

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# **EXECUTIVE SUMMARY**

## **Executive Summary**

Health and Safety Code, Division 2.5, Section 1797.254, requires the EMS Agency to annually submit an emergency medical services plan to the State EMS Authority. The Plan shall be used as both a work plan and a long range plan. This document is the Base Plan which meets the requirements of the initial five year plan. Annual work plans shall be submitted each of the subsequent four years providing updated information on the status of the system and the EMS Agency's progress in meeting its long range plans. The plan meets all requirements set forth in the EMS System Guidelines , Part III, EMS System Planning Guidelines, EMSA # 103.

The information provided in this Base Plan spans varying time frames based on input from available sources and State requirements. In most cases, data is reported for the calendar year. In some instances, based on reporting availability, data is reported for fiscal year.

The major needs identified in the Sierra-Sacramento Valley EM S region center around the following:

### **Communications**

- Individual counties should develop communication plans.

### **Quality Improvement**

- S-SV EMS needs to ensure that EMS services maintain CQI programs.

### **Dispatch**

- The system needs to further evaluate the dispatch centers.

### **Disaster Medical Response**

- Disaster subcommittees should be developed to implement disaster plans. Disaster coordination and planning needs to improve.

### **Public Education**

- Education efforts need improvement. Counties should do this on an individual basis.

**Table 1:**

**Summary of System Status**

**TABLE 1: Summary of System Status**

Include the items from Table 1 that are followed by an asterisk on the System Assessment form. Describe on the form how resources and/or services are coordinated with other EMS agencies in meeting the standards. Table 1 is to be reported by agency.

**A. SYSTEM ORGANIZATION AND MANAGEMENT**

<b>Agency Administration</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline</b>	<b>Annual Implementation</b>	<b>Long-range Plan</b>
1.01 LEMSA Structure		X			X
1.02 LEMSA Mission		X			X
1.03 Public Input		X			X
1.04 Medical Director		X	YES		X

**Planning Activities**

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

<b>Regulatory Activities</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline</b>	<b>Annual Implementation</b>	<b>Long-range Plan</b>
1.12 Review & Monitoring		X			
1.13 Coordination		X			
1.14 Policy & Procedures Manual		X			
1.15 Compliance w/ Policies		X			

### **System Finance**

1.16 Funding Mechanism		X			
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### **Medical Direction**

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

### **Enhanced Level: Advanced Life Support**

1.24 ALS Systems		X			
1.25 On-Line Medical Direction		X	YES		

<b>Enhanced Level: Trauma Care System</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline</b>	<b>Annual Implementation</b>	<b>Long-range Plan</b>
1.26 Trauma System Plan		X			

**Enhanced Level: Pediatric Emergency & Critical Care System**

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

1.28 EOA Plan		N/A			
---------------	--	-----	--	--	--

## B. STAFFING / TRAINING

Local EMS Agency	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
2.01 Assessment of Needs		X			
2.02 Approval of Training		X			
2.03 Personnel		X			

### Dispatchers

2.04 Dispatch Training	X		NO		X
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### First Responders (non-transporting)

2.05 First Responder Training		X	NO		X
2.06 Response		X			
2.07 Medical Control		X			

### Transporting Personnel

2.08 EMT-I Training		X	YES		
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### Hospital

2.09 CPR Training		X			
2.10 Advanced Life Support		X	YES		

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

### C. COMMUNICATIONS

Communications Equipment	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
3.01 Communication Plan*		X	YES		
3.02 Radios		X	YES		
3.03 Interfacility Transfer*		X			
3.04 Dispatch Center		X			X
3.05 Hospitals		X	YES		X
3.06 MCI/Disasters		X			X

#### Public Access

3.07 9-1-1 Planning/Coordination		X	YES		
3.08 9-1-1 Public Education		X			

#### Resource Management

3.09 Dispatch Triage		X			X
3.10 Integrated Dispatch		X	YES		

## D. RESPONSE / TRANSPORTATION

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

### Enhanced Level: Advanced Life Support

4.16 ALS Staffing		X	YES		
4.17 ALS Equipment		X			

<b>Enhanced Level: Ambulance Regulation</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline</b>	<b>Annual Implementation</b>	<b>Long-range Plan</b>
4.18 Compliance		X			

**Enhanced Level: Exclusive Operating Permits**

4.19 Transportation Plan		N/A			
4.20 Grandfathering		N/A			
4.21 Compliance		N/A			
4.22 Evaluation		N/A			

## E. FACILITIES / CRITICAL CARE

	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
<b>Universal Level</b>					
5.01 Assessment of Capabilities		X	YES		
5.02 Triage & Transfer Protocols*		X			
5.03 Transfer Guidelines*		X			X
5.04 Specialty Care Facilities*		X			X
5.05 Mass Casualty Management		X			
5.06 Hospital Evaluation*		X			

### Enhanced Level: Advanced Life Support

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

5.08 Trauma System Design		X			
5.09 Public Input		X			

### Enhanced Level: Pediatric Emergency & Critical Care System

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

### Enhanced Level: Other Speciality Care System

5.13 Speciality System Design		X			
5.14 Public Input		X			

## F. DATA COLLECTION / SYSTEM EVALUATION

	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
<b>Universal Level</b>					
6.01 QA/QI Program		X	YES		
6.02 Prehospital Records		X		X	
6.03 Prehospital Care Audits		X	YES		
6.04 Medical Dispatch	X				X
6.05 Data Management System*		X	YES		X
6.06 System Design Evaluation		X			
6.07 Provider Participation		X			
6.08 Reporting		X			

### Enhanced Level: Advanced Life Support

6.09 ALS Audit		X	YES		X
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### Enhanced Level: Trauma Care System

6.10 Trauma System Evaluation		X			
6.11 Trauma Center Care		X	YES		

## G. PUBLIC INFORMATION AND EDUCATION

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

## H. DISASTER MEDICAL RESPONSE

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

### Enhanced Level: Advanced Life Support

8.17 ALS Policies		X			
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<b>Enhanced Level: Specialty Care Systems</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline</b>	<b>Annual Implementation</b>	<b>Long-range Plan</b>
8.18 Specialty Center Roles		X			
8.19 Waiving Exclusivity		N/A			

# SYSTEM ASSESSMENT

# SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

## Agency Administration

### 1.01 LEMSA Structure

#### STANDARD:

##### 1.01

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

#### CURRENT STATUS:

The S-SV EMS Agency is a regional five (5) county Joint Powers Agency (JPA) serving the counties of Placer, Yolo, Yuba, Sutter and Nevada. The Agency has a five (5) member JPA Governing Board of Directors consisting of a member of the Board of Supervisors from each participating county. There is a 6.5 FTE staff that includes:

- (1) Regional Executive Director
- (1) Associate Regional Executive Director
- (1) Special Projects Administrator
- (1) Quality Assurance/Education Coordinator
- (1) Records Analyst
- (1) Data Assistant
- (.5) Medical Director

The organizational chart is attached.

The Agency has the following committees/task forces that provide technical, clinical and community input and recommendations regarding the development of plans, policies and procedures.

- Medical Control Committee
- Quality Improvement Committee
- Pediatric Committee
- Trauma Task Force
- Trauma Quality Improvement Committee
- EMS Planning Task Forces for each county
- Helicopter Task Force
- Trauma Registry Users Committee

The committees/task forces include physicians, medical directors, nurses, base hospital coordinators, paramedics, ambulance service representatives, fire and law enforcement officials, hospital representatives, PSAP representatives, helicopter services, city managers, county officials, elected officials and others.

**NEEDS:**

Meets minimum standards.

**OBJECTIVE:**

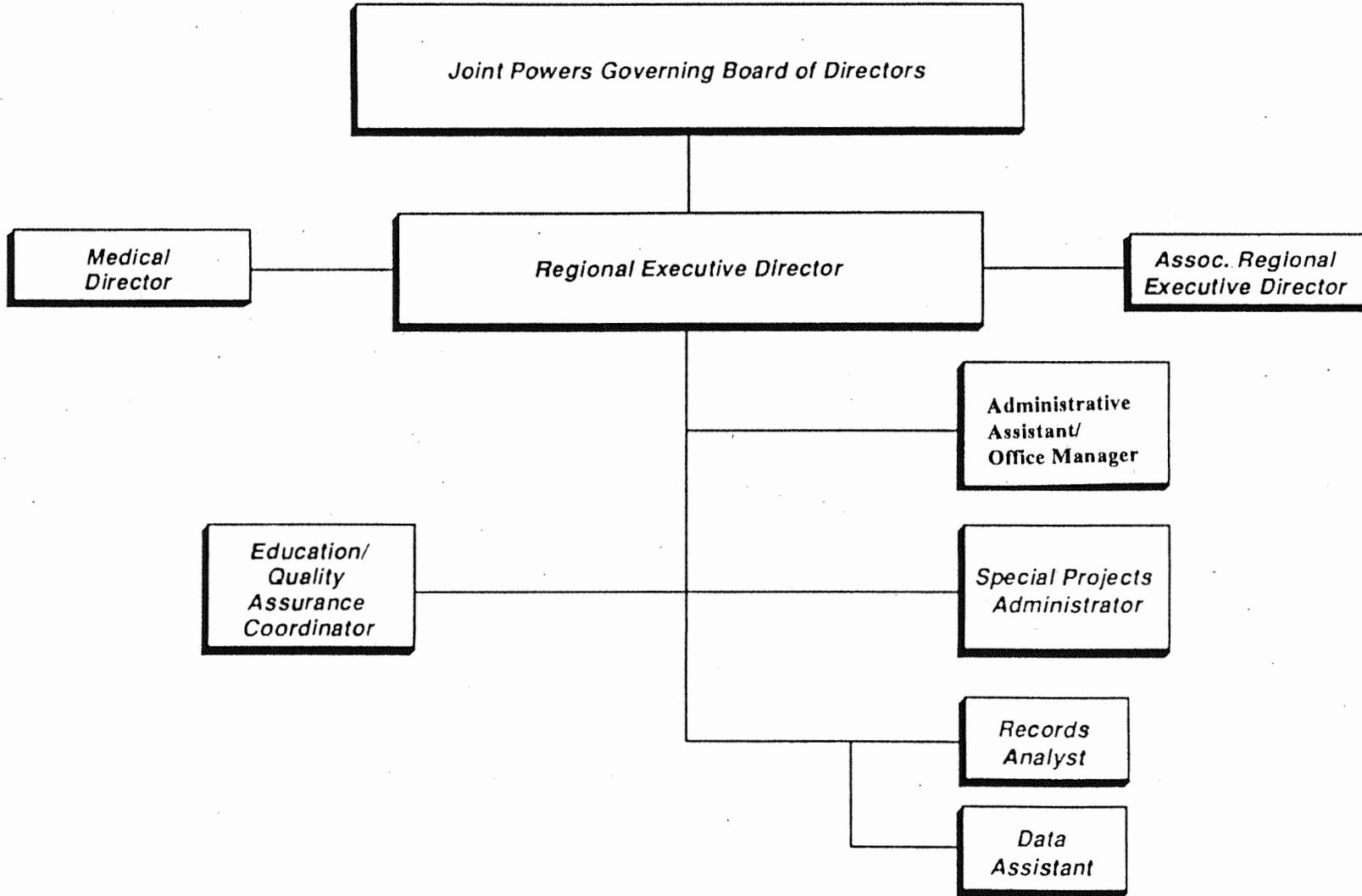
Continue current actions.

**TIMEFRAME FOR OBJECTIVE:**

Short Range Plan

Long Range Plan

**SIERRA-SACRAMENTO VALLEY EMS AGENCY  
ORGANIZATIONAL CHART**



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# SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

## Agency Administration

### 1.02 LEMSA Mission

#### STANDARD:

##### 1.02

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

#### CURRENT STATUS:

The S-SV EMS Agency utilizes a continuing quality improvement program, in addition to other mechanisms, to plan, implement, and evaluate its system. Input and evaluation has been obtained from a variety of participating agencies during the revision of the EMS Plan.

The Regional Quality Improvement Committee meets monthly to provide feedback to the Agency on prehospital medical care. The committee is charged with the duties to:

- Promote region-wide standardization of prehospital quality improvement including medical audit review, corrective action and follow-up.
- Monitor, evaluate and report on quality of prehospital care and transportation including compliance with law, regulations, policy and procedure, and recommend revisions and/or corrective action as necessary.
- Recommend standards, policies, protocols, and procedures as necessary to improve prehospital care, training, and quality improvement.
- Make recommendations specific to hospital and S-SV data collection and dissemination.

#### NEEDS:

Meets minimum standards.

#### OBJECTIVES:

Continue current actions.

#### TIMEFRAME FOR OBJECTIVE:

- Short Range Plan  
 Long Range Plan

## SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

### Agency Administration 1.03 LEMSA Public Input

#### STANDARD:

##### 1.03

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

#### CURRENT STATUS:

The S-SV EMS Agency is active in obtaining input in the development of plans, policies, and procedures. There are regularly scheduled meetings for each of the five counties Emergency Medical Care Committees. Two of the counties, Yuba and Sutter, have a single bi-county EMCC. S-SV EMS also obtains input from numerous other committees/task forces as identified under Standard 1.01.

S-SV EMS has under taken a lengthy planning process that involves providers, consumers, city and county officials from the five counties in the EMS planning process.

#### NEEDS:

Meets minimum standards.

#### OBJECTIVES:

Continue current actions.

#### TIMEFRAME FOR OBJECTIVE:

Short Range Plan  
 Long Range Plan

# SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

## Agency Administration 1.04 LEMSA Medical Director

### STANDARD:

#### 1.04

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

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

Each local EMS 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 S-SV EMS Agency is honored to have William J.Koenig, M.D. as its EMS Medical Director. Dr. Koenig has a vast amount of experience with Emergency Medical Services. He has served on the California EMS Commission, and as the EMS Medical Director for Los Angeles County. Dr. Koenig is a Fellow of the American College of Emergency Physicians, and is a Diplomate of The American Board of Emergency Medicine. S-SV EMS has an advisory committee for prehospital medical, trauma and pediatric care. Dr. Koenig also provides collaboration with other physicians throughout the nation.

### NEEDS:

Meets minimum standards and the recommended guidelines.

### OBJECTIVES:

Continue current actions.

### TIMEFRAME FOR OBJECTIVE:

Short Range Plan  
 Long Range Plan

# SYSTEM ASSESSMENT-SYSTEM ORGANIZATION AND MANAGEMENT

## PLANNING ACTIVITIES

### 1.05 LEMSA System Plan

#### **STANDARD:**

#### **1.05**

Each local EMS Agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority.

The plan shall:

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

#### **CURRENT STATUS:**

The S-SV EMS Agency has developed an EMS Plan in accordance with the State EMSA guidelines as evidenced by this document. S-SV EMS obtained input and collaboration from system participants within the five county region.

#### **NEEDS:**

Meets minimum standards.

#### **OBJECTIVES:**

To develop a regional EMS Plan that includes unique issues in each county.

#### **TIMEFRAME FOR OBJECTIVE:**

- Short Range Plan  
 Long Range Plan

## SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

### Planning Activities

#### 1.06 LEMSA Annual Plan Update

##### **STANDARD:**

##### **1.06**

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

##### **CURRENT STATUS:**

The S-SV EMS Agency will provide annual updates to the EMS Plan as required. The updates will begin in 1996-97.

##### **NEEDS:**

Meets minimum standards.

##### **OBJECTIVES:**

To provide annual updates to the Regional EMS Plan.

##### **TIMEFRAME FOR OBJECTIVE:**

- Short Range Plan
- Long Range Plan

## SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

### Planning Activities

#### 1.07 LEMSA Trauma Planning\*

##### STANDARD:

##### 1.07

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

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

##### CURRENT STATUS:

The S-SV EMS Agency developed a Regional Trauma Plan under an EMSA Special Project Grant in FY 93/94. The plan was approved by the S-SV Governing Board of Directors on November 11, 1993 and the State EMS Authority on February 9, 1994. The S-SV EMS Trauma Plan is an "inclusive" plan that includes Level II and Level III Trauma Centers.

Roseville Hospital was designated as a Level II Trauma Center and became operational on January 13, 1995. The Agency has an agreement with UCD-Medical Center as a Level I Trauma Center for Yolo County and as a Level I Pediatric Trauma Center for the Region. We anticipate the designation of other regional hospitals as Level II Trauma Centers.

##### COORDINATION WITH OTHER EMS AGENCIES:

The S-SV EMS Region, NorCal EMS, Sacramento County and El Dorado County have agreed to develop a multi-county Regional Trauma Center Network.

The Agency has executed an Inter-Regional/County Paramedic and Mobile Intensive Care Nurse Accreditation Agreement with NorCal EMS, San Joaquin County, Sacramento County, El Dorado County, Napa County and Solano County. They include protocols for ALS providers in the event they need Base Hospital support while out of their jurisdiction.

##### NEED(S):

To continue to implement the approved S-SV Trauma System Plan. All hospitals in the S-SV EMS Region should have a trauma designation and function at the designated level.

**OBJECTIVE:**

To have an inclusive trauma system, involving all hospitals as Level II or Level III Trauma Centers.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long Range Plan (Recommended Guideline)

## SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

### Planning Activities

#### 1.08 LEMSA ALS Planning\*

##### STANDARD:

##### 1.08

Each local EMS Agency shall plan for eventual provision of Advanced Life Support Services throughout its jurisdiction.

##### CURRENT STATUS:

All areas of the S-SV EMS Agency region are covered with Advanced Life Support (ALS) response as part of the initial dispatch to all 9-1-1 medical emergency calls. These services are provided by fire service agencies, private ambulance services, helicopter services, and volunteer services. Throughout the EMS Planning process each county has reviewed the current provision of ALS.

Effective January 15, 1995, a Memorandum of Understanding (MOU) between the City of Winters in Yolo County, and American Medical Response become operational. The MOU provides automatic ALS response to the Winters Fire District that previously had only BLS response. ALS was dispatched if required. Now ALS is automatically dispatched. Paramedics are cancelled in accordance with established criteria.

Yolo County has undergone an evaluation process of alternative models for the provisions of ALS services. The current model is a private service and the Winters Fire District. The EMS Plan Task Force is evaluating the current system and exploring a fire-based public ~~is evaluating~~ <sup>service</sup> model. There is an area of Solano County, the City of Dixon, that due to geographic conditions is mostly serviced out of Yolo County. Dixon Fire is participating in the Yolo County planning process.

The Nevada County Planning Task Force has discussed the possibility of a fire service JPA to provide ALS Ambulance service in the event that the Sierra Nevada Hospital stopped providing ambulance service in western Nevada County.

Placer, Yuba, and Sutter Counties do not foresee any immediate changes in ALS services that need to be addressed.

A new area of concern is the potential negative impact of Managed Health Care and Capitation to the 9-1-1 system. S-SV EMS Agency has been in the process of providing awareness and education of the potential affects. Each county is being encouraged to consider this issue.

**COORDINATION WITH OTHER EMS AGENCIES:**

Discussion and if needed a Memorandum of Understanding, with Solano County EMS Agency may be needed concerning provision for ALS services in the City of Dixon.

**NEED(S):**

Meets minimum standard.

**OBJECTIVE:**

- To continue to review response times for ALS throughout the region. In rural areas with extended ALS response times, discussions will occur with local fire agencies to explore alternatives for improvement of service.
- To continue to assist member counties in planning for the provision of ALS services in view of the changing health care system.
- To continue to ensure the provision of ALS service coverage as a priority to all geographic areas within the Region.

**TIMEFRAME FOR OBJECTIVE:**

- Short Range Plan
- Long Range Plan

## SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

### Planning Activities

#### 1.09 LEMSA Inventory of Resources

##### **STANDARD:**

##### **1.09**

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

##### **CURRENT STATUS:**

S-SV EMS has done so. Refer to Tables eight, nine, and ten of this document.

##### **NEEDS:**

Meets minimum standards.

##### **OBJECTIVES:**

To annually update the information on Tables eight , nine, and ten annually.

##### **TIMEFRAME FOR OBJECTIVE:**

Short Range Plan

Long Range Plan

# SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

## PLANNING ACTIVITIES 1.10 LEMSA Special Populations

### STANDARD:

#### 1.10

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

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

### CURRENT STATUS:

S-SV EMS Agency's data system can identify users of the EMS system by population groups and services provided. This information is used for planning, and policy and services development. This information may also be utilized for public education purposes.

Most dispatch centers access interpreter services through enhanced 9-1-1 services or through the telephone company to assist with non-English speaking consumers. Receiving hospitals are able to access interpreter services or utilize employees when needed.

Throughout initial and continuing education programs for EMT-I's, EMT-P's and MICN's special areas of needs for elderly, pediatric and handicapped are emphasized. The Agency has developed pediatric protocols and services for pediatric medical and trauma care.

### NEEDS:

Meets minimum standards and recommended guidelines.

### OBJECTIVES:

Continue to review data systems information.

### TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

# SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

## PLANNING ACTIVITIES

### 1.11 LEMSA System Participants

#### **STANDARD:**

#### **1.11**

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

#### **CURRENT STATUS:**

S-SV EMS has identified the optimal roles and responsibilities of system participants. The agency utilizes Base Hospital Agreements, facility trauma designation and contracts, and written agreements with providers. Designated exclusive operating areas (EOA) have not been formalized in the S-SV region, however, the Agency has retained the right to designate EOAs. The counties of Nevada, Sutter, Yolo and Yuba have retained their rights of ambulance permitting. S-SV EMS Agency has contracted with the County of Placer to provide ambulance contracting and permitting.

#### **NEEDS:**

Meets minimum standards and recommended guidelines.

#### **OBJECTIVES:**

Continue current practice.

#### **TIMEFRAME FOR OBJECTIVE:**

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

### Regulatory Activities

#### 1.12 LEMSA Review and Monitoring

##### **STANDARD:**

##### **1.12**

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

##### **CURRENT STATUS:**

The S-SV EMS Agency provides review and monitoring of the EMS systems operations through various processes that include the EMS data collection system, the various committees and task forces, County EMCCs, coordination with provider agencies and hospitals. System status is reported to the JPA Board, and Quarterly Reports to the SEMSA.

##### **NEEDS:**

Meets minimum requirements.

##### **OBJECTIVES:**

Continue current practice.

##### **TIMEFRAME FOR OBJECTIVE:**

- Short Range Plan
- Long Range Plan

## SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

### Regulatory Activities 1.13 LEMSA Coordination

#### STANDARD:

#### 1.13

Each local EMS Agency shall coordinate EMS system operations.

#### CURRENT STATUS:

The S-SV EMS Agency is active in EMS system coordination as demonstrated by committee involvement, policy and procedure development, and coordination with the provider agencies and hospitals.

#### NEEDS:

Meets minimum requirements.

#### OBJECTIVES:

Continue current practice.

#### TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

## SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

### Regulatory Activities

#### 1.14 LEMSA Policy & Procedures Manual

##### **STANDARD:**

##### **1.14**

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

##### **CURRENT STATUS:**

The S-SV EMS Agency maintains a Prehospital Care Policy and Procedure Manual. The information is divided into the following areas: State Law and Regulation, Local EMS Agency, Base Hospitals, Provider Agencies, Receiving Hospital/Patient Destination/Transport, Record Keeping/Audit/QA, Equipment/Supplies/Vehicles, Field Protocols/Procedures, Certification/Recertification, Training Programs, and Appendices.

Newly approved provider agencies, hospitals, or vehicles are provided with copies of the manual. Manuals are available to the public for a basic cost.

Policy and procedures are reviewed and revised as needed at least every two years.

##### **NEEDS:**

Meets minimum requirements.

##### **OBJECTIVES:**

Continue current practice.

##### **TIMEFRAME FOR OBJECTIVE:**

- Short Range Plan
- Long Range Plan

## SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

### Regulatory Activities

#### 1.15 LEMSA Compliance with Policies

##### **STANDARD:**

##### **1.15**

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

##### **CURRENT STATUS:**

S-SV EMS utilizes review through the data system and quality improvement process to monitor compliance with system policies. Compliance of EMS personnel with system policies is primarily monitored by daily supervision of personnel by the provider agencies, base hospitals, and input from the receiving hospitals.

##### **NEEDS:**

Meets minimum requirements.

##### **OBJECTIVES:**

Continue current practice.

##### **TIMEFRAME FOR OBJECTIVE:**

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT - SYSTEM ORGANIZATION AND MANAGEMENT

### System Finances

#### 1.16 LEMSA Funding Mechanism

##### STANDARD:

##### 1.16

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

##### CURRENT STATUS:

S-SV EMS utilizes funds from the county members as well as the State General Fund. Additionally, funds are obtained from fees implemented for certification and accreditation functions, and trauma hospital designation. The Agency competes for Grant monies also. The budget is reviewed by experts and the JPA Governing Board.

##### NEEDS:

Meets minimum requirements.

##### OBJECTIVES:

To continue to explore means of maximizing funding, seek grant sources, fees for services, and ensure cost effectiveness of programs.

##### TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

## SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

### Medical Direction

#### 1.17 LEMSA Medical Director

##### **STANDARD:**

##### **1.17**

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

##### **CURRENT STATUS:**

S-SV EMS currently provides medical direction for the regional EMS system as defined in the S-SV EMS Prehospital Care Policy Manual, Section III, VI, VIII. All medical policies and procedures are reviewed and evaluated by the Medical Director. The roles, and responsibilities of base hospitals have been defined in the Base Hospital Agreement. Base Hospital Agreements have been obtained with all bases. Modified Base Hospital Programs have been instituted at Tahoe Forest Hospital and Sierra Nevada Hospital. Other hospitals in the region have expressed interest in becoming a Modified Base and are in the process of being evaluated to become a Modified Base.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

The S-SV EMS Agency Medical Director communicates formally and informally with other local agencies through committees and participation with the Emergency Medical Directors' Association of California (EMDAC) to assist interfacing with other EMS agencies.

##### **NEED(S):**

Meets minimum standards

##### **OBJECTIVE:**

Continue to evaluate the number of base hospitals, their roles and responsibilities.

##### **TIMEFRAME FOR OBJECTIVE:**

- Annual Implementation Plan
- Long Range Plan

## SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

### Medical Direction 1.18 LEMSA QA/QI

#### STANDARD:

#### 1.18

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

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

#### CURRENT STATUS:

S-SV EMS has an active QA committee. The Agency is in the process of re-establishing a regional Quality Improvement Committee. Each base hospital and provider has a QI program. All provider agencies submit scan forms for every ALS contact to the regional data system. Two private providers (AMR and Bi County Ambulance utilize the data system for quality improvement in cooperation with the base hospitals.

#### NEEDS:

Meets minimum standards and recommended guidelines.

#### OBJECTIVES:

To re-establish a regional QI committee with QI representatives from the base hospitals and providers.

#### TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

## SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

### Medical Direction

#### 1.19 LEMSA Policies, Procedures, Protocols

##### STANDARD:

##### 1.19

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

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

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

##### CURRENT STATUS:

S-SV EMS meets the minimum standard. The agency has a Prehospital Care Policy Manual which address the above areas and additional concerns. The member counties maintain the oversight of the Primary Safety Answer Points (PSAP's). Currently prearrival/post dispatch instructions are not used by many of the PSAP's. Through the EMS Planning process each county has identified the desire for EMD implementation.

##### NEEDS:

- A. Meets minimum standards and recommended guidelines.
- B. PSAP's need to implement Emergency Medical Dispatching utilizing pre-arrival/post dispatch instructions.

**OBJECTIVES:**

- A. To continue to review and update policies, procedures and protocols every two years or as needed.
- B. To continue to encourage member county PSAP's to upgrade to Emergency Medical Dispatch and to assist the counties to explore means to accomplish the upgrades.

**TIMEFRAME FOR OBJECTIVE:**

- Short Range Plan
- Long Range Plan

## SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

### Medical Direction 1.20 LEMSA DNR Policy

#### **STANDARD:**

##### **1.20**

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

#### **CURRENT STATUS:**

S-SV EMS does have a policy complying with the EMS Authority's DNR guidelines, Policy No. 823.

#### **NEEDS:**

Meets minimum standards.

#### **OBJECTIVES:**

Continue current practice.

#### **TIMEFRAME FOR OBJECTIVE:**

- Short Range Plan
- Long Range Plan

## SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

### Medical Direction

#### 1.21 LEMSA Determination of Death

##### STANDARD:

##### 1.21

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

##### CURRENT STATUS:

S-SV EMS does address determination death (including deaths at the scene of apparent crimes) in the Prehospital Care Policy Manual. See Policies 820, 821, and 825.

##### NEEDS:

Meets minimum standards.

##### OBJECTIVES:

To continue to review policies every two years, or sooner as needed.

##### TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

### Medical Direction

#### 1.22 LEMSA Reporting of Abuse

##### **STANDARD:**

##### **1.22**

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

##### **CURRENT STATUS:**

S-SV EMS Agency adheres to the California Code of Regulations, Title 22 and the California Penal Code, Article 2.5 in regards to reporting abuse. Providers and training programs provide information concerning elder and child abuse, and suspected SIDS deaths.

##### **NEEDS:**

Meets minimum standards.

##### **OBJECTIVES:**

Continue current actions.

##### **TIMEFRAME FOR OBJECTIVE:**

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

### Medical Direction

#### 1.23 LEMSA Interfacility Transfer

##### **STANDARD:**

##### **1.23**

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

##### **CURRENT STATUS:**

S-SV EMS Agency has established policies regarding interfacility transfers. See Policies 515 and 840.

##### **NEEDS:**

Meets minimum standards.

##### **OBJECTIVES:**

Continue current actions.

##### **TIMEFRAME FOR OBJECTIVE:**

- Short Range Plan
- Long Range Plan

## SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

### Enhanced Level: Advanced Life Support

#### 1.24 LEMSA

#### STANDARD:

##### 1.24

Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS Agency.

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

#### CURRENT STATUS:

S-SV EMS Agency has approved all the advanced life support providers. The Agency has contracted with the County of Placer for ambulance permitting. It has not been necessary to establish exclusive operating areas for ALS providers in the region.

#### NEEDS:

Meets minimum standards.

#### OBJECTIVES:

Continue current actions.

#### TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

# SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

## Enhanced Level: Advanced Life Support 1.25 On-Line Medical Direction

### STANDARD:

#### 1.25

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

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

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

### CURRENT STATUS:

The base hospitals in the region utilize agency certified mobile intensive care nurses and base hospital Emergency Department physicians. Currently all the hospital in the region are bases or modified bases. A modified base plan was piloted and evaluated. Four of the hospitals, Tahoe Forest Hospital, Sierra Nevada Hospital, Woodland Memorial and Sutter Auburn Faith Hospitals are functioning as modified bases. The ALS providers are active participants in the modified base plan. Other hospitals in the region have expressed interest in becoming modified bases and the feasibility is under evaluation.

### NEED:

Meets minimum standards and recommended guidelines.

### OBJECTIVE:

Continue evaluation and impact of Modified bases to the region.

### TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

# SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT

## Enhanced Level: Trauma Care 1.26 Trauma System Plan

### **STANDARD:**

#### **1.26**

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

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

### **CURRENT STATUS:**

S-SV EMS Agency has developed a Regional Trauma Plan. The State EMS Authority approved the plan in 1994. The optimal system design has been defined. The process for trauma designation has been outlined. The agency continues to assist the hospital to explore and define their role in the system.

### **NEED:**

Meets minimum standards.

### **OBJECTIVE:**

Continue current actions.

### **TIMEFRAME FOR OBJECTIVE:**

- Short Range Plan
- Long Range Plan

**SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT**

**Enhanced Level: Pediatric Emergency Medical and Critical Care System**  
**1.27 Pediatric System Plan**

**STANDARD:**

**1.27**

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

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

**CURRENT STATUS:**

S-SV EMS has an active Pediatric Care Committee. Pediatric policies have been established. Pediatric Care Centers have been designated.

**NEED:**

Meets minimum standards.

**OBJECTIVE:**

Continue current actions.

**TIMEFRAME FOR OBJECTIVE:**

- Short Range Plan
- Long Range Plan

**SYSTEM ASSESSMENT- SYSTEM ORGANIZATION AND MANAGEMENT**

**Enhanced Level: Exclusive Operating Area**

**1.28 EOA Plan**

**STANDARD:**

**1.28**

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

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

**CURRENT STATUS:**

S-SV EMS Agency has not felt the need to establish exclusive operating areas. The Agency has retained the rights to establish EOS's as needed.

**NEED:**

Not applicable.

**OBJECTIVE:**

Not applicable.

**TIMEFRAME FOR OBJECTIVE:**

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT-STAFFING/TRAINING

### Local EMS Agency 2.01 Assessment of Needs

#### STANDARD:

#### 2.01

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

#### CURRENT STATUS:

Currently there are fourteen approved EMT-I training programs and two MICN training programs in the region. EMT-Paramedic accreditation classes are conducted every three weeks on an as needed basis.

S-SV staff attends all member county EMCC meetings, County Fire Chief Association meetings, and Fire department EMS Coordinator Association meetings. Through the member county committee structure and the S-SV regional committee structure, input is received regarding educational needs on an on-going basis.

#### NEEDS:

Meets minimum standards.

#### OBJECTIVES:

Through the EMS Planning process potential training needs have been identified such as EMD, EMT-I, enhanced EMT-I skills. S-SV EMS Agency will monitor and facilitate the training needs as they occur.

#### TIMEFRAME FOR MEETING OBJECTIVE:

Short Range Plan  
 Long Range Plan

## **SYSTEM ASSESSMENT- STAFFING/TRAINING**

### **Local EMS Agency**

#### **2.02 Approval of Training**

##### **STANDARD:**

##### **2.02**

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

##### **CURRENT STATUS:**

S-SV has an application and approval mechanism established to approve EMS education programs. All base hospitals are approved as ALS Continuing Education providers. When the State Continuing Education Guidelines are implemented, the program will be expanded to include approval of ALS and BLS service providers as CE providers.

S-SV provides orientations to all administrators, instructors, and service provider agency administration, as part of the training program approval process. S-SV participates in the EMT training program course orientation and planning sessions of the EMT programs on an annual basis. S-SV distributes an evaluation form to each student at the conclusion of the course.

##### **NEEDS:**

Meets minimum standards.

##### **OBJECTIVES:**

To conduct on site visits at each of the approved training programs on an annual basis, at minimum.

##### **TIMEFRAME FOR OBJECTIVE:**

Short Range Plan

Long Range Plan

**SYSTEM ASSESSMENT- STAFFING/TRAINING**

**Local EMS Agency**

**2.03 Personnel**

**STANDARD:**

**2.03**

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

**CURRENT STATUS:**

S-SV has established policies to accredit, authorize and certify prehospital personnel and to conduct certification reviews, in accordance with state regulations. There is also an established policy for service providers and base hospitals to notify S-SV of unusual occurrences which could impact EMS personnel certification. Refer to S-SV EMS Prehospital Care Policy Manual Section II, III, IV & IX.

**NEEDS:**

Meets minimum standards.

**OBJECTIVES:**

Continue current actions.

**TIMEFRAME FOR OBJECTIVE:**

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT- STAFFING/TRAINING

### Dispatchers

#### 2.04 Dispatch Training

##### **STANDARD:**

##### **2.04**

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

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

##### **CURRENT STATUS:**

Medical dispatch responsibilities have not been delegated to S-SV EMS Agency by the member counties. Through the EMS Planning Process with each of the member counties medical dispatching has been evaluated.

Currently no local program exists for training of Emergency Medical Dispatchers, other than on the job training provided by employers. The costs associated with training and staffing have hampered implementation on a region wide basis.

Placer County is the only county in the region to have implemented a medical dispatcher prearrival instruction program.

##### **NEEDS:**

For all PSAP operators with medical dispatch responsibilities, including public and private dispatch personnel, to be trained in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines, and certified when possible.

##### **OBJECTIVES:**

Through the EMS Planning Process all counties have agreed to continue to explore the needs for Emergency Medical Dispatching and encourage the implementation of EMD including prearrival instructions and priority dispatch at the PSAPs. There is a potential for each of the PSAPs to have EMDs or EMD dispatch services could be contracted out to certain PSAPs or dispatch centers.

##### **TIMEFRAME FOR OBJECTIVE:**

Short Range Plan  
 Long Range Plan

**SYSTEM ASSESSMENT- STAFFING/TRAINING**  
**First Responders (non transporting)**  
**2.05 First Responder Training**

**STANDARD:**

**2.05**

At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years. At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

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

**CURRENT STATUS:**

S-SV EMS Region meets the minimum requirement. EMS first responders have been trained to administer first aid and CPR. Throughout the region many of the First Responder Agencies with full time paid staff have defibrillator programs and also function with EMT-I trained personnel. Currently there are twenty-one approved defibrillation service provider agencies in the region. Due to the nature and needs of some of the rural areas of the region, many volunteer and seasonal firefighters are utilized. It is difficult to train volunteer and seasonal firefighters up to an EMT-I level due to the financial costs and time demands.

**NEEDS:**

Minimum standard met.

**OBJECTIVES:**

To continue requirements of CPR and first aid training for first responder. To explore requiring paid fire personnel to be trained as EMT-Is. To continue to explore means in which to ease the financial and time burden of EMT-I training, such as satellite classes, or computer assisted courses. To encourage volunteer personnel to be trained as EMT-Is.

**TIMEFRAME FOR OBJECTIVE:**

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT - STAFFING/TRAINING

### First Responders (non-transporting)

#### 2.06 Response

#### **STANDARD:**

#### **2.06**

Public Safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall utilize in accordance with local EMS agency policies.

#### **CURRENT STATUS:**

Public Safety agencies respond to medical emergencies as first on scene assistance. Currently there are no any industrial first aid teams in the region.

#### **NEEDS:**

Yolo County has identified the need to refine and expand the agricultural medical response programs.

#### **OBJECTIVE:**

Yolo County: To continue to explore the "Farm Medic" program for use within Yolo County. To encourage further development of industrial first aid teams. To include Public Safety Agencies and industrial first aid teams in disaster/MCI planning and exercises.

#### **TIMEFRAME:**

Short range  
 Long range

## SYSTEM ASSESSMENT-STAFFING/TRAINING

### First Responders (non-transporting)

#### 2.07 Medical Control

#### **STANDARD:**

#### **2.07**

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

#### **CURRENT STATUS:**

Non-transporting EMS first responders currently operate under medical direction policies, as specified by the S-SV EMS Agency Medical Director. S-SV has a limited number of established BLS protocols. BLS interventions are included in the ALS protocols. BLS protocols should be developed or BLS interventions should be specified in the ALS protocols.

#### **NEEDS:**

Meets minimum requirements

#### **OBJECTIVES:**

Develop BLS protocols for the skills/procedures allowed in the EMT-I Scope of Practice, or revise the ALS protocol format which specifies BLS interventions.

#### **TIMEFRAME FOR OBJECTIVE:**

- Short Range Plan
- Long Range Plan

## SYSTEM ASSESSMENT - STAFFING/TRAINING

### Transporting Personnel

#### 2.08 EMT - I Training

#### **STANDARD:**

#### **2.08**

All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level. If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

#### **CURRENT STATUS:**

With exception of the City of Winters in Yolo County, all emergency transport vehicles are ALS ambulances. The ALS ambulances are staffed, at a minimum, with an EMT-I and EMT-Paramedic. Winters Fire Department, an S-SV approved AED service provider, maintains a BLS transport ambulance. An ALS ambulance in Yolo County is also simultaneously dispatched to the City of Winters if the nature of the call meets criteria which has been approved by S-SV.

#### **NEEDS:**

Meets minimum standards and recommended guidelines.

#### **OBJECTIVES:**

Continue current actions.

#### **TIMEFRAME FOR OBJECTIVE:**

- Short Range Plan
- Long Range Plan

## SYSTEM ASSESSMENT - STAFFING/TRAINING

### Hospital 2.09 CPR Training

#### STANDARD:

#### 2.09

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

#### CURRENT STATUS:

All hospitals with Basic and Comprehensive Emergency Medical Services permits are approved as 9-1-1 receiving hospitals. Monitoring of this permit status is conducted through the DHS Licensing & Certification Division. All regional hospitals require all allied health personnel who provide direct emergency patient care to be trained in CPR. All first responders and law enforcement are CPR trained.

#### NEEDS:

Meets minimum standards.

#### OBJECTIVES:

Continue current actions.

#### TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

## SYSTEM ASSESSMENT - STAFFING/TRAINING

### Hospital

#### 2.10 Advanced Life Support

##### **STANDARD:**

##### **2.10**

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

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

##### **CURRENT STATUS:**

All regional hospitals require ACLS for emergency department physicians and registered nurses. All emergency department physicians are certified by the American Board of Emergency Medicine.

##### **NEEDS:**

Meets minimum standards and recommended guidelines.

##### **OBJECTIVES:**

Continue current actions.

##### **TIMEFRAME FOR OBJECTIVE:**

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT - STAFFING/TRAINING

### Advanced Life Support 2.11 Accreditation Process

#### **STANDARD:**

#### **2.11**

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

#### **CURRENT STATUS:**

S-SV has an established policy/procedure for accreditation of ALS personnel. Orientation classes are conducted every three (3) weeks or as needed. Training modules are readily available at NCTI for EMT-Paramedic that lack training in the optional scope of practice procedures.

Upon accreditation, ALS personnel are enrolled into the S-SV QA/QI process. The S-SV EMS Patient Care Record (PCR) is completed on all responses. The scannable portion of the PCR allows for the collection of data on all responses. In addition, each ALS service provider agency and regional base hospital has an internal quality assurance/quality improvement program and representative(s) on the Regional Quality Improvement committee.

#### **NEEDS:**

Meets minimum standards.

#### **OBJECTIVES:**

Continue current actions.

#### **TIMEFRAME FOR OBJECTIVE:**

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT - STAFFING/TRAINING

### Enhanced Level: Advanced Life Support

#### 2.12 Early Defibrillation

#### **STANDARD:**

#### **2.12**

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

#### **CURRENT STATUS:**

S-SV has an established policy/procedure for accreditation of EMT-I/Public Safety defibrillation personnel. See S-SV EMS Agency Prehospital Care Policy Manual Policy 920. There are currently 21 approved AED defibrillation Service providers/agencies in the Region.

#### **NEEDS:**

Meets minimum standards.

#### **OBJECTIVES:**

Continue current actions.

#### **TIMEFRAME FOR OBJECTIVE:**

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT - STAFFING/TRAINING

### Enhanced Level: Advanced Life Support

#### 2.13 Base Hospital Personnel

#### **STANDARD:**

#### **2.13**

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

#### **CURRENT STATUS:**

The established policy for initial S-SV MICN Authorization requires completion of an orientation to S-SV policies and protocols. Successful completion of 10 supervised ALS radio calls is also required.

Base physicians are provided an orientation by the base hospital coordinator, medical director or ED nurse manager.

#### **NEEDS:**

Meets minimum standards.

#### **OBJECTIVES:**

Continue current actions.

#### **TIMEFRAME FOR OBJECTIVE:**

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT - COMMUNICATIONS

### Communications Equipment

#### 3.01 Communication Plan

##### STANDARD:

##### 3.01

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

The local EMS Agency's Communications Plan should consider the availability and use of satellites and cellular telephones.

##### CURRENT STATUS:

Responders utilize two way radios and cellular phones as defined in the S-SV EMS Prehospital Care Policy Manual, Sections 701 and 701A. Radio frequencies on the Med Net have been assigned to the Base Hospitals and Receiving Hospitals.

##### COORDINATION WITH OTHER AGENCIES:

Coordination of use of radio frequencies with the EMS Agencies of NorCal, El Dorado, Sacramento, Solano, and Napa geographically bordering S-SV EMS.

##### NEED(S):

S-SV EMS meets the minimum standards and recommended guidelines.

##### OBJECTIVES:

- a) To maintain the Med Net Radio system as the primary communication tool, with cellular phones as the secondary tool.
- b) To develop a plan for upgrading the Med Net Radios and Repeaters and a plan for financing the project.

##### TIMEFRAME FOR OBJECTIVE:

\_\_\_\_\_ Short Range Plan

\_\_\_\_\_ Long Range Plan

## SYSTEM ASSESSMENT - COMMUNICATIONS

### Communications Equipment

#### 3.02 Radios

#### STANDARD:

##### 3.02

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

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

#### CURRENT STATUS:

All emergency medical transport vehicles and non-transporting ALS responders are equipped with two-way radios to assist with dispatching, and to communicate with hospitals.

#### NEEDS:

Meets minimum standard and recommended guidelines.

#### OBJECTIVES:

- a) To continue to evaluate needs in the Med Net system.
- b) To evaluate the feasibility of installing HEAR (Hospital Emergency Administrative Radio) in all emergency vehicles.

#### TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

## SYSTEM ASSESSMENT - COMMUNICATIONS

### Communications Equipment

#### 3.03 Interfacility Transfer

#### STANDARD:

#### 3.03

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

#### CURRENT STATUS:

Emergency medical transport vehicles are used for all interfacility transfers. All the units have Med Net radios and the majority also have cellular phones. Provision for the ability to communicate is addressed through policies and in some areas through the permitting process.

#### NEED(S):

Meets minimum standard.

#### OBJECTIVE:

To continue to maintain a process which require specific communications equipment on all emergency medical transport vehicles.

#### TIMEFRAME FOR OBJECTIVE:

- Annual Implementation Plan
- Long Range Plan

## SYSTEM ASSESSMENT - COMMUNICATIONS

### Communications Equipment

#### 3.04 Dispatch Center

#### STANDARD:

#### 3.04

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

#### CURRENT STATUS:

All emergency medical transport vehicles have Med Net radios. All vehicles are able to communicate with the dispatchers in their geographic area. Frequencies have been designated for disasters and multi-casualty incidents. There are a few instances in the mountainous areas in which communication is difficult.

#### NEEDS:

Meets minimum standard.

#### OBJECTIVES:

To continue to evaluate and plan for the communication needs in the region.

#### TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT - COMMUNICATIONS

### Communications Equipment

#### 3.05 Hospitals

#### STANDARD:

##### 3.05

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

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

#### CURRENT STATUS:

The hospitals in the S-SV EMS Region have the Hospital Emergency Administrative Radio (HEAR). The hospitals have communications with the Regional Poison Control Center and the relevant services through telephone services.

#### NEEDS:

Meets minimum standards.

#### OBJECTIVE:

To evaluate the communication system, exploring the need to upgrade the HEAR system.

#### TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT - COMMUNICATIONS

### Communications Equipment

#### 3.06 MCI/Disasters

#### **STANDARD:**

#### **3.06**

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

#### **CURRENT STATUS:**

In the S-SV EMS Agency region communications exist through telephones, cellular telephones, HEAR, and public safety radio capabilities. All of these modes of communication can potentially be used during a disaster or multi-casualty incident.

#### **NEEDS:**

Meets minimum standard.

#### **OBJECTIVE:**

- a) To conduct large scale communication drills to evaluate fully the capacity of provider agencies and to identify further needs.
- b) Yolo County - to explore upgrade of the HEAR system, to include units in the hospitals and emergency vehicles.

#### **TIMEFRAME FOR OBJECTIVE:**

- Short Range Plan  
 Long Range Plan

## SYSTEM ASSESSMENT - COMMUNICATIONS

### Public Access

#### 3.07 9-1-1 Planning/Coordination

##### **STANDARD:**

##### **3.07**

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

##### **CURRENT STATUS:**

The S-SV EMS Agency is currently charged with the responsibility of coordination of the 9-1-1 telephone service. These duties are retained by each of the member counties. Each of the counties do have the enhanced 9-1-1 systems.

##### **NEEDS:**

Meets minimum standard and recommended guidelines.

##### **OBJECTIVE:**

To continue to encourage the counties to evaluate the needs of the 9-1-1 system, and to explore potential back up systems.

##### **TIMEFRAME FOR OBJECTIVE:**

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT - COMMUNICATIONS

### Public Access

#### 3.08 9-1-1 Public Education

##### STANDARD:

##### 3.08

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

##### CURRENT STATUS:

The local EMS agency is not currently charged with the responsibility of providing public education. These duties are maintained by each of the individual county governments. Local fire agencies and private ambulance services provide education to the local communities concerning emergencies and 9-1-1 services.

##### NEEDS:

- a) The agency should be aware of area public education projects and lend support to such projects as needed.
- b) With the large scale use of cellular phones by the public, system overload occurs.

##### OBJECTIVE:

- a) To continue to offer expertise and support to various public education projects as needed and encourage the counties to continue to provide such projects.
- b) To assist the counties to develop a public education program for cellular telephone users regarding the use of 9-1-1 for both emergency and non emergency law/fire calls.

##### TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

## SYSTEM ASSESSMENT - COMMUNICATIONS

### Resource Management

#### 3.09 Dispatch Triage

#### STANDARD:

##### 3.09

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

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

#### CURRENT STATUS:

Medical dispatch responsibilities have not been delegated to the S-SV EMS Agency by the member counties. Each PSAP does operate under specific policies and guidelines for dispatching appropriate medical response. There are PSAPs that have implemented Emergency Medical Dispatching. Cost of training and implementation has been one of the major hindrances to the implementation of Emergency Medical Dispatching which would provide caller interrogation and pre-arrival instructions.

#### NEEDS:

For the member counties with EMD to establish an emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions. Yolo County has identified the need and desire to implement EMD.

#### OBJECTIVE:

To continue to encourage and assist the local PSAPs to implement Emergency Medical Dispatching. To continue to explore with the counties potential means of implementing EMD such as PSAP consolidation.

#### TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT - COMMUNICATIONS

### Resource Management 3.10 Integrated Dispatch

#### STANDARD:

#### 3.10

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

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

#### CURRENT STATUS:

Medical dispatch responsibilities have not been delegated to the S-SV EMS Agency by the member counties. In each of the geographic areas of the region the dispatch services are integrated. Ambulance coverage is maintained through mutual aid agreements or rotation of ambulances.

#### NEEDS:

Meets minimum standards and recommended guidelines.

#### OBJECTIVE:

To continue to assist the member counties to provide the most effective means of providing timely emergency medical services.

#### TIMEFRAME FOR OBJECTIVE:

Short Range plan

Long Range plan

## SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

### Universal Level

#### 4.01 Service Area Boundaries

##### **STANDARD:**

##### **4.01**

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

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

##### **CURRENT STATUS:**

The boundaries for the emergency medical transportation service areas have been established for providers throughout the S-SV EMS Agency region. S-SV EMS Agency has been given authority from Placer County to enforce the ambulance ordinance which has recently been updated. S-SV EMS Agency is in the process of assisting Sutter, Yuba and Yolo Counties with updating their ambulance ordinances.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

All of the providers, public and private have mutual aid agreements. At times mutual aid may cross county lines.

##### **NEEDS:**

Meets minimum standard and recommended guidelines.

##### **OBJECTIVE:**

Continue to assist the counties with updating the ambulance ordinances.

##### **Timeframe:**

\_\_\_\_\_ Short range

\_\_\_\_\_ Long range

## SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

### Universal Level

#### 4.02 Monitoring

#### STANDARD:

##### 4.02

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

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

#### CURRENT STATUS:

Of the five county members, the S-SV EMS Agency has only contracted with the County of Placer to regulate ambulance licensure and county ordinances. S-SV EMS monitors a portion of compliance through the Quality Improvement Process.

#### NEEDS:

Meets minimum standard and recommended guidelines.

#### OBJECTIVE:

To continue to assist the member counties with updating ambulance ordinances, and establishing methods for monitoring.

#### TIMEFRAME:

\_\_\_\_\_ Short range

\_\_\_\_\_ Long range

## SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

### Universal Level

#### 4.03 Classifying Medical Request

##### **STANDARD:**

##### **4.03**

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

##### **CURRENT STATUS:**

S-SV EMS Agency does not have jurisdiction over the dispatch agencies. Currently Advanced Life Support providers are dispatched on all 9-1-1 calls. Reference S-SV Policy No. 812 and 845.

##### **NEEDS:**

Meets minimum standard.

##### **OBJECTIVE:**

Continue to encourage Emergency Medical Dispatch with priority dispatching.

##### **TIMEFRAME:**

\_\_\_\_\_ Short range

\_\_\_\_\_ Long range

## SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

### Universal Level

#### 4.04 Pre-scheduled Responses

##### **STANDARD:**

##### **4.04**

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

##### **CURRENT STATUS:**

In the S-SV EMS region there is county compliance with levels of emergency medical transport vehicles that are not those units available for 9-1-1 calls are utilized the majority of the time.

##### **NEEDS:**

Meets minimum standard.

##### **OBJECTIVE:**

Continue practice monitoring response times.

##### **TIMEFRAME:**

\_\_\_\_\_ Short range

\_\_\_\_\_ Long range

## SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

### Universal Level

#### 4.05 Response Time Standards

#### STANDARD:

#### 4.05

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

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

a) the response time for a basic life support and CPR capable first responder does not exceed:

metro/urban - 5 minutes  
suburban/rural - 15 minutes  
wilderness - as quickly as possible

b) the response time for an early defibrillation- capable responder does not exceed:

metro/urban - 5 minutes  
suburban/rural - as quickly as possible  
wilderness - as quickly as possible

c) the response time for an advanced life support capable responder (not functioning as the first responder) does not exceed:

metro/urban - 8 minutes  
suburban/rural - 20 minutes  
wilderness - as quickly as possible

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

metro/urban - 8 minutes  
suburban/rural - 20 minutes  
wilderness - as quickly as possible

**CURRENT STATUS:**

The ALS providers in the S-SV EMS region voluntarily meet the above response times. When there are trends of prolonged response times the causes are evaluated, and adjustments are made when possible. Response times for first responders has not been fully evaluated. The S-SV EMS Agency has begun encouraging the use of Scantron forms by the first responders, which will increase the ability to evaluate response times.

**COORDINATION WITH OTHER EMS AGENCIES:**

Coordination with the other agencies has not been needed.

**NEEDS:**

Meets minimum standard and recommended guidelines.

**OBJECTIVE:**

To continue to evaluate trends in response times and encourage adjustments when needed. To encourage the use of the Scantron forms by the first responders.

**TIMEFRAME:**

- \_\_\_\_\_ Short range
- \_\_\_\_\_ Long range

## SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

### Universal Level

#### 4.06 Staffing

#### **STANDARD:**

#### **4.06**

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

#### **CURRENT STATUS:**

Reference the S-SV EMS Prehospital Care Policy and Procedure Manual as follows:

No. 701 ALS Provider Inventory

No. 701A ALS Service Provider Inventory: Fire Engine, Rescue Unit, and Supervisor Utility Vehicle

#### **NEEDS:**

Meets minimum standard.

#### **OBJECTIVE:**

Continue current practice.

#### **TIMEFRAME:**

\_\_\_\_\_ Short range

\_\_\_\_\_ Long range

## SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

### Universal Level

#### 4.07 First Responder Agencies

##### **STANDARD:**

##### **4.07**

The local EMS Agency shall integrate qualified EMS first responder agencies including public safety agencies and industrial first aid team into the system.

##### **CURRENT STATUS:**

The S-SV EMS Agency has incorporated first responders into the system to the degree possible and desirable. Throughout the EMS Plan process, first responders have been invited to participate and have been considered into the plan.

##### **NEEDS:**

Meets minimum standard.

##### **OBJECTIVE:**

Continue to integrate first responders into the EMS system.

##### **TIMEFRAME:**

\_\_\_\_\_ Short range

\_\_\_\_\_ Long range

## SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

### Universal Level

#### 4.08 Medical & Rescue Aircraft

##### **STANDARD:**

##### **4.08**

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

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

##### **CURRENT STATUS:**

Refer to S-SV Prehospital Care Policy and Procedure Manual section No. 450 - EMS Prehospital Aircraft Operations Protocol. Most of the above areas have been addressed in this protocol. A Regional Helicopter Task Force has been developed to further refine protocols and address helicopter needs in further detail.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Helicopters cover many counties and EMS agencies. The aircraft comply with Trauma Destination Policy.

##### **NEEDS:**

Meets minimum standard.

##### **OBJECTIVE:**

Continue to refine helicopter policies through the input of the Regional Helicopter Task Force.

##### **TIMEFRAME:**

- \_\_\_\_\_ Short range
- \_\_\_\_\_ Long range

**SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION**

**Universal Level**

**4.09 Air Dispatch Center**

**STANDARD:**

**4.09**

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

**CURRENT STATUS:**

CDF/USFS Grass Valley ECC dispatches CALSTAR and has volunteered to coordinate helicopter air traffic within the S-SV EMS region.

**NEEDS:**

Meets minimum standard.

**OBJECTIVE:**

To continue to improve helicopter dispatch needs and coordination of helicopter use within the region.

**TIMEFRAME:**

\_\_\_\_\_ Short range

\_\_\_\_\_ Long range

## SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

### Universal Level

#### 4.10 Aircraft Availability

##### **STANDARD:**

##### **4.10**

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

##### **CURRENT STATUS:**

The designation process for medical and rescue aircraft for emergency patient transport is specified in Reference No. 450 EMS Prehospital Aircraft Operations Protocol. Currently there are 3 private and 1 law enforcement agencies utilizing the aircraft in the region.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

No coordination needed at this time.

##### **NEEDS:**

Meets minimum standard and recommended guidelines.

##### **OBJECTIVE:**

To continue to include aeromedical services operating within the EMS region.

##### **TIMEFRAME:**

\_\_\_\_\_ Short range

\_\_\_\_\_ Long range

## SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

### Universal Level

#### 4.11 Specialty Vehicles

##### **STANDARD:**

##### **4.11**

Where applicable, the local EMS Agency shall identify the availability and staffing of all-terrain vehicles, snow mobiles, and water rescue and transportation vehicles. The local EMS Agency should plan for response by and use of all terrain vehicles, snow mobiles, and water rescue vehicles in areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

##### **CURRENT STATUS:**

Public safety agencies in the region do utilize special snow vehicles and water rescue vehicles. These vehicles are used within the procedures of the public safety agency.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Resources from surrounding counties may be utilized under mutual aid agreements within the public safety agencies.

##### **NEEDS:**

Meets minimum standard and recommended guidelines.

##### **OBJECTIVE:**

To continue to include the use of specialized vehicles in EMS planning.

##### **TIMEFRAME:**

\_\_\_\_\_ Short range

\_\_\_\_\_ Long range

## SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

### Universal Level

#### 4.12 Disaster Response

##### **STANDARD:**

##### **4.12**

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

##### **CURRENT STATUS:**

Provider agencies are prepared for mobilizing response and transport vehicles in a disaster and have mutual aid plans in place. The five member counties of the S-SV EMS Region have retained disaster planning and coordination. Even though S-SV EMS does not perform this service for the member counties, the agency does encourage disaster planning and assist as needed.

##### **NEEDS:**

Meets minimum standard.

##### **OBJECTIVE:**

To continue to encourage the member counties in disaster planning.

##### **TIMEFRAME:**

\_\_\_\_\_ Short range

\_\_\_\_\_ Long range

## SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

### Universal Level 4.13 Intercounty Response

#### STANDARD:

#### 4.13

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

#### CURRENT STATUS:

Mutual aid agreements to have been developed with counties surrounding S-SV EMS region. S-SV EMS Agency only performs permitting rights for Placer County.

#### COORDINATION WITH OTHER EMS AGENCIES:

Agreements are automatically reviewed.

#### NEEDS:

Meets minimum standard.

#### OBJECTIVE:

No further action needed.

#### TIMEFRAME:

\_\_\_\_\_ Short range  
\_\_\_\_\_ Long range

## SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

### Universal Level

#### 4.14 Incident Command System

##### **STANDARD:**

##### **4.14**

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

##### **CURRENT STATUS:**

The EMCCs should encourage joint SEMS, MCI and ICS training between fire agencies, law enforcement, ambulance services, helicopter services and hospitals.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

##### **NEEDS:**

Meets minimum standard.

##### **OBJECTIVE:**

Continue to encourage joint training.

##### **TIMEFRAME:**

\_\_\_\_\_ Short range

\_\_\_\_\_ Long range

## SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

### Universal Level

#### 4.15 MCI Plans

#### **STANDARD:**

#### **4.15**

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

#### **CURRENT STATUS:**

All S-SV regional EMS provider agencies utilize the Region IV MCI plan.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

#### **NEEDS:**

Standards met.

#### **OBJECTIVE:**

No further objective needed to meet this standard.

#### **TIMEFRAME:**

\_\_\_\_\_ Short range

\_\_\_\_\_ Long range

## SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

### Enhanced Level: 4.16 Advanced Life Support

#### STANDARD:

#### 4.16

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

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

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

#### CURRENT STATUS:

All S-SV regional EMS provider agencies staff ALS units with a minimum of one EMT-P and one EMT-I.

#### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

#### NEEDS:

Standards met.

#### OBJECTIVE:

No further objective needed to meet this standard.

#### TIMEFRAME:

\_\_\_\_\_ Short range  
\_\_\_\_\_ Long range

## SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION

### Enhanced Level: 4.17 ALS Equipment

#### STANDARD:

#### 4.17

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

#### CURRENT STATUS:

S-SV Policy No. 701 is an inventory for all S-SV approved ALS EMS response vehicles. Inspections occur on an annual basis to ensure compliance.

#### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

#### NEEDS:

Standards met.

#### OBJECTIVE:

To conduct unannounced inspections periodically.

#### TIMEFRAME:

\_\_\_\_\_ Short range

\_\_\_\_\_ Long range

**SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION**

**Enhanced Level: Ambulance Regulation**

**4.18 Compliance**

**STANDARD:**

**4.18**

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

**CURRENT STATUS:**

Each of the five counties in the S-SV region has an ambulance ordinance. Placer County has delegated administration of their ambulance ordinance to the S-SV EMS Agency.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEEDS:**

Standards met.

**OBJECTIVE:**

S-SV recommends that Nevada, Sutter and Yuba County revise their ordinances to incorporate changes in EMS law.

**TIMEFRAME:**

\_\_\_\_\_ Short range

\_\_\_\_\_ Long range

**SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION**

**Enhanced Level: Exclusive Operating Permits**

**4.19 Transportation Plan**

**STANDARD:**

**4.19**

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

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

**CURRENT STATUS:**

S-SV EMS Agency has not felt the need to establish exclusive operating areas. The Agency has retained the rights to establish EOS's as needed.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEEDS:**

Standards met.

**OBJECTIVE:**

Not applicable.

**TIMEFRAME:**

\_\_\_\_\_ Short range

\_\_\_\_\_ Long range

**SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION**

**Enhanced Level: Exclusive Operating Permits**

**4.20 Grandfathering**

**STANDARD:**

**4.20**

Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transporting plan that its existing provider meets all of the requirements for non-competitive selection (“grandfathering”) under Section 1797.244, H&SC.

**CURRENT STATUS:**

S-SV EMS Agency has not felt the need to establish exclusive operating areas. The Agency has retained the rights to establish EOS's as needed.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEEDS:**

Standards met.

**OBJECTIVE:**

Not applicable.

**TIMEFRAME:**

\_\_\_\_\_ Short range

\_\_\_\_\_ Long range

**SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION**

**Enhanced Level: Exclusive Operating Permits**  
**4.21 Compliance**

**STANDARD:**

**4.21**

The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.244, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

**CURRENT STATUS:**

S-SV EMS Agency has not felt the need to establish exclusive operating areas. The Agency has retained the rights to establish EOS's as needed.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEEDS:**

Standards met.

**OBJECTIVE:**

Not applicable.

**TIMEFRAME:**

\_\_\_\_\_ Short range  
\_\_\_\_\_ Long range

**SYSTEM ASSESSMENT - RESPONSE/TRANSPORTATION**

**Enhanced Level: Exclusive Operating Permits**

**4.22 Evaluation**

**STANDARD:**

**4.22**

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

**CURRENT STATUS:**

S-SV EMS Agency has not felt the need to establish exclusive operating areas. The Agency has retained the rights to establish EOS's as needed.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable.

**NEEDS:**

Standards met.

**OBJECTIVE:**

Not applicable.

**TIMEFRAME:**

\_\_\_\_\_ Short range

\_\_\_\_\_ Long range

## SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

### Universal Level Assessment of Capabilities

#### STANDARD:

##### 5.01

The local EMS agency shall assess and periodically reassess the EMS related capabilities of acute care facilities within the region.

#### CURRENT STATUS:

S-SV assessed the capabilities of the acute care facilities within the region during the planning and development of the S-SV Trauma System Plan. Assessment of resources is occurring on a continued basis as the Trauma System Plan is implemented.

#### NEEDS:

Meets minimum standards.

#### OBJECTIVES:

Continue current actions.

#### TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

### Universal Level Triage & Transfer Protocols\*

#### STANDARD:

##### 5.02

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

#### CURRENT STATUS:

S-SV has an established prehospital triage protocol. Guidelines are also established for hospital emergency departments to assist in identifying trauma patients which may require a higher level of trauma care.

A generic patient transfer agreement was developed and distributed to the regional hospitals in 1992. A pediatric transfer agreement was developed in 1991. All regional hospitals have executed a pediatric transfer agreement with Sutter Memorial Hospital and UCDCMC. Upon implementation of a contract with UCDCMC to provide trauma services in Yolo County, effective September 1993, transfer agreement between the two Yolo County hospitals and UCDCMC were in place.

As per the S-SV Trauma System Plan, all designated trauma centers are required to establish and maintain transfer agreements with another trauma center of higher designation. The higher level designated facilities will be required to work with and establish transfer guidelines with regional facilities that provide lower level of trauma care.

#### NEEDS:

Meets minimum standards.

#### OBJECTIVES:

Continue current actions.

#### TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

## SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

### Universal Level Transfer Guidelines\*

#### STANDARD:

##### 5.03

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

#### CURRENT STATUS:

S-SV has implemented a policy which establishes guidelines to identify trauma patients who should be considered for transfer to facilities of higher capability. Pediatric critical care and pediatric trauma agreements were developed as part of a Special Projects grant in 1991. All regional hospitals signed agreements with Sutter Memorial Hospital and UCDCM for specialized pediatric services. Sutter Memorial Hospital and UCDCM are designated Pediatric Critical Care Centers. UCDCM is also a designated Pediatric Trauma Center.

As the approved S-SV Trauma System Plan is implemented, S-SV will continue to work with the acute care hospitals in establishing transfer agreements with all designated facilities.

#### NEEDS:

Meets minimum standards.

#### OBJECTIVES:

Continue current actions.

#### TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

### Universal Level Specialty Care Facilities\*

#### STANDARD:

##### 5.04

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

#### CURRENT STATUS:

All hospitals in the region are base hospitals. Roseville hospital is a designated Level II Trauma Center designation requirements in December 1994. As the Trauma System Plan is implemented, facilities meeting the requirements will be designated.

Through on-site visits, TQI activities and evaluation of the trauma registry data, S-SV will monitor the designated trauma centers on a continuous basis.

#### NEEDS:

Meets minimum standards.

#### OBJECTIVES:

Continue current actions.

#### TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

## SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

### Universal Level Mass Casualty Management

#### STANDARD:

##### 5.05

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

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

#### CURRENT STATUS:

Responsibilities for disaster planning and preparedness have not been delegated to the S-SV EMS Agency in the Joint Powers Agreement. Each member county has retained the authority and responsibility for disaster related activities. S-SV staff attends all member county EMCC and other EMS related meetings and provides assistance and support to all member counties in the area of disaster planning/preparedness.

#### NEEDS:

Meets minimum standards.

#### OBJECTIVES:

Continue current actions.

#### TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

### Universal Level Hospital Evacuation\*

#### STANDARD:

#### 5.06

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

#### CURRENT STATUS:

Each regional hospital participates in disaster planning and preparedness activities. Disaster planning/preparedness has not been delegated to S-SV by the five member counties. S-SV provides assistance and support to all member counties, as needed.

#### NEEDS:

Meets minimum standards.

#### OBJECTIVES:

Continue current actions.

#### TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

**SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE**

**Enhanced Level : Advanced Life Support**  
**Base Hospital Designation\***

**STANDARD:**

**5.07**

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

**CURRENT STATUS:**

All hospitals in the S-SV EMS region are designated base hospitals.

**NEEDS:**

Meets minimum standards.

**OBJECTIVES:**

Continue current actions.

**TIMEFRAME FOR OBJECTIVE:**

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

### Enhanced Level : Trauma Care System Trauma System Design

#### STANDARD:

#### 5.08

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

- a) the number and level of trauma centers (including the use of trauma centers in other counties),
- b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,

c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,

d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and

e) a plan for monitoring and evaluation of the system.

#### CURRENT STATUS:

- a. S-SV has an EMSA approved Trauma System Plan. Full implementation of the plan will be a multi-year project. The inclusive trauma system plan provides for the designation of two (2) Level II and five (6) Level III Trauma Centers. S-SV has a contract with UCDCMC to provide Level I trauma service.
- b. As trauma centers are designated the catchment areas are assigned to the designated centers. Due to the geographics of the region, the catchment area of each hospital will essentially remain unchanged from the existing base hospital service areas. The S-SV trauma catchment area is based upon a 30 minute ground transport time to the designated trauma center.
- c. S-SV has an established Trauma Triage Criteria policy which identifies patients that shall be transported to the trauma center, if the incident occurs within the authorized catchment area. In addition, S-SV has an established policy which provides guidelines to emergency departments in identifying patients who may need a higher level of trauma care.
- d. Where the S-SV Trauma System Plan is fully implemented, all hospitals within the region will be designated trauma centers. Each center will treat trauma patients that the facility is capable of treating. Patients needing a higher level of care will be transferred immediately to that higher level of care that the patients needs.

- e. S-SV will utilize an established region-wide EMS-MIS Data Collection System and the established regional Trauma Quality Improvement Committee is monitoring and evaluation of the system. Four regional facilities have implemented trauma registries. Data will be available on every trauma patient throughout the continuum of care. The S-SV EMS -MIS Data System is capable of interfacing with the trauma registries.

**NEEDS:**

Full implementation of the EMSA approved Trauma System Plan.

**OBJECTIVES:**

Full implementation of the EMSA approved Trauma System Plan.

**TIMEFRAME FOR OBJECTIVE:**

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

### Enhanced Level : Trauma Care System Public Input

#### STANDARD:

##### 5.09

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

#### CURRENT STATUS:

During the development of the S-SV Trauma System Plan, input was received from prehospital and hospital providers and consumers. The "draft" plan was also widely distributed for review and comment. In addition, a public hearing was held before the plan was approved by the S-SV JPA Governing Board.

The EMSA approved Trauma System Plan is based on an all inclusive system rather than the traditional exclusive system. Therefore, S-SV has been and will continue to assist all facilities in meeting the designation requirements.

#### NEEDS:

Meets minimum standards.

#### OBJECTIVES:

Continue current actions.

#### TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

### Enhanced Level: Pediatric Emergency Medical and Critical Care System

#### 5.10 Pediatric System Design

#### STANDARD:

#### 5.10

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

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

**CURRENT STATUS:**

There are two facilities in the S-SV region designated as Pediatric Critical Care Centers (PCCCs). UCDCMC is a designated PCCC and Pediatric Trauma Center. ALS transport all pediatric patients who are not critically ill to the most accessible facility. As part of the LEMAs ongoing monitoring and evaluation of the system, periodic surveys are conducted.

**NEEDS:**

Standard met.

**OBJECTIVES:**

As part of an ongoing evaluation of the pediatric system, S-SV is in the process of writing system standards and guidelines.

**TIMEFRAME FOR OBJECTIVE:**

- Short Range Plan
- Long Range Plan

## SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

### Enhanced Level: Pediatric Emergency Medical and Critical Care System

#### 5.11 Emergency Departments

##### STANDARD:

##### 5.11

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

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

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

##### CURRENT STATUS:

Development and implementation began in 1988 - 1991. These guidelines exceed state recommendations.

S-SV has a data management system in place which collects prehospital, trauma and base hospital data.

##### NEEDS:

Standard met.

##### OBJECTIVES:

S-SV is currently in the process of updating the guidelines through the EMSC project.

##### TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

## SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

### Enhanced Level: Pediatric Emergency Medical and Critical Care System

#### 5.12 Public Input

##### **STANDARD:**

##### **5.12**

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

##### **CURRENT STATUS:**

S-SV receives input through medical control and task force meetings. Pediatric consultants are providing input in the updating process.

##### **NEEDS:**

Standard met.

##### **OBJECTIVES:**

S-SV will continue to receive input during the updating process.

##### **TIMEFRAME FOR OBJECTIVE:**

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

### Enhanced Level: Other Speciality Care Systems

#### 5.13 Speciality System Design

##### **STANDARD:**

##### **5.13**

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

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

##### **CURRENT STATUS:**

S-SV has established protocols for determining patient destination to designated special care facilities. Patients meeting trauma criteria are transported to the appropriate designated trauma center. Pediatric trauma patients meeting specific criteria should be transported directly to the Level I trauma center.

##### **NEEDS:**

To designate Level III trauma centers.

##### **OBJECTIVES:**

S-SV shall make efforts to designate Level IIIs.

##### **TIMEFRAME FOR OBJECTIVE:**

- Short Range Plan
- Long Range Plan

## SYSTEM ASSESSMENT- FACILITIES/CRITICAL CARE

### Enhanced Level: Other Speciality Care Systems

#### 5.14 Public Input

#### STANDARD:

#### 5.14

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

#### CURRENT STATUS:

S-SV ensures ongoing input in planning for specialty care centers from prehospital, hospitals and the public in various meetings. Policies and procedures are reviewed in various meetings.

#### NEEDS:

Standards are met.

#### OBJECTIVES:

No further objective needed.

#### TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

### Universal Level QA/QI Programs

#### **STANDARD:**

##### **6.01**

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

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

#### **CURRENT STATUS:**

S-SV EMS Agency currently exceeds all standards. The Agency maintains a comprehensive data collection system and has the ability to immediately review any policy, procedure or individual incident. The capabilities are utilized in conjunction with a QA/QI program that links the Agency with area providers, hospitals, MDs, and EMTs.

#### **COORDINATION WITH OTHER AGENCIES:**

Not applicable for this standard.

#### **NEEDS:**

QA/QI are ongoing, dynamic processes. The Agency must constantly review and evaluate all aspects of the emergency care delivery system and identify any needed refinements.

#### **OBJECTIVES:**

It is the objective of the S-SV EMS Agency to construct a system with the highest levels of efficiency, cost effectiveness and quality patient care in mind.

#### **TIMEFRAME FOR OBJECTIVE:**

  x   Annual Implementation Plan

## SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

### Universal Level Prehospital Records

#### STANDARD:

#### 6.02

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

#### CURRENT STATUS:

S-SV policy requires that a prehospital record shall be completed for each dispatched patient response; including those responses in which the responding unit(s) is cancelled enroute. This standard is fully complied with, and is constantly monitored for any signs of non-compliance.

#### COORDINATION WITH OTHER AGENCIES:

Not applicable for this standard.

#### NEEDS:

The Agency continues to monitor the system for 100% compliance with this standard.

#### OBJECTIVES:

The S-SV Region intends to have 100% compliance in this area.

#### TIMEFRAME FOR OBJECTIVE:

  x   Annual Implementation Plan

## SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

### Universal Level Prehospital Care Audits

#### STANDARD:

##### 6.03

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

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

#### CURRENT STATUS:

All applicable standards are met. The Sierra-Sacramento Valley EMS Agency provides for regular audits of all aspects of prehospital care as well as maintaining a comprehensive database that links all pertinent records. S-SV is currently developing a computerized link with dispatch records.

#### COORDINATION WITH OTHER AGENCIES:

Not applicable for this standard.

#### NEEDS:

The S-SV EMS Agency needs to develop a computer link between our prehospital database, our trauma registries and various other federal agencies.

#### OBJECTIVES:

It is our objective, to have immediate access to all necessary information needed for the purpose of fully evaluating the Region's EMS system. This information will include: prehospital data; trauma registries; MTOS; outcome data; and any other available database that is applicable.

#### TIMEFRAME FOR OBJECTIVE:

  x   Long Range Plan

## SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

### Universal Level Medical Dispatch

#### STANDARD:

#### 6.04

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

#### CURRENT STATUS:

The S-SV EMS Agency has not been charged with any regulatory authority over dispatch or PSAP's in the Region. While the Agency's Medical Director has reviewed prearrival instructions, this is only performed when requested, and in a prospective manner.

#### COORDINATION WITH OTHER AGENCIES:

Not applicable for this standard.

#### NEEDS:

The Agency needs to remain an available resource to any PSAP that is inclined to give pre-arrival medical instructions.

#### OBJECTIVES:

It is not the objective of the S-SV EMS Agency to regulate any aspect of PSAP operations. The Agency will only provide technical support as needed.

#### TIMEFRAME FOR OBJECTIVE:

  x   Annual Implementation Plan

# SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

## Universal Level Data Management System\*

### STANDARD:

#### 6.05

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.

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 Agency currently meets all standards and has plans to substantially exceed all standards in the foreseeable future.

### COORDINATION WITH OTHER AGENCIES:

Data collection has been coordinated with all area hospitals and EMS provider agencies.

### NEEDS:

The system needs to further the registry's abilities, specific to following medical patients through the hospital phase. This information would facilitate a comprehensive review of paramedic care and identify any favorable results in patient outcome.

### OBJECTIVES:

It is the objective of the S-SV EMS Agency to remain the technological leader in this area. Further, we anticipate all policies and protocols will be revised based on direct system observations, thus eliminating the anecdotal component prevalent throughout the USA.

### TIMEFRAME FOR OBJECTIVE:

  x   Long Range Plan

## SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

### Universal Level System Design Evaluation

#### STANDARD:

##### 6.06

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

#### CURRENT STATUS:

The S-SV EMS Agency currently exceeds the applicable standard. With our state of the art data collection and computer modeling capabilities, policies and system refinement are now made based on factual information instead of anecdotal ideas.

#### COORDINATION WITH OTHER AGENCIES:

Not applicable for this standard.

#### NEEDS:

The S-SV EMS Agency needs to continue funding and refining the data collection program.

#### OBJECTIVES:

It is the objective of the S-SV EMS Agency to remain the State's leader in the area of data collection and analytical services.

#### TIMEFRAME FOR OBJECTIVE:

  x   Annual Implementation Plan

## SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

### Universal Level Provider Participation

#### STANDARD:

#### 6.07

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

#### CURRENT STATUS:

The Agency currently meets this standard. All ALS providers are mandated to participate and many of the BLS providers are participating voluntarily.

#### COORDINATION WITH OTHER AGENCIES:

Not applicable for this standard.

#### NEEDS:

No further need(s) are identified.

#### OBJECTIVES:

All objectives are being met voluntarily and without conflict.

#### TIMEFRAME FOR OBJECTIVE:

  x   Annual Implementation Plan

## SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

### Universal Level Reporting

#### **STANDARD:**

#### **6.08**

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

#### **CURRENT STATUS:**

The Agency far exceeds this standard. All interested parties have the ability to ask for system status reports. These reports can include the entire system, a particular aspect of the system (e.g. chest pain) or random samples.

#### **COORDINATION WITH OTHER AGENCIES:**

Not applicable for this standard.

#### **NEEDS:**

The Agency needs to continue funding the system surveillance/MIS-Data Project. It is the data collected by this mean, that allows for timely, detailed, accurate system evaluation.

#### **OBJECTIVES:**

The S-SV EMS Agency will continue to provide timely, accurate, and meaningful analysis of the system to all interested groups.

#### **TIMEFRAME FOR OBJECTIVE:**

  x   Annual Implementation Plan

## SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

### Enhanced Level : Advanced Life Support ALS Audit

#### STANDARD:

##### 6.09

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

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

#### CURRENT STATUS:

Currently our EMS-Data system achieves the recommended standards. Treatments can be audited, base hospital and standing orders can be distinguished. Receiving hospitals can easily be identified.

#### COORDINATION WITH OTHER AGENCIES:

Not applicable for this standard.

#### NEEDS:

S-SV needs to continually refine the EMS-MIS Data System to ensure the capture of all potentially valuable patient care data. This will facilitate necessary system assessments and protocol/policy changes.

#### OBJECTIVES:

It is the objective of the EMS-MIS Data System to link prehospital data with hospital treatment and outcome.

#### TIMEFRAME FOR OBJECTIVE:

x Long Range Plan

## SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION

### Enhanced Level: Trauma Care System Trauma System Evaluation

#### STANDARD:

##### 6.10

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

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

#### CURRENT STATUS:

Currently the S-SV Region complies with this standard. A trauma registry has been established, a trauma audit committee has been developed, and system changes (e.g. trauma catchment areas) have been determined.

#### COORDINATION WITH OTHER AGENCIES:

In the near future, once S-SV has designated various Level III trauma centers, coordination with Sacramento and El Dorado Counties may enhance all of the counties trauma systems.

#### NEEDS:

The full implementation of the trauma plan clearly establishes a systems approach to trauma care, and mandates continued compliance with these enhanced trauma standards.

#### OBJECTIVES:

It is the objective of the S-SV EMS Agency to continue to identify regional needs and assess various implementation strategies.

#### TIMEFRAME FOR OBJECTIVE:

  x   Annual Implementation Plan

**SYSTEM ASSESSMENT- DATA COLLECTION/SYSTEM EVALUATION**

**Enhanced Level : Trauma Care System**  
**Trauma Center Data**

**STANDARD:**

**6.11**

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

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

**CURRENT STATUS:**

The S-SV Region has completely met this recommended standard. All trauma centers are required to participate in the registry and any non-trauma hospital that directs any trauma patients to themselves also must be a participant in the registry.

**COORDINATION WITH OTHER AGENCIES:**

Not applicable to this standard.

**NEEDS:**

The Agency needs to encourage all hospitals to participate in the Trauma Audit Committee and facilitate any/all hospitals displaying an interest in becoming a trauma center.

**OBJECTIVES:**

It is the objective of the S-SV EMS Agency to get accurate system data in a timely manner. This data can then be forwarded to applicable committees for presentations and recommendations.

**TIMEFRAME FOR OBJECTIVE:**

  x   Annual Implementation Plan

## SYSTEM ASSESSMENT- PUBLIC INFORMATION AND EDUCATION

### Universal Level

#### 7.01 Public Information Materials

##### **STANDARD:**

##### **7.01**

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

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

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

##### **CURRENT STATUS:**

The counties in the S-SV region have retained the responsibility for public information and education. Fire and Law Enforcement agencies, Public Health, OES, hospitals and ambulance services have public education programs. CHP has a public education program that includes bike safety, helmets, etc.

##### **COORDINATION WITH OTHER AGENCIES:**

Not applicable to this standard.

##### **NEEDS:**

Standard met.

**OBJECTIVES:**

Continue to work toward implementation of a coordinated county wide public education program involving all EMS system participants.

**TIMEFRAME FOR OBJECTIVE:**

- Short Range Plan
- Long Range Plan

## SYSTEM ASSESSMENT- PUBLIC INFORMATION AND EDUCATION

### Universal Level 7.02 Injury Control

#### **STANDARD:**

#### **7.02**

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

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

#### **CURRENT STATUS:**

The county EMCC's should establish a public education subcommittee to focus on injury prevention. CHP is actively involved in injury prevention.

#### **COORDINATION WITH OTHER AGENCIES:**

Not applicable to this standard.

#### **NEEDS:**

Standard met.

#### **OBJECTIVES:**

S-SV will continue to encourage fire and law enforcement to include injury prevention.

#### **TIMEFRAME FOR OBJECTIVE:**

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT- PUBLIC INFORMATION AND EDUCATION

### Universal Level

#### 7.03 Disaster Preparedness

##### STANDARD:

##### 7.03

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

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

##### CURRENT STATUS:

Disaster preparedness is involved in existing public information and education programs. Each county's Office of Emergency Services is responsible for disaster preparedness.

##### COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

##### NEEDS:

Standard met.

##### OBJECTIVES:

No further objective needed to meet this standard.

##### TIMEFRAME FOR OBJECTIVE:

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT- PUBLIC INFORMATION AND EDUCATION

### Universal Level

#### 7.04 First Aid & CPR Training

##### **STANDARD:**

##### **7.04**

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

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

##### **CURRENT STATUS:**

The counties in the S-SV region have retained responsibility for first aid and CPR training. Hospitals, the American Red Cross and most fire agencies offer community first aid and CPR training programs.

##### **COORDINATION WITH OTHER AGENCIES:**

Not applicable to this standard.

##### **NEEDS:**

S-SV EMS Agency should implement a coordinated county wide program involving all EMS system participants.

##### **OBJECTIVES:**

To coordinate efforts at the county level.

##### **TIMEFRAME FOR OBJECTIVE:**

- Short Range Plan
- Long Range Plan

## SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

### Universal Level

#### 8.01 Disaster Medical Planning\*

##### **STANDARD:**

##### **8.01**

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

##### **CURRENT STATUS:**

S-SV works closely with Placer County OES which is the agency responsible for organizing, coordinating and directing medical and health services in the event of a disaster. YCCESA is responsible for Yolo County Disaster Planning. Nevada County has retained the responsibility for disaster medical response. Sutter and Yuba County OES are responsible for disaster preparedness.

##### **COORDINATION WITH OTHER AGENCIES:**

Not applicable to this standard.

##### **NEEDS:**

There is a need for coordination of disaster efforts between Nevada County and OES.

##### **OBJECTIVES:**

S-SV shall aid Nevada County in coordinating disaster efforts between Nevada County and OES.

##### **TIMEFRAME FOR OBJECTIVE:**

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

### Universal Level

#### 8.02 Response Plans

##### **STANDARD:**

##### **8.02**

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

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

##### **CURRENT STATUS:**

S-SV is in compliance. SEMS training for all personnel who may participate in a disaster response were required by December, 1996, per state law.

##### **COORDINATION WITH OTHER AGENCIES:**

Not applicable to this standard.

##### **NEEDS:**

Standard met.

##### **OBJECTIVES:**

No further objective needed to meet this standard.

##### **TIMEFRAME FOR OBJECTIVE:**

Short Range Plan

Long Range Plan

# SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

## Universal Level 8.03 Hazmat Training

### STANDARD:

#### 8.03

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

### CURRENT STATUS:

There is a Placer County Haz Mat Response Team system in place. The system includes multiple fire agencies. County Haz Mat units are located in the Auburn and North Tahoe areas. OES coordinates the system and oversees its response. Roseville Fire staffs its own Haz Mat Unit. A hazardous materials response team system is being developed that includes the UCD Fire Department and other fire agencies. County Public Health and Environmental Health have a role in the response to Haz Mat incidents. AMR responds to these incidents and must be prepared to fully integrate into the emergency operations.

Sutter County Fire has a Haz Mat Team and responds throughout Sutter County regardless of jurisdiction. In Sutter and Yuba Counties there is interest in further developing Haz Mat Response Team capabilities. Marysville has a Haz Mat Response Team that will respond in Yuba County. Yuba City has a limited number of Haz Mat trained specialists. Yuba City and Sutter County Fire are interested in a joint effort. Beale AFB has Haz Mat response team capabilities.

### COORDINATION WITH OTHER AGENCIES:

Not applicable to this standard.

### NEEDS:

Improve the disaster planning and coordination efforts between YCCESA, the City of Davis and the UCD campus.

### OBJECTIVES:

Nevada County should aggressively address a Hazardous Materials Area Plan that identifies a level of service and ensures a timely response by trained Haz Mat responders. Assign a lead agency. Continue to develop a county-wide Haz Mat Response Team system. The system should include an EMS component for both team members and impacted civilians. Medical monitoring of team members before entry into a hazardous zone and after exit should be included. EMS personnel should be integrated into the response system.

### TIMEFRAME FOR OBJECTIVE:

- Short Range Plan
- Long Range Plan

## SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

### Universal Level

#### 8.04 Incident Command System

##### **STANDARD:**

##### **8.04**

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

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

##### **CURRENT STATUS:**

The S-SV EMS Agency has adopted the OES Region 4 MCI Plan, the Incident Command System (ICS) and the Standardize Emergency Management System (SEMS) and has included these as regional policy. Fire and Law Enforcement agencies use the ICS. AMR, Bi-County Ambulances, SNMH Ambulance and the Foresthill Safety Club integrates their activities into the local jurisdiction's ICS.

##### **COORDINATION WITH OTHER AGENCIES:**

Not applicable to this standard.

##### **NEEDS:**

Continued ICS training and real incident utilization must occur in order to have well coordinated emergency incident management, and to provide for civilian and emergency worker safety.

##### **OBJECTIVES:**

Conduct annual county drills of the ICS operations ensuring interagency participation. Advise all fire agencies and other responders to implement the ICS and coordinate with each other and ambulance services on emergency incidents.

##### **TIMEFRAME FOR OBJECTIVE:**

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

### Universal Level

#### 8.05 Distribution of Casualties\*

##### **STANDARD:**

##### **8.05**

The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area. The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

##### **CURRENT STATUS:**

Sutter Roseville Medical Center (SRMC), Sutter Auburn Faith Hospital (SAFH) and Tahoe Forest Hospital (TFH) Sierra Nevada Memorial Hospital (SNMH), Woodland Memorial Hospital (WMH), and Rideout Memorial Hospital (RMH) function as local DCFs. DCFs provide patient treatment direction and coordination assistance during disasters/MCIs.

##### **COORDINATION WITH OTHER AGENCIES:**

Not applicable to this standard.

##### **NEEDS:**

Standard met.

##### **OBJECTIVES:**

No further objective needed to meet this standard.

##### **TIMEFRAME FOR OBJECTIVE:**

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

### Universal Level

#### 8.06 Needs Assessment

#### **STANDARD:**

#### **8.06**

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

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

#### **CURRENT STATUS:**

On an on-going basis S-SV attends EMCC meetings to recommend reactivating disaster committee meetings and attend on-going disaster committee meetings. Review of quarterly progress reports will occur and appropriate action will be taken.

#### **COORDINATION WITH OTHER AGENCIES:**

Not applicable to this standard.

#### **NEEDS:**

Standard met.

#### **OBJECTIVES:**

No further objective needed to meet this standard.

#### **TIMEFRAME FOR OBJECTIVE:**

- Short Range Plan
- Long Range Plan

## SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

### Universal Level

#### 8.07 Disaster Communications\*

##### **STANDARD:**

##### **8.07**

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

##### **CURRENT STATUS:**

There is a need for ambulances to have CALCORD radio capability for interdisciplinary multi-agency communications.

##### **COORDINATION WITH OTHER AGENCIES:**

Not applicable to this standard.

##### **NEEDS:**

Standard met.

##### **OBJECTIVES:**

YCCESA should complete a county-wide EMS Communications Plan for Yolo County that addresses communications between fire, law, ambulances, helicopters, the Med Net system, and plans for equipment replacement. Hospitals and ambulance services should provide documented training regarding the use of the Med Net Radio system for their personnel. Nevada County should consolidate a county-wide EMS Communications Plan which addresses communications between fire, law, ambulances, and helicopters, the Med Net system, and plans for equipment replacement. The plan should include communications between Incident Commanders and hospitals that does not rely on ambulance radios.

##### **TIMEFRAME FOR OBJECTIVE:**

- Short Range Plan
- Long Range Plan

## SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

### Universal Level

#### 8.08 Inventory of Resources

##### **STANDARD:**

##### **8.08**

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

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

##### **CURRENT STATUS:**

A coordinated network of disaster medical supply inventories and/or caches do not exist in the Region. A system of disaster medical supply caches should be established. Caches should be strategically located for prompt access and deployment during disasters/MCIs.

##### **COORDINATION WITH OTHER AGENCIES:**

Not applicable to this standard.

##### **NEEDS:**

There is a need to develop and implement a disaster medical supply cache and inventory system.

##### **OBJECTIVES:**

To work with the counties and OES towards development and implementation of medical caches.

##### **TIMEFRAME FOR OBJECTIVE:**

- Short Range Plan
- Long Range Plan

## SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

### Universal Level 8.09 DMAT Teams

#### **STANDARD:**

#### **8.09**

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

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

#### **CURRENT STATUS:**

S-SV EMS Agency supports the developments and maintenance of DMAT teams in the fire county region.

#### **COORDINATION WITH OTHER AGENCIES:**

Not applicable to this standard.

#### **NEEDS:**

There is some interest in exploring a regional DMAT as part of the federal response by the National Disaster Medical System to a major disaster.

#### **OBJECTIVES:**

To develop a regional DMAT program. The DMAT would be part of the National Disaster Medical System (NDMS) federal response to a major disaster.

#### **TIMEFRAME FOR OBJECTIVE:**

- Short Range Plan
- Long Range Plan

## SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

### Universal Level

#### 8.10 Mutual Aid Agreements\*

##### **STANDARD:**

##### **8.10**

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

##### **CURRENT STATUS:**

S-SV EMS Agency has a mutual aid agreement in place in Yolo County. American Medical Response (AMR) provides ALS mutual aid.

##### **COORDINATION WITH OTHER AGENCIES:**

Not applicable to this standard.

##### **NEEDS:**

Standard met.

##### **OBJECTIVES:**

No further objective needed to meet this standard.

##### **TIMEFRAME FOR OBJECTIVE:**

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

### Universal Level

#### 8.11 CCP Designation\*

##### **STANDARD:**

##### **8.11**

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

##### **CURRENT STATUS:**

S-SV EMS Agency has determined that the concept of CCPs should be re-evaluated. The determination to activate CCPs and the CCP location should be incident specific. The incident commander must be involved in determining need and location of CCPs. CCP issues must be part of SEMS operations. CCPs may require medical support for casualties.

##### **COORDINATION WITH OTHER AGENCIES:**

Not applicable to this standard.

##### **NEEDS:**

Standard met.

##### **OBJECTIVES:**

To re-evaluate the concept of CCPs. If indicated develop an updated county-wide CCP Plan as part of SEMS operations.

##### **TIMEFRAME FOR OBJECTIVE:**

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

### Universal Level

#### 8.12 Establishment of CCPs

##### **STANDARD:**

##### **8.12**

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

##### **CURRENT STATUS:**

S-SV EMS Agency has determined that the concept of CCPs should be re-evaluated. The determination to activate CCPs and the CCP location should be incident specific. The incident commander must be involved in determining need and location of CCPs. CCP issues must be part of SEMS operations. CCPs may require medical support for casualties.

##### **COORDINATION WITH OTHER AGENCIES:**

Not applicable to this standard.

##### **NEEDS:**

Standard met.

##### **OBJECTIVES:**

To re-evaluate the concept of CCPs. If indicated develop an updated county-wide CCP Plan as part of SEMS operations.

##### **TIMEFRAME FOR OBJECTIVE:**

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

### Universal Level

#### 8.13 Disaster Medical Training

##### **STANDARD:**

##### **8.13**

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

The local EMS agency should ensure that EMS responders, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

##### **CURRENT STATUS:**

The S-SV agency has included the OES Region 4 MCI Plan as part of it's regional policy. When casualties are exposed to hazardous substances providers are required to follow the procedures are required to follow the procedures in S-SV Policy No. 891, Reference No. E-7.

##### **COORDINATION WITH OTHER AGENCIES:**

Not applicable to this standard.

##### **NEEDS:**

Standard met.

##### **OBJECTIVES:**

No further objective needed to meet this standard.

##### **TIMEFRAME FOR OBJECTIVE:**

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

### Universal Level

#### 8.14 Hospital Plans

##### **STANDARD:**

##### **8.14**

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

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

##### **CURRENT STATUS:**

County drills do occur. However, more multi-agency drills are needed at all levels of a disaster response. The drills should include all service providers drilling together.

##### **COORDINATION WITH OTHER AGENCIES:**

Not applicable to this standard.

##### **NEEDS:**

There is interest in an annual county-wide major emergency multi-agency drill.

##### **OBJECTIVES:**

To facilitate annual county disaster drills.

##### **TIMEFRAME FOR OBJECTIVE:**

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

### Universal Level

#### 8.15 Interhospital Communications

##### **STANDARD:**

##### **8.15**

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

##### **CURRENT STATUS:**

Hospitals within the S-SV region are currently linked by a "blast Phone" system with a dedicated phone line. This system does not include field providers or dispatch centers.

##### **COORDINATION WITH OTHER AGENCIES:**

Not applicable to this standard.

##### **NEEDS:**

There is a need to acquire the HEAR system capability for hospitals.

##### **OBJECTIVES:**

There is an interest in acquiring the HEAR system for disaster communications. S-SV will facilitate interest.

##### **TIMEFRAME FOR OBJECTIVE:**

- Short Range Plan
- Long Range Plan

## SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

### Universal Level

#### 8.16 Prehospital Agency Plans

##### **STANDARD:**

##### **8.16**

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

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

##### **CURRENT STATUS:**

All prehospital providers and hospitals have developed guidelines for the management of significant medical incidents. Fire, law enforcement, AMR, Bi-County, Sierra-Nevada and Foresthill Safety Club integrate their activates into the local ICS.

##### **COORDINATION WITH OTHER AGENCIES:**

Not applicable to this standard.

##### **NEEDS:**

Standard met.

##### **OBJECTIVES:**

There is an interest in developing a local Hospital Emergency Response Team (HERT).

##### **TIMEFRAME FOR OBJECTIVE:**

- Short Range Plan
- Long Range Plan

**SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE**

**Enhanced Level: Advanced Life Support**

**8.17 ALS Policies**

**STANDARD:**

**8.17**

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

**CURRENT STATUS:**

S-SV permits EMT-Ps not licensed in California to temporarily perform his/her scope of practice in California on a mutual aid response or disaster. There is a mutual aid agreement with surrounding counties and/or regions.

**COORDINATION WITH OTHER AGENCIES:**

Not applicable to this standard.

**NEEDS:**

Standard met.

**OBJECTIVES:**

No further objective needed to meet this standard.

**TIMEFRAME FOR OBJECTIVE:**

Short Range Plan

Long Range Plan

## SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE

### Enhanced Level: Specialty Care Systems

#### 8.18 Specialty Center Roles

##### **STANDARD:**

##### **8.18**

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

##### **CURRENT STATUS:**

S-SV currently has a Level I, a Level II and a Pediatric Critical Care Center in the region. Policies are in place which determine their role during a major medical emergency or disaster, unless they are directly impacted by the disaster.

##### **COORDINATION WITH OTHER AGENCIES:**

Not applicable to this standard.

##### **NEEDS:**

Standard met.

##### **OBJECTIVES:**

No further objective needed to meet this standard.

##### **TIMEFRAME FOR OBJECTIVE:**

Short Range Plan

Long Range Plan

**SYSTEM ASSESSMENT- DISASTER MEDICAL RESPONSE**

**Enhanced Level: Specialty Care Systems**

**8.19 Exclusive Operating Areas/Ambulance Regulation**

**STANDARD:**

**8.19**

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

**CURRENT STATUS:**

S-SV does not have exclusive agreements.

**COORDINATION WITH OTHER AGENCIES:**

Not applicable to this standard.

**NEEDS:**

N/A

**OBJECTIVES:**

N/A

**TIMEFRAME FOR OBJECTIVE:**

Short Range Plan

Long Range Plan

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

EMS System: S-SV EMS AGENCY Reporting Year: 1996

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:

- a. Basic Life Support (BLS) - Placer 56%, Nevada 51%, Sutter 51%, Yolo 58%, Yuba 51%
- b. Limited Advanced Life Support (LALS) 0%
- c. Advanced Life Support (ALS)- Placer 44%, Nevada 49%, Sutter 49%, Yolo 42%, Yuba 49%

2. Type of agency

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

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

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

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

- Implementation of exclusive operating areas (ambulance franchising)
- Designation of trauma centers/trauma care system planning X
- Designation/approval of pediatric facilities X
- Designation of other critical care centers X
- Development of transfer agreements X
- Enforcement of local ambulance ordinance Placer County
- Enforcement of ambulance service contracts
- Operation of ambulance service

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

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

5. EMS agency budget for FY 1996-1997

A. EXPENSES

Salaries and benefits (all but contract personnel)	<u>\$383,941</u>
Contract Services (e.g. medical director)	65,000
Operations (e.g. copying, postage, facilities)	58,465
Travel	34,400
Fixed assets	0
Indirect expenses (overhead)	144,000
Ambulance subsidy	0
EMS Fund payments to physicians/hospital	0
Dispatch center operations (non-staff)	0
Training program operations	0
Other:	
Other:	
Other:	

**TOTAL EXPENSES** **\$685,806**

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

**B. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]	98,800
Preventive Health and Health Services (PHHS) Block Grant	<u>\$0</u>
Office of Traffic Safety (OTS)	0
State general fund	243,950
County general fund	0
Other local tax funds (e.g., EMS district)	0
County contracts (e.g. multi-county agencies)	212,792
Certification fees	32,000
Training program approval fees	0
Training program tuition/Average daily attendance funds (ADA) Job Training Partnership ACT (JTPA) funds/other payments	0
Base hospital application fees	0
Base hospital designation fees	0
Trauma center application fees	0
Trauma center designation fees	40,000
Pediatric facility approval fees	0
Pediatric facility designation fees	0

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

Other critical care center application fees	0
Type:	
Other critical care center designation fees	0
Type:	
Ambulance service/vehicle fees	0
Contributions	0
EMS Fund (SB 12/612)	0
Other grants:	0
Other fees:	0
Other (specify):	0
<b>TOTAL REVENUE</b>	<b>\$</b>

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

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

6. Fee structure for FY 1996-1997

We do not charge any fees

Our fee structure is:

First responder certification	\$0
EMS dispatcher certification	0
EMT-I certification	25.00
EMT-I recertification	25.00
EMT-defibrillation certification	20.00
EMT-defibrillation recertification	20.00
EMT-II certification	N/A
EMT-II recertification	N/A
EMT-P accreditation	60.00/35.00
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	60.00
MICN/ARN recertification	35.00
EMT-I training program approval	0
EMT-II training program approval	N/A
EMT-P training program approval	0
MICN/ARN training program approval	0
Base hospital application	0
Base hospital designation	0
Trauma center application	
Trauma center designation	
Pediatric facility approval	0
Pediatric facility designation	0

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

Other critical care center application	0
Type:	
Other critical care center designation	0
Type:	
Ambulance service license	<u>\$0</u>
Ambulance vehicle permits	0
Other:	
Other:	
Other:	

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

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

EMS System: S-SV EMS AGENCY

Reporting Year: 1996

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./ Coord./Dir.	Regional Executive Director	1.0	39.28	30%	
Asst. Admin./ Admin. Asst./ Admin. Mgr.	Associate Regional Executive Director	1.0	24.48	30%	
ALS Coord./ Field Coord./ Trng Coord.					
Program Coord./Field Liaison (Non-clinical)					
Trauma Coord.					
Med. Director	Medical Director	.5			
Other MD/ Med. Consult./ Trng. Med. Dir.					
Disaster Med. Planner					

**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.)**

<b>CATEGORY</b>	<b>ACTUAL TITLE</b>	<b>FTE POSITIONS (EMS ONLY)</b>	<b>TOP SALARY BY HOURLY EQUIVALENT</b>	<b>BENEFITS (% of Salary)</b>	<b>COMMENTS</b>
Dispatch Supervisor					
Medical Planner					
Dispatch Supervisor					
Data Evaluator/ Analyst	Special Projects Administrator	1.0	21.82	30%	
QA/QI Coordinator	Quality Assurance/Education Coordinator	1.0	23.21	30%	
Public Info. & Ed. Coord.					
Ex. Secretary	Data Assistant	1.0	13.59	30%	
Other Clerical	Records Analyst	1.0	14.61	30%	
Data Entry Clerk					
Other					

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

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

EMS System: S-SV EMS AGENCY

Reporting Year: 1996

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total certified	1118	n/a		53	n/a
Number of newly certified this year	397	n/a			n/a
Number of recertified this year	721	n/a			n/a
Number of certificate reviews resulting in:					
a) formal investigations					
b) probation					
c) suspensions					
d) revocations					
e) denials					
f) denials of renewal					
g) no action taken					

3-3.9

1. Number of EMS dispatchers trained to EMSA standards: 0
2. Early defibrillation:
  - a) Number of EMT-I (defib) certified: 182
  - b) Number of public safety (defib) certified (non-EMT-I) 7
3. Do you have a first responder training program?
  - yes
  - no

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

EMS System: S-SV EMS AGENCY

County: PLACER

Reporting Year: 1997

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

- |  |   |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP)  | 6 |
| 2. Number of secondary PSAPs   | 1 |
| 3. Number of dispatch centers directly dispatching ambulances  | 7 |
| 4. Number of designated dispatch centers for EMS Aircraft  | 7 |
| 5. Do you have an operational area disaster communication system? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no                            |   |
| a. Radio primary frequency 453.425   |   |
| b. Other methods - CELL PHONES   |   |
| c. Can all medical response units communicate on the same disaster communications system?<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no |   |
| d. Do you participate in OASIS? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no  |   |
| e. Do you have a plan to utilize RACES as a back-up communication system?<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no                 |   |
| 1) Within the operational area? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no  |   |
| 2) Between the operational area and the region and/or state? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no                                 |   |

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

EMS System: S-SV EMS AGENCY

County: NEVADA

Reporting Year: 1997

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

- 1. Number of primary Public Service Answering Points (PSAP) 3
- 2. Number of secondary PSAPs 0
- 3. Number of dispatch centers directly dispatching ambulances 3
- 4. Number of designated dispatch centers for EMS Aircraft 0
- 5. Do you have an operational area disaster communication system? yes no
  - a. Radio primary frequency
  - b. Other methods COUNTY FIRE FREQ 153.965
  - c. Can all medical response units communicate on the same disaster communications system?  
yes no
  - d. Do you participate in OASIS? yes no
  - e. Do you have a plan to utilize RACES as a back-up communication system?  
yes no
    - 1) Within the operational area? yes no
    - 2) Between the operational area and the region and/or state? yes no

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

EMS System: S-SV EMS AGENCY

County: YOLO

Reporting Year: 1997

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

- 1. Number of primary Public Service Answering Points (PSAP) 3
- 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 no
  - a. Radio primary frequency
  - b. Other methods
  - c. Can all medical response units communicate on the same disaster communications system?  
yes no
  - d. Do you participate in OASIS? yes no
  - e. Do you have a plan to utilize RACES as a back-up communication system?  
yes no
    - 1) Within the operational area? yes no
    - 2) Between the operational area and the region and/or state? yes no

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

EMS System: S-SV EMS AGENCY

County: SUTTER

Reporting Year: 1997

**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 0
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 no
  - a. Radio primary frequency 453.425
  - b. Other methods - CELL PHONES
  - c. Can all medical response units communicate on the same disaster communications system?  
yes no
  - d. Do you participate in OASIS? yes no
  - e. Do you have a plan to utilize RACES as a back-up communication system?  
yes no
    - 1) Within the operational area? yes no
    - 2) Between the operational area and the region and/or state? yes no

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

EMS System: S-SV EMS AGENCY

County: YUBA

Reporting Year: 1997

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

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

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

EMS System: SIERRA-SACRAMENTO VALLEY EMS AGENCY

Reporting Year: 1996

Note: Table 5 is to be reported by agency.

**TRANSPORTING AGENCIES**

1.	Number of exclusive operating areas	N/A
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	N/A
3.	Total number responses	49,924
	a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	43,432
	b) Number non-emergency responses (Code 1: normal)	6,492
4.	Total number of transports	34,671
	a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	28,124
	b) Number non-emergency transports (Code 1: normal)	8,532

**Early Defibrillation Programs**

5.	Number of public safety defibrillation programs	N/A
	a) Automated	N/A
	b) Manual	N/A
6.	Number of EMT-Defibrillation programs	23
	a) Automated	23
	b) Manual	N/A

**Air Ambulance Services**

7.	Total number of responses	370
	a) Number of emergency responses	370
	b) Number of non-emergency responses	0
8.	Total number of transports	370
	a) Number of emergency (scene) responses	273
	b) Number of non-emergency responses	97

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

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

3-5.16

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1 BLS and CPR first responder.	3	5	10	6
2 Early defibrillation responder.	N/A	9	N/A	9
3 Advanced life support responder.	8	12	16	12
4. Transport Ambulance	10	12	16	12

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

EMS System: S-SV EMS AGENCY

Reporting Year: 1996

NOTE: Table 6 is to be reported by agency.

**Trauma**

Trauma patients:

a) Number of patients meeting trauma triage criteria	12,177
b) Number of major trauma victims transported directly to a trauma center by ambulance	698
c) Number of major trauma patients transferred to a trauma center	
d) Number of patients meeting triage criteria who weren't treated at a trauma center	11,479

**Emergency Departments**

Total number of emergency departments	8
a) Number of referral emergency services	n/a
b) Number of standby emergency services	n/a
c) Number of basic emergency services	n/a
d) Number of comprehensive emergency services	8

**Receiving Hospitals**

a) Number of receiving hospitals with agreements	n/a
b) Number of base hospitals with written agreements	8

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

EMS System: Sierra-Sacramento Valley EMS Agency

County: YUBA

Reporting Year: 1997

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

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? in planning
- b. How are they staffed? in planning
- c. Do you have a supply system for supporting them for 72 hours?      yes       no

2. CISD

Do you have a CISD provider with 24 hour capability?      yes       no

3. Medical Response Team

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

4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams?      yes       no
- b. At what HazMat level are they trained?
- c. Do you have the ability to do decontamination in an emergency room?      yes       no
- d. Do you have the ability to do decontamination in the field?      yes       no

**OPERATIONS**

- 1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?      yes       no
- 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?      4



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

EMS System: Sierra-Sacramento Valley EMS Agency

County: YOLO

Reporting Year: 1997

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

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)

a. Where are your CCPs located? Yolo Fairgrounds

b. How are they staffed? Red Cross, Social Services and Volunteers

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

2. CISD

Do you have a CISD provider with 24 hour capability?                      yes                       no

3. Medical Response Team

a. Do you have any team medical response capability?                      yes                       no

b. For each team, are they incorporated into your local response plan?                      yes                       no

c. Are they available for statewide response?                      yes                       no

d. Are they part of a formal out-of-state response system?                      yes                       no

4. Hazardous Materials

a. Do you have any HazMat trained medical response teams?                      yes                       no

b. At what HazMat level are they trained?

c. Do you have the ability to do decontamination in an emergency room?                      yes                       no

d. Do you have the ability to do decontamination in the field?                      yes                       no

**OPERATIONS**

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

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?                      4



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

EMS System: Sierra-Sacramento Valley EMS Agency

County: SUTTER

Reporting Year: 1997

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

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? in planning
- b. How are they staffed? in planning
- c. Do you have a supply system for supporting them for 72 hours?      yes       no

2. CISD

Do you have a CISD provider with 24 hour capability?      yes       no

3. Medical Response Team

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

4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams?      yes       no
- b. At what HazMat level are they trained?
- c. Do you have the ability to do decontamination in an emergency room?      yes       no
- d. Do you have the ability to do decontamination in the field?      yes       no

### OPERATIONS

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



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

EMS System: Sierra-Sacramento Valley EMS Agency

County: PLACER

Reporting Year: 1997

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

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? As determined by the needs of the incident
- b. How are they staffed? QA prehospital & hospital personnel thru MMA
- c. Do you have a supply system for supporting them for 72 hours?      yes       no

2. CISD

Do you have a CISD provider with 24 hour capability?      yes       no

3. Medical Response Team

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

4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams?      yes       no
- b. At what HazMat level are they trained?
- c. Do you have the ability to do decontamination in an emergency room?      yes       no
- d. Do you have the ability to do decontamination in the field?      yes       no

**OPERATIONS**

- 1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?      yes       no
- 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?      10-12

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

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

EMS System: Sierra-Sacramento Valley EMS Agency

County: NEVADA

Reporting Year: 1997

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

### SYSTEM RESOURCES

#### 1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? in planning
- b. How are they staffed? in planning
- c. Do you have a supply system for supporting them for 72 hours?      yes       no

#### 2. CISD

Do you have a CISD provider with 24 hour capability?      yes       no

#### 3. Medical Response Team

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

#### 4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams?      yes       no
- b. At what HazMat level are they trained?
- c. Do you have the ability to do decontamination in an emergency room?      yes       no
- d. Do you have the ability to do decontamination in the field?      yes       no

### OPERATIONS

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



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

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 1997

<b>Name, address &amp; telephone: Alpine Meadows</b> Drawer E Tahoe City 96145 (916)583-2342			<b>Primary Contact: John Lilly</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> 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 explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances:

4-8.1

<b>Name, address &amp; telephone: Alta Volunteer Fire Dept.</b> PO Box 847 Alta 95701 (916) 389-2676			<b>Primary Contact: Tim Milam</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [8] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

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

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 1997

<b>Name, address &amp; telephone: Auburn Fire Dept.</b> 1225 Lincoln Way Auburn 95603 (916) 823-4265			<b>Primary Contact: Howard Leal</b>		
Written Contract: <input 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: [20] PS <input type="checkbox"/> PS-Defib [15] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS        [1] 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 explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: CDF - Nevada/Yuba/Placer</b> 13760 Lincoln Way Auburn 95603 (916) 823-4904			<b>Primary Contact: Kank Weston</b>		
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: permanent/seasonal [20/60] PS <input type="checkbox"/> PS-Defib [50/40] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS        [2/5] ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

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

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 1997

<b>Name, address &amp; telephone: Colfax Fire Dept.</b> PO Box 1233 Colfax 95713 (916) 346-2323			<b>Primary Contact: David Thompson</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

<b>Name, address &amp; telephone: Dry Creek Fire Dept.</b> 8350 Cook Riolo Road Roseville 95747 (916) 771-0107			<b>Primary Contact: Max Dodge</b>		
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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [13] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS           [3] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

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

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 1997

<b>Name, address &amp; telephone: Dutch Flat Fire Dept.</b> PO Box 83 Dutch Flat 95714 (916) 389-2287			<b>Primary Contact: C.L. Bridges</b>		
Written Contract: <input 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: [2] PS <input type="checkbox"/> PS-Defib [4] BLS <input type="checkbox"/> EMT-D [2] LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

<b>Name, address &amp; telephone: Lincoln Fire Dept.</b> 472 E Street Lincoln 95648 (916) 645-4040			<b>Primary Contact: Sam Silvas</b>		
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: [9] PS <input type="checkbox"/> PS-Defib [12] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

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

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 1997

<b>Name, address &amp; telephone: Loomis FPD</b> PO Box 606 Loomis 95650 (916) 652-6858			<b>Primary Contact: Ed Horton</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [30] BLS        [15] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> 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 explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

<b>Name, address &amp; telephone: Newcastle FPD</b> PO Box 373 Newcastle 95658 (916) 663-3323			<b>Primary Contact: Ray Vega</b>		
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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [14] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

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

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 1997

<b>Name, address &amp; telephone: North Tahoe FPD</b> PO Box 5879 Tahoe City 96145 (916) 583-6913			<b>Primary Contact: Duane Whitelaw</b>		
Written Contract: <input 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: <input type="checkbox"/> PS [48] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D [22] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

<b>Name, address &amp; telephone: Northstar Fire Dept.</b> PO Box 210 Truckee 96160 (916) 562-1212			<b>Primary Contact: Bill Zahn</b>		
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: <input type="checkbox"/> PS [15] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

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

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 1997

<b>Name, address &amp; telephone: Penryn FPD</b> PO Box 219 Penryn 95663 (916) 663-3389			<b>Primary Contact: Mike Davis</b>		
Written Contract: <input 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 <input type="checkbox"/> PS-Defib [10] BLS     [12] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

<b>Name, address &amp; telephone: Placer County Fire</b> 13760 Lincoln Way Auburn 95603 (916) 823-4904			<b>Primary Contact: Hank Weston</b>		
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: [39] PS <input type="checkbox"/> PS-Defib [40] BLS     [12] EMT-D <input type="checkbox"/> LALS        [1] ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

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

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 1997

<b>Name, address &amp; telephone: Placer Foothills Consolidated FPD</b> 11645 Atwood Road Auburn 95603 (916) 889-7991			<b>Primary Contact: Ron Wright</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS            [30] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

<b>Name, address &amp; telephone: Placer Hills Fire</b> PO Box 308 Meadow Vista 95722 (916) 878-0405			<b>Primary Contact: Ian Gow</b>		
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 <input type="checkbox"/> PS-Defib [48] BLS           [13] EMT-D <input type="checkbox"/> LALS            [5] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

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

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 1997

<b>Name, address &amp; telephone: Rocklin Fire Dept</b> PO Box 1380 Rocklin 95677 (916) 632-4150			<b>Primary Contact: James Pennington</b>		
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: <input type="checkbox"/> PS [30] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> 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 explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

<b>Name, address &amp; telephone: Squaw Valley Fire Dept.</b> PO Box 2522 Olympic Valley 96146 (916) 583-6111			<b>Primary Contact: Peter Bansen</b>		
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 [2] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

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

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 1997

<b>Name, address &amp; telephone: South Placer Fire</b> 6900 Eureka Road Granite Bay 95661 (916) 791-7059			<b>Primary Contact: David Bailey</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS            [36] EMT-D <input type="checkbox"/> 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 checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>3</u>

<b>Name, address &amp; telephone: Foresthill Safety Club</b> PO Box 557 Foresthill 95631 (916) 367-2509			<b>Primary Contact: Mark Sordahl</b>		
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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [9] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS            [6] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>2</u>

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

EMS System: S-SV EMS Agency

County: Placer

Reporting Year: 1997

<b>Name, address &amp; telephone: U.S. Forest Service</b> 22830 Auburn Foresthill Road Foresthill 95631 (916) 367-2224			<b>Primary Contact: Paula Nelson</b>		
Written Contract: <input 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: [4] PS <input type="checkbox"/> PS-Defib [2] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

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

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

EMS System: Sierra-Sacramento Valley EMS Agency

County: Yolo

Reporting Year: 1997

<b>Name, address &amp; telephone: American Medical Response</b> 1515 Silica Ave. Sacramento 95815 (916) 924-0606			<b>Primary Contact: Doug Petrick</b>		
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: <input type="checkbox"/> PS [12] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D [21] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>7</u>

<b>Name, address &amp; telephone: Capay Valley Fire</b> PO Box 6 Brooks 95606 (916) 796-3300 16881 CR 59 (916)796-3300 (volunteer)			<b>Primary Contact: R.M. Bloom</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>  </u>

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

EMS System: Sierra-Sacramento Valley EMS Agency County: Yolo

Reporting Year: 1997

<b>Name, address &amp; telephone:</b> CDF - Lake/Napa/Yolo RU (Brooks Station) 1572 Railroad Ave. St. Helena 94574 (707) 963-3601			<b>Primary Contact:</b> Gary Buzzini		
Written Contract: <input 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: [8] PS <input type="checkbox"/> PS-Defib [3] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>  <u>Seasonal</u>

<b>Name, address &amp; telephone:</b> Clarksburg FPD PO Box 513 Clarksburg 95612 (916) 744-1700 (volunteer)			<b>Primary Contact:</b> John Azevedo		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

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

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 1997

<b>Name, address &amp; telephone: Davis Fire Dept.</b> 530 5th Street Davis, CA 95616 (916) 756-3743			<b>Primary Contact: Rose Conroy</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS                    [36] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: Dunnigan FPD</b> PO Box 69 Dunnigan 95937 (916) 724-3314 (volunteer)			<b>Primary Contact: Victor McCullough</b>		
Written Contract: <input 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: [24] PS <input type="checkbox"/> PS-Defib [1] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

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

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 1997

<b>Name, address &amp; telephone: Elkhorn Volunteer Fire</b> 18350 Old River Road West Sacramento 95691 (916) 371-4541			<b>Primary Contact: Richard Young</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: Esparto FPD</b> PO Box 366 Esparto 95627 (916) 787-3300			<b>Primary Contact: Barry Burns</b>		
Written Contract: <input 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: [21] PS <input type="checkbox"/> PS-Defib [6] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

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

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 1997

<b>Name, address &amp; telephone: Knights Landing FD</b> 6th & Grove St. Knights Landing 95645 (916) 735-6590 (volunteer)			<b>Primary Contact: Jeff Gilbert</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: Madison FPD</b> PO Box 12 Madison 95653 (916) 662-5745			<b>Primary Contact: Tom Anguay</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

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

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 1997

<b>Name, address &amp; telephone:</b> West Sacramento FD W. Sac. 95691 (916) 373-5840			<b>Primary Contact:</b> Fred Postel 1751 Cebrian St.		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS            [42] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone:</b> Willow Oak FPD 17335 County Road 97 Woodland 95695 (916) 662-0781 volunteer			<b>Primary Contact:</b> Jim Froman		
Written Contract: <input 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: [27] PS <input type="checkbox"/> PS-Defib [6] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

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

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 1997

<b>Name, address &amp; telephone: Winters FD</b> 10 Abbey St. Winters 95694 (916) 795-4131			<b>Primary Contact: Dave Kidder</b>		
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [18] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>1</u>

<b>Name, address &amp; telephone: Woodland FD</b> 532 Court St. Woodland 95695 (916) 661-5844			<b>Primary Contact: John Buchanan</b>		
Written Contract: <input 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: [20] PS <input type="checkbox"/> PS-Defib [46] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

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

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 1997

<b>Name, address &amp; telephone: UC Davis FD</b> Universtiy Campus Davis 95613 (916) 752-1236			<b>Primary Contact: Mike Chandler</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: West Plainfield FPD</b> 24901 County Road 95 Davis 95616 (916) 756-0212			<b>Primary Contact: Cherie Rita</b>		
Written Contract: <input 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 <input type="checkbox"/> PS-Defib [19] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

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

EMS System: S-SV EMS Agency

County: Yolo County

Reporting Year: 1997

<b>Name, address &amp; telephone: Yolo FPD</b> PO Box 141 Yolo 95697 (916) 662-8808 (volunteer)			<b>Primary Contact: Short Parker</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: Zamora FPD</b> PO Box 143 Zamora 95698 (916) 662-6883 (volunteer)			<b>Primary Contact: Bill Wilson</b>		
Written Contract: <input 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: [20] PS <input type="checkbox"/> PS-Defib [2] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

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

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 1997

<b>Name, address &amp; telephone: Forty-Niner FPD</b> PO Box 354 Nevada City 95959 (916) 265-4431			<b>Primary Contact: Daniel Kopp</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [30] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: Grass Valley FD</b> 125 E. Main St. Grass Valley 95945 (916) 274-4370			<b>Primary Contact: Jeff Brady</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [28] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

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

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 1997

<b>Name, address &amp; telephone: Donner Summit Fire</b> PO Box 610 Soda Springs 95728 (916) 426-3000			<b>Primary Contact: Bryce Keller</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [13] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS                    [5] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>2</u>

<b>Name, address &amp; telephone: North Tahoe Fire</b> PO Box 5879 Tahoe City 96145 (916) 546-8514			<b>Primary Contact: Duane Whitlaw</b>		
Written Contract: <input 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: [21] PS <input type="checkbox"/> PS-Defib [50] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>7</u>

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

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 1997

<b>Name, address &amp; telephone: Higgins FPD</b> 10106 Combie Road Auburn 95602 (916) 269-2488			<b>Primary Contact: Hank Weston</b>		
Written Contract: <input 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: [7] PS <input type="checkbox"/> PS-Defib [9] BLS <input checked="" type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: Nevada City FD</b> 317 Broad St. Nevad City 95959 (916) 265-2351			<b>Primary Contact: Greg Wasley</b>		
Written Contract: <input 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: [1] PS <input type="checkbox"/> PS-Defib [22] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>  </u>

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

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 1997

<b>Name, address &amp; telephone:</b> Nevada County Consolidated Fire 11992 Plaza Dr. Grass Valley 95945 (916) 273-3158			<b>Primary Contact:</b> Tom Dailey		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [32] BLS        [19] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone:</b> North San Juan FPD PO Box 299 North San Juan 95960 (916) 292-9159			<b>Primary Contact:</b> John Skoversky		
Written Contract: <input 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: [9] PS <input type="checkbox"/> PS-Defib [9] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

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

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 1997

<b>Name, address &amp; telephone: Ophir Hill FPD</b> PO Box 940 Cedar Ridge 95924 (916) 273-8351			<b>Primary Contact: Hank Weston</b>		
Written Contract: <input 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: [9] PS <input type="checkbox"/> PS-Defib [9] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0_

<b>Name, address &amp; telephone: Rough &amp; Ready FPD</b> PO Box 10 Rough & Ready 95975 (916) 432-1140			<b>Primary Contact: Don Gannon</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [15] BLS       [1] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

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

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 1997

<b>Name, address &amp; telephone: Peardale-Chicago Park FPD</b> 15057 Colfax Hwy Grass Valley 95945 (916) 273-2503			<b>Primary Contact: Jim Bierwagen</b>		
Written Contract: <input 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: [2] PS                      [3] PS-Defib <input type="checkbox"/> BLS                      [10] EMT-D <input type="checkbox"/> LALS                      [1] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: U.S. Forest Service Truckee Ranger Dist.</b> PO Box 909 Truckee 96160 (916) 587-3558			<b>Primary Contact: Bob Moore</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>  </u>

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

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 1997

<b>Name, address &amp; telephone: Truckee Fire</b> PO Box 686 Truckee 96160 (916) 582-7850			<b>Primary Contact: Jim Osburn</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [27] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> [18] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>4</u>

<b>Name, address &amp; telephone: CDF- Nevada/Yuba/Placer</b> 13760 Lincoln Way Auburn 95603 (916) 823-4905			<b>Primary Contact: Hank Weston</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>  </u>

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

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 1997

<b>Name, address &amp; telephone: U.S. Forest Service Tahoe National Forest</b> PO Box 6003 Nevada City 95959 (916) 478/6221			<b>Primary Contact: Howard Carlson</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>  </u>

<b>Name, address &amp; telephone: Watt Park FPD</b> 11329 McCourtney Rd. Grass Valley 95949 (916) 273-8088			<b>Primary Contact: Tim Fike</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [2] BLS        [7] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

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

EMS System: S-SV EMS Agency

County: Sutter

Reporting Year: 1997

<b>Name, address &amp; telephone: Bi County Ambulance</b> PO Box 3130 Yuba City 95992-3130 (916) 674-2780			Primary Contact: Don Morton		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> [51] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>10</u>

<b>Name, address &amp; telephone: East Nicolaus Fire Dept.</b> 1988 Nicolaus East Nicolaus 95622 (916) 656-2485			Primary Contact: Gary Kraus		
Written Contract: <input 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: <input type="checkbox"/> PS <input checked="" type="checkbox"/> [16] BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> [5] EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

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

EMS System: S-SV EMS Agency

County: Sutter

Reporting Year: 1997

<b>Name, address &amp; telephone:</b> Live Oak Fire Dept. 2745 Fir Street Live Oak 95953 (916) 695-3522			<b>Primary Contact:</b> Gary Kraus		
Written Contract: <input 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 <input type="checkbox"/> PS-Defib [1] BLS      [13] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone:</b> Meridian Fire Dept. PO Box 298 Meridian 95957 (916) 696-2306			<b>Primary Contact:</b> Harold Giyer		
Written Contract: <input 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 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      [6] PS-Defib [2] BLS      [1] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

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

EMS System: S-SV EMS Agency

County: Sutter

Reporting Year: 1997

<b>Name, address &amp; telephone: Oswald-Tudor</b> 1280 Barry Road Yuba City 95991 (916) 673-2804			<b>Primary Contact: Gary Kraus</b>		
Written Contract: <input 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: [5] PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS            [7] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: Pleasant Grove Fire Dept.</b> 3100 Howsley Road Pleasant Grove 95668 (916) 655-3937			<b>Primary Contact: Steven Klippel</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [9] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

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

EMS System: S-SV EMS Agency

County: Sutter

Reporting Year: 1997

<b>Name, address &amp; telephone: Sutter Basin FPD</b> PO Box 68 Robbins 95676 (916) 738-4220			<b>Primary Contact: Gerry Alonso</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: Sutter CDF</b> 1160 Civic Center Blvd., # E Yuba City 95993 (916) 741-7370			<b>Primary Contact: Gary Kraus</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

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

EMS System: S-SV EMS Agency

County: Sutter

Reporting Year: 1997

<b>Name, address &amp; telephone: Sutter Fire Dept.</b> PO Box 535 Sutter 95982 (916) 755-0266			<b>Primary Contact: Gary Kraus</b>		
Written Contract: <input 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 <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS             [14] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: Walton Fire Dept.</b> 211 South Walton Ave Yuba City 95993 (916) 673-7833			<b>Primary Contact: Mike Johner</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS             [14] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

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

EMS System: S-SV EMS Agency

County: Sutter

Reporting Year: 1997

<b>Name, address &amp; telephone: Yuba City Fire Dept.</b> 824 Clark Avenue Yuba City 95991 (916) 741-4691			<b>Primary Contact: Mark Boomgarden</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS            [28] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

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

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

EMS System: Sierra-Sacramento Valley EMS Agency

County: Yuba

Reporting Year: 1997

<b>Name, address &amp; telephone: Bi-County Ambulance Service</b> PO Box 3130 Yuba City 95992-3130 (916) 674-2780			<b>Primary Contact: Don Morton</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS            [51] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>10</u>

<b>Name, address &amp; telephone: Beale AFB FD</b> 6451 B Street 9th CES/CEF Beale AFB 95903-1708 (916) 634-8672			<b>Primary Contact: Ernest J. Booker</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [68] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> 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 explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

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

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 1997

<b>Name, address &amp; telephone: Camptonville Volunteer Fire Dept</b> PO Box 65 Camptonville 95922 (916) 288-3425				<b>Primary Contact: Steve Shappart</b>	
Written Contract: <input 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 <input type="checkbox"/> PS-Defib [5] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: CDF Nevada/Yuba/Placer</b> 13760 Lincoln Way Auburn 95603 (916) 823-4904				<b>Primary Contact: Hank Weston</b>	
Written Contract: <input 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: permanent/seasonal [20/60] PS <input type="checkbox"/> PS-Defib [50/40] BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS      [2/5] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

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

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 1997

<b>Name, address &amp; telephone:</b> Dobbins Oregon House FPD PO Box 164 Oregon House 95962 (916) 692-1175				<b>Primary Contact:</b> Jack Easter	
Written Contract: <input 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: [1] PS <input type="checkbox"/> PS-Defib [10] BLS                [10] EMT-D [ ] LALS                [ ] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone:</b> Foothill Volunteer Fire Dept. PO Box 332 Brownsville 95919 (916) 675-2383				<b>Primary Contact:</b> John Murphy	
Written Contract: <input 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 <input type="checkbox"/> PS-Defib [12] BLS                [15] EMT-D [ ] LALS                [ ] ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

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

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 1997

<b>Name, address &amp; telephone: Foothill Volunteer Fire Dept.</b> PO Box 332 Brownsville 95919 (916) 675-2383			<b>Primary Contact: John Murphy</b>		
Written Contract: <input 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: [20] PS <input type="checkbox"/> PS-Defib [20] BLS <input type="checkbox"/> [15] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: Linda Fire Dept.</b> 1286 Scales Marysville (916) 743-1553			<b>Primary Contact: James Brannon</b>		
Written Contract: <input 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 <input type="checkbox"/> PS-Defib [12] BLS <input type="checkbox"/> [10] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

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

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 1997

<b>Name, address &amp; telephone: Loma Rica/Browns Valley CSD</b> PO Box 8153 Marysville (916) 692-1616			<b>Primary Contact: Hank Weston</b>		
Written Contract: <input 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: [2] PS <input type="checkbox"/> PS-Defib [5] BLS                    [3] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: Marysville Fire Dept.</b> 107 Ninth St. Marysville (916) 741-6622			<b>Primary Contact: John Ellis</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS                    [14] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

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

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 1997

<b>Name, address &amp; telephone: Olivehurst PUD</b> PO Box 670 Olivehurst (916) 743-7117			<b>Primary Contact: David Haggard</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [17] BLS                [6] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: Plumas-Brophy FPD</b> 4515 Dairy Road Wheatland 95692 (916) 633-2727			<b>Primary Contact: Robert Bradshaw</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

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

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 1997

<b>Name, address &amp; telephone: Smartville FPD</b> PO Box 354 Smartville 95977 1-800-540-2008			<b>Primary Contact:</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

<b>Name, address &amp; telephone: U.S Forest Service</b> 5924 Highway 49 Camptonville 95922 (916) 288-3231			<b>Primary Contact:</b>		
Written Contract: <input 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: <input checked="" type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

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

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 1997

<b>Name, address &amp; telephone: Wheatland Fire Dept.</b> PO Box 395 Wheatland 95692 (916) 633-2930			<b>Primary Contact: Karl Nichols</b>		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib [10] BLS                [5] EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>0</u>

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

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

EMS System: S-SV EMS Agency

County: Multi-County

Reporting Year: 1997

<b>Name, address &amp; telephone: CALSTAR</b> 13750 Lincoln Wy Auburn 95603 (916) 887-8259			<b>Primary Contact: Mindy Cowan</b>		
Written Contract: <input 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: [7] PS                    [7] PS-Defib [7] BLS                    [7] EMT-D [7] LALS                    [7] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _

<b>Name, address &amp; telephone: REACH</b> 5010 Flight Line Dr. Santa Rose 95403 (707) 447-6886			<b>Primary Contact: Dan McDonald</b>		
Written Contract: <input 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: [5] PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS                    [23] ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: _

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

EMS System: S-SV EMS Agency

County: Multi-County

Reporting Year: 1997

<b>Name, address &amp; telephone:</b> CHP 2390 Lindbergh St. Auburn 95652 (916) 823-4055			<b>Primary Contact:</b> Bill Carbaugh		
Written Contract: <input 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS            [4]ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours?  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: _

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

**Table 9:**  
**Approved Training Programs**

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

EMS System: S-SV EMS Agency County: Placer Reporting Year: 1996

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

Training Institution Name / Address		Contact Person telephone no.
Placer Hills Fire Protection District 16999 Placer Hills Road, Meadow Vista, CA 95722		Graham Pierce - (916) 878-0405
Student Eligibility: * Open	Cost of Program [basic/refreshers]:\$175/\$75	**Program Level: EMT-I Number of students completing training per year: Initial training: 0 Refresher: 86 Cont. Education: Expiration Date: 9/99  Number of courses: Initial training: Refresher: 5 Cont. Education:

Training Institution Name / Address		Contact Person telephone no.
Sierra College 5000 Rocklin Road, Rocklin, CA 95661		Neil Allbee - (916) 781-0575
Student Eligibility: * Open	Cost of Program [basic/refreshers]:\$64/\$19	**Program Level: EMT-I Number of students completing training per year: Initial training: 274 Refresher: 58 Cont. Education: Expiration Date: 6/98  Number of courses: Initial training: 10 Refresher: 5 Cont. Education:

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

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

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

EMS System: S-SV EMS Agency      County: Placer      Reporting Year: 1996

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

Training Institution Name / Address		Contact Person telephone no.
South Placer Fire 6900 Eureka Road, Granite Bay, CA 95661		Greg Cavolt - (916) 791-7059
Student Eligibility: * Employees Only	Cost of Program [basic/refresher]: No Charge	**Program Level: EMT-I Number of students completing training per year: Initial training: Refresher: 21 Cont. Education: Expiration Date:  Number of courses: Initial training: Refresher: 2 Cont. Education:

Training Institution Name / Address		Contact Person telephone no.
Student Eligibility: * Open	Cost of Program [basic/refresher]:	**Program Level: EMT-I Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration Date:  Number of courses: Initial training: Refresher: Cont. Education:

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

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

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

EMS System: S-SV EMS Agency County: Nevada Reporting Year: 1996

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

Training Institution Name / Address		Contact Person telephone no.
Nevada Union Adult Education 11645 Ridge Road, Grass Valley, CA 95945		Ruth Wright - (916) 272-2643
Student Eligibility: * Open	Cost of Program [basic/refresher]: \$25/\$25	**Program Level: EMT-I Number of students completing training per year: Initial training: 29 Refresher: 20 Cont. Education: Expiration Date: 1/98  Number of courses: Initial training: 2 Refresher: 2 Cont. Education:

Training Institution Name / Address		Contact Person telephone no.
Penn Valley Fire Department PO Box 180, Penn Valley, CA 95946		Dennis Bishop - (916) 265-0522
Student Eligibility: * Open	Cost of Program [basic/refresher]: \$200/\$80	**Program Level: EMT-I Number of students completing training per year: Initial training: Refresher: 13 Cont. Education: Expiration Date: 6/99  Number of courses: Initial training: Refresher: 1 Cont. Education:

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

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

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

EMS System: S-SV EMS Agency County: Nevada Reporting Year: 1996

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

Training Institution Name / Address		Contact Person telephone no.
Tahoe Forest Hospital PO Box 759, Truckee, CA 95739		Deborah White - (916) 571-1361
Student Eligibility: * Open	Cost of Program [basic/refresher]:\$75	**Program Level: EMT-I Number of students completing training per year: Initial training: Refresher: 83 Cont. Education: Expiration Date: 1/99  Number of courses: Initial training: Refresher: 2 Cont. Education:

Training Institution Name / Address		Contact Person telephone no.
Truckee Fire Protection District PO Box 686, Truckee, CA 95734		Jan Noseworthy - (916) 587-1361
Student Eligibility: * Open	Cost of Program [basic/refresher]: \$75	**Program Level: EMT-I Number of students completing training per year: Initial training: Refresher: 104 Cont. Education: Expiration Date: 1/99  Number of courses: Initial training: Refresher: 4 Cont. Education:

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

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

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

EMS System: S-SV EMS Agency County: Yolo Reporting Year: 1996

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

Training Institution Name / Address		Contact Person telephone no.
UC Davis Outdoor Adventures, Davis CA 95616		Dennis Johnson (916) 752-4362
Student Eligibility: * Open	Cost of Program [basic/refresher]: UCD Students \$100/\$50 Non-students \$120/\$60	**Program Level: EMT-I Number of students completing training per year: Initial training: 67 Refresher: 16 Cont. Education: Expiration Date: 5/98  Number of courses: Initial training: 2 Refresher: 1 Cont. Education:

Training Institution Name / Address		Contact Person telephone no.
Yuba Community College Woodland Campus, California Street, Woodland, CA 95965		Marian Shivers - (916) 661-5710
Student Eligibility: * Open	Cost of Program [basic/refresher]: \$64/\$19	**Program Level: EMT-I Number of students completing training per year: Initial training: 33 Refresher: 24 Cont. Education: Expiration Date: 5/98  Number of courses: Initial training: 2 Refresher: 1 Cont. Education:

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

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

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

EMS System: S-SV EMS Agency County: Sutter Reporting Year: 1996

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

Training Institution Name / Address		Contact Person telephone no.
Beale Air Force Base Center Yuba College Extension, 2088 Beale Road, Marysville, CA 95901		Mike Moyers - (916) 741-6766
Student Eligibility: * Open	Cost of Program [basic/refresher]: \$64/\$19	**Program Level: EMT-I Number of students completing training per year: Initial training: 9 Refresher: Cont. Education: Expiration Date: 5/98  Number of courses: Initial training: 1 Refresher: Cont. Education:

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

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

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

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

**EMS System: S-SV EMS Agency County: Yuba Reporting Year: 1996**

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

Training Institution Name / Address		Contact Person telephone no.
Yuba College 2088 Beale Road, Marysville, CA 95901		Mike Moyers - (916) 741-6766
Student Eligibility: * Open	Cost of Program [basic/refresher]: \$64/\$19	**Program Level: EMT-I Number of students completing training per year: Initial training: 99 Refresher: 14 Cont. Education: Expiration Date: 5/98  Number of courses: Initial training: 6 Refresher: 1 Cont. Education:

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

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

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

**EMS System:** S-SV EMS Agency

**County:** Placer

**Reporting Year:** 1997

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

<b>Name, address &amp; telephone:</b> Sutter Roseville Medical Center 333 Sunrise Avenue, Roseville, CA 95661 (916) 781-1200			<b>Primary Contact:</b> Joel Grey	
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 type="checkbox"/> Comprehensive emergency service <input checked="" 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 checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level: Two

<b>Name, address &amp; telephone:</b> Sutter Auburn Faith Hospital 11815 Education Street, Auburn, CA 95603 (916) 885-7201			<b>Primary Contact:</b> Joel Grey	
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 type="checkbox"/> Comprehensive emergency service <input checked="" 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:

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

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

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

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

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

EMS System: S-SV EMS Agency

County: Nevada

Reporting Year: 1997

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

<b>Name, address &amp; telephone: Sierra Nevada Memorial Hospital</b> 155 Glasson Way, Grass Valley, CA 95945 (916) 274-6020				<b>Primary Contact: Cheryl Starling</b>				
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 type="checkbox"/> Comprehensive emergency service <input checked="" 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:****

<b>Name, address &amp; telephone: Tahoe Forest Hospital</b> 10121 Pine Avenue, Truckee, CA 96161				<b>Primary Contact: Judy Newland</b>				
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 type="checkbox"/> Comprehensive emergency service <input checked="" 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:

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

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

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

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

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

EMS System: S-SV EMS Agency

County: Yolo

Reporting Year: 1997

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

<b>Name, address &amp; telephone: Sutter General Hospital</b> 2801 L Street, Sacramento, CA 95618 (916)733-3000			<b>Primary Contact: Janet Wagner</b>		
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 type="checkbox"/> Comprehensive emergency service <input checked="" type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input type="checkbox"/> no		
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****	

<b>Name, address &amp; telephone: University of California, Davis Medical Center</b> 2315 Stockton Blvd. Sacramento, CA 95817 734-2235			<b>Primary Contact: Frank Loge</b>		
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 type="checkbox"/> Comprehensive emergency service <input checked="" type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level: One	

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

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

EMS System: S-SV EMS Agency

County: Yolo

Reporting Year: 1997

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

<b>Name, address &amp; telephone: Sutter Davis Hospital</b> Road 99, Davis, CA 95616 (916) 756-6440			<b>Primary Contact: Joan Lopez</b>		
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 type="checkbox"/> Comprehensive emergency service <input checked="" 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:****	

<b>Name, address &amp; telephone: Woodland Memorial Hospital</b> 1325 Cottonwood Street, Woodland, CA 95695 (916)662-3691			<b>Primary Contact: Jack Hudock</b>		
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 type="checkbox"/> Comprehensive emergency service <input checked="" 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:	

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

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

EMS System: S-SV EMS Agency

County: Yuba

Reporting Year: 1997

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

<b>Name, address &amp; telephone: Rideout Memorial Hospital</b> 726 Fourth Street, Marysville, CA 95901 (916) 742-7381			<b>Primary Contact: Gary Low</b>		
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 type="checkbox"/> Comprehensive emergency service <input checked="" 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:****	

<b>Name, address &amp; telephone:</b>			<b>Primary Contact:</b>		
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:* <input type="checkbox"/> yes <input type="checkbox"/> no		
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:	

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

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

EMS System: Sierra-Sacramento Valley EMS Agency

County: PLACER

Date:1997

**NOTE:** Information on Table 11a is to be completed for each county.

### County Office of Emergency Services (OES) Coordinator:

**Michael J. Boyle, Assistant Director**

Work Telephone No.:(916) 889-7720

Home Telephone No.:(916) 878-8727

Office Pager No.:(916) 951-4453

24-HR No. (916) 889-7870

### Alternate's Name:

**Matt Herlocker, Emergency Serv. Coordinator**

Work Telephone No.: (916) 889-7720

Home Telephone No.: (916) 632-2871

Office Pager No.: (916) 889-4455

24-HR No.:(916)889-7870

### County EMS Disaster Medical Services (DMS) Coordinator:

**Dr. Richard Welch**

Work Telephone No.:(916) 889-7120

Home Telephone No.:(916) 823-2833

Office Pager No.: (916) 951-4343

24-HR No.(916) 889-7870:

### Alternate's Name:

None

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

24-HR No.:

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

**TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)**

**NOTE:** Information on Table 11a is to be completed for each county.

**County Health Officer's Name:**

**Dr. Richard Welch**

Work Telephone No.:(916) 889-7120

Home Telephone No.: (916) 823-2833

Office Pager No.: (916) 951-4343

FAX No.: (916) 889-7128

24-HR No.: (916) 889-7870

**Alternate's Name:**

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

Medical/Health EOC telephone no.:889-7720

Medical/Health EOC FAX No.: 889-6845

Amateur Radio contact name:ERIC HOMA

Medical/Health radio frequency used:

Who is the RDMHC for your region? DR. BUYS &/OR RON BALDWIN

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

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

**EMS System:** Sierra-Sacramento Valley EMS Agency

**County:** Nevada

**Date:** 1997

**NOTE:** Information on Table 11a is to be completed for each county.

**County Office of Emergency Services (OES) Coordinator:**

**Dennis Casella**

Work Telephone No.:(916) 265-1403

Home Telephone No.: (916) 265-9688

Office Pager No.: (916) 477-3808

FAX No.: (916) 273-2230

24-HR No. (916) 955-5659

**Alternate's Name:**

**Dick Webb**

Work Telephone No.: (916) 265-1411

Home Telephone No.: (916) 477-6158

Office Pager No.: (916) 477-3843

FAX No.: (916) 265- 1557

24-HR No.: (916) 955-5368

**County EMS Disaster Medical Services (DMS) Coordinator:**

**Richard Burton, M.D.**

Work Telephone No.:(916) 265-1450

Home Telephone No.:(916) 477-8027

Office Pager No.: (916) none

FAX No.: (916) 265- 1426

24-HR No.:

**Alternate's Name:**

**Gary House**

Work Telephone No.: (916) 265-1450

Home Telephone No.:(916) 671-1751

Office Pager No.: (916) none

FAX No.: (916) 265-1426

24-HR No.:

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

**TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)**

**NOTE:** Information on Table 11a is to be completed for each county.

**County Health Officer's Name:**

**Richard Burton, M.D.**

Work Telephone No.:(916) 265-1450

Home Telephone No.: (916) 477-8027

Office Pager No.: None

FAX No.: (916) 265-1426

24-HR No.:

**Alternate's Name:**

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

Medical/Health EOC telephone no.:

Amateur Radio contact name:

Who is the RDMHC for your region?

Medical/Health EOC FAX No.:

Medical/Health radio frequency used:

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

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

EMS System: S-SV EMS Agency

County: Yolo

Date: 1997

**NOTE:** Information on Table 11a is to be completed for each county.

**County Office of Emergency Services (OES) Coordinator:**

**Daniel McCanta**

Work Telephone No.: (916) 666-8930

Home Telephone No.: (916) 756-9524

Office Pager No.: (916) 522-0610

FAX No.: (916) 666-8909

24-HR No. (916) 666-8920

**Alternate's Name:**

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

**County EMS Disaster Medical Services (DMS) Coordinator:**

**Daniel McCanta**

Work Telephone No.: Same as above

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

**Alternate's Name:**

**Robert Bates, M.D.**

Work Telephone No.: (916 ) 666-8645

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

**TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)**

**NOTE:** Information on Table 11a is to be completed for each county.

**County Health Officer's Name:**

**Robert Bates, M.D.**

Work Telephone No.: (916) 666-8645

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

**Alternate's Name:**

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

Medical/Health EOC telephone no.:

Amateur Radio contact name:

Who is the RDMHC for your region?

Medical/Health EOC FAX No.:

Medical/Health radio frequency used:

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

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

EMS System: Sierra-Sacramento Valley EMS Agency

County: Sutter

Date: 1997

**NOTE:** Information on Table 11a is to be completed for each county.

**County Office of Emergency Services (OES) Coordinator:**

**Alternate's Name:**

**Gary Kraus**

Work Telephone No.: (916) 822-7405

Work Telephone No.:

Home Telephone No.:

Home Telephone No.:

Office Pager No.:

Office Pager No.:

FAX No.:

FAX No.:

24-HR No.

24-HR No.:

**County EMS Disaster Medical Services (DMS) Coordinator:**

**Alternate's Name:**

**Gary Kraus**

Work Telephone No.: (916) 822-7405

Work Telephone No.:

Home Telephone No.:

Home Telephone No.:

Office Pager No.:

Office Pager No.:

FAX No.:

FAX No.:

24-HR No.:

24-HR No.:

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

## TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)

**NOTE:** Information on Table 11a is to be completed for each county.

**County Health Officer's Name:**

Allan Leavitt

Work Telephone No.: (916) 822-7215

Home Telephone No.:

Office Pager No.:

FAX No.: 916-822-7223

24-HR No.:

**Alternate's Name:**

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

Medical/Health EOC telephone no.:

Amateur Radio contact name:

Who is the RDMHC for your region?

Medical/Health EOC FAX No.:

Medical/Health radio frequency used:

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

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

EMS System: Sierra-Sacramento Valley EMS Agency

County: Yuba

Date: 1997

NOTE: Information on Table 11a is to be completed for each county.

### County Office of Emergency Services (OES) Coordinator:

**Kelly Purdom**

Work Telephone No.:(916) 741-6254

Home Telephone No.: (916) 741-6331

Office Pager No.:

FAX No.: (916) 741-6549

24-HR No.

### Alternate's Name:

**John Brown**

Work Telephone No.: (916) 741-6464

Home Telephone No.:

Office Pager No.:

FAX No.: (916)634-7661

24-HR No.:

### County EMS Disaster Medical Services (DMS) Coordinator:

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

### Alternate's Name:

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

**TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)**

**NOTE:** Information on Table 11a is to be completed for each county.

**County Health Officer's Name:**

**Joseph Cassady**

Work Telephone No.:(916) 741-6366

Home Telephone No.: (916) 749-8313

Office Pager No.:

FAX No.: 741-6397

24-HR No.:

**Alternate's Name:**

**Jackie Travis**

Work Telephone No.: (916) 741-6366

Home Telephone No.:

Office Pager No.:

FAX No.: 741-6397

24-HR No.:

Medical/Health EOC telephone no.:

Amateur Radio contact name:

Who is the RDMHC for your region?

Medical/Health EOC FAX No.:

Medical/Health radio frequency used:

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

## TABLE 11b: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)

OES Region: FOUR

County: PLACER

Date: 1997

NOTE: Information on Table 11b is to be completed by counties with RDMHC projects.

**Regional OES Coordinator:**

**Pat Steinmetz**

Work Telephone No.: (916) 262-2874

Home Telephone No.: Not Avail

Office Pager No.:

FAX No.: (916) 262-1677

24-hour No.:

**Alternate's Name:**

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

**Regional Disaster Coordinator:**

**Pat Steinmetz**

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-hour No.:

**Alternate's Name:**

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

## TABLE 11b: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)

**NOTE:** Information on Table 11b is to be completed by counties with RDMHC projects.

### Regional Disaster Medical Health Coordinator:

Dr Richard Buys

Work Telephone No.: (209) 468-6315

Home Telephone No.: UNAVAIL.

Office Pager No.: ((209) 982-6122

FAX No.: (209) 468-6988

24-hour No.: (209) 982-1975

### Alternate's Name:

Ron Baldwin

Work Telephone No.:(209) 468-3962

Home Telephone No.: UNAVAIL.

Office Pager No.: (209) 982-7322

FAX No.: (209) 944-9015

24-HR No.: (209) 942-3473

### Regional Ambulance Transportation Coordinator:

See above

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-hour No.:

### Alternate's Name:

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

Medical/Health EOC telephone no.: (209) 468-3962

Amateur Radio contact name:

Medical/Health EOC FAX No.: 944-9015

Medical/Health radio frequency used:

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur

## TABLE 11b: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)

OES Region: Four

County: Nevada

Date: 1997

**NOTE:** Information on Table 11b is to be completed by counties with RDMHC projects.

### Regional OES Coordinator:

### Alternate's Name:

Work Telephone No.:

Work Telephone No.:

Home Telephone No.:

Home Telephone No.:

Office Pager No.:

Office Pager No.:

FAX No.:

FAX No.:

24-hour No.:

24-HR No.:

### Regional Disaster Coordinator:

### Alternate's Name:

Work Telephone No.:

Work Telephone No.:

Home Telephone No.:

Home Telephone No.:

Office Pager No.:

Office Pager No.:

FAX No.:

FAX No.:

24-hour No.:

24-HR No.:

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

**TABLE 11b: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)**

**NOTE:** Information on Table 11b is to be completed by counties with RDMHC projects.

**Regional Disaster Medical Health Coordinator:**

**Alternate's Name:**

Work Telephone No.:

Work Telephone No.:

Home Telephone No.:

Home Telephone No.:

Office Pager No.:

Office Pager No.:

FAX No.:

FAX No.:

24-hour No.:

24-HR No.:

**Regional Ambulance Transportation Coordinator:**

**Alternate's Name:**

Work Telephone No.:

Work Telephone No.:

Home Telephone No.:

Home Telephone No.:

Office Pager No.:

Office Pager No.:

FAX No.:

FAX No.:

24-hour No.:

24-HR No.:

Medical/Health EOC telephone no.:

Medical/Health EOC FAX No.:

Amateur Radio contact name:

Medical/Health radio frequency used:

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur

**TABLE 11b: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)**

**NOTE:** Information on Table 11b is to be completed by counties with RDMHC projects.

**Regional Disaster Medical Health Coordinator:**

**Richard Buys, M.D.**

Work Telephone No.: (209) 468-6000

Home Telephone No.:

Office Pager No.:

FAX No.: (209) 468-6988

24-hour No.:

**Alternate's Name:**

**Judy Scott**

Work Telephone No.: (209) 468-6322

Home Telephone No.:

Office Pager No.:

FAX No.: (209) 468-6988

24-HR No.:

**Regional Disaster Coordinator:**

**American Medical Response (AMR)**

Work Telephone No.: (916) 348-4400

Home Telephone No.:

Office Pager No.:

FAX No.:

24-hour No.:

**Alternate's Name:**

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

**TABLE 11b: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)**

**OES Region: Four**

**County: Yolo**

**Date: 1997**

**NOTE:** Information on Table 11b is to be completed by counties with RDMHC projects.

**Regional OES Coordinator:**

**Patrick Steinmetz**

Work Telephone No.: (916) 262-1815

Home Telephone No.: (916) 272-5497

Office Pager No.: (916) 552-4593

FAX No.: (916) 262-2869

24-hour No.: (916) 262-1621

**Alternate's Name:**

**Call State Warning Center**

Work Telephone No.: (916) 262-1621

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

**Regional Disaster Coordinator:**

**Patrick Steinmetz**

Work Telephone No.: Same as above

Home Telephone No.:

Office Pager No.:

FAX No.:

24-hour No.:

**Alternate's Name:**

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

Medical/Health EOC telephone no.:

Medical/Health EOC FAX No.:

Amateur Radio contact name:

Medical/Health radio frequency used:

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur

## TABLE 11b: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)

**NOTE:** Information on Table 11b is to be completed by counties with RDMHC projects.

**Regional OES Coordinator:**

**Gary Kraus**

Work Telephone No.:822-7405

Home Telephone No.:

Office Pager No.:

FAX No.:

24-hour No.:

**Alternate's Name:**

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

**Regional Disaster Coordinator:**

**Alternate's Name:**

Work Telephone No.:

Work Telephone No.:

Home Telephone No.:

Home Telephone No.:

Office Pager No.:

Office Pager No.:

FAX No.:

FAX No.:

24-hour No.:

24-HR No.:

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

## TABLE 11b: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)

**NOTE:** Information on Table 11b is to be completed by counties with RDMHC projects.

### Regional Disaster Medical Health Coordinator:

### Alternate's Name:

Work Telephone No.:

Work Telephone No.:

Home Telephone No.:

Home Telephone No.:

Office Pager No.:

Office Pager No.:

FAX No.:

FAX No.:

24-hour No.:

24-HR No.:

### Regional Ambulance Transportation Coordinator:

### Alternate's Name:

Work Telephone No.:

Work Telephone No.:

Home Telephone No.:

Home Telephone No.:

Office Pager No.:

Office Pager No.:

FAX No.:

FAX No.:

24-hour No.:

24-HR No.:

Medical/Health EOC telephone no.:

Medical/Health EOC FAX No.:

Amateur Radio contact name:

Medical/Health radio frequency used:

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur

## TABLE 11b: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)

**OES Region:** Inland - Region Three

**County:** Yuba

**Date:** 1997

**NOTE:** Information on Table 11b is to be completed by counties with RDMHC projects.

**Regional OES Coordinator:**

**Deborah Russell**

Work Telephone No.:(916) 224-4831

Home Telephone No.:

Office Pager No.:

FAX No.: 224-4114

24-hour No.: 262-1621

**Alternate's Name:**

**Andy Coughanter**

Work Telephone No.: 224-4839

Home Telephone No.:

Office Pager No.:

FAX No.: 224-4114

24-HR No.: 262-1621

**Regional Disaster Coordinator:**

**Alternate's Name:**

Work Telephone No.:

Work Telephone No.:

Home Telephone No.:

Home Telephone No.:

Office Pager No.:

Office Pager No.:

FAX No.:

FAX No.:

24-hour No.:

24-HR No.:

**NOTE:** In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

## EMERGENCY MEDICAL SERVICES AUTHORITY

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



June 5, 1998

Leonard R. Inch  
Regional Executive Director  
3853 Taylor Road, Suite G  
Loomis, CA 95650

Dear Mr. Inch:

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

The disaster section of your plan did not appear to provide enough detailed information to adequately assess progress in meeting the standards. The plan did not expand on the agency's achievements in coordinating, planning or otherwise exercising its responsibilities for this component. In addition, long and short range plan objectives were not addressed. These issues should be addressed in your annual update.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Richard E. Watson".

Richard E. Watson  
Interim Director

RW:MR:mr