

**Northern California
Emergency Medical Services, Incorporated**

**EMS System Plan
1998**

**Dan Spiess, Chief Executive Officer
Patrick Tillman, Associate Executive Officer**

**970 Executive Way
Redding, California 96002**

530/221-7900

SECTION 1. EXECUTIVE SUMMARY

Background

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

The agency is governed by a nine-member Board of Directors comprising representative physicians, county supervisors, hospital administrators, ambulance services, Emergency Medical Care Committees, and the public.

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

Plan Overview

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

Major Needs

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

Solutions

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

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

Application of the Plan

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

SECTION 2. ASSESSMENT OF THE SYSTEM

Table 1: Summary of System Status

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

System Assessment Forms

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

TABLE 1: Summary of System Status

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

Planning Activities

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

| Regulatory Activities | Does not currently meet standard | Meets minimum standard | Meets recommended guidelines | Short-range Plan | Long-range Plan |
|---------------------------------|---|-------------------------------|-------------------------------------|-------------------------|------------------------|
| 1.12 Review & Monitoring | | X | | | |
| 1.13 Coordination | | X | | | |
| 1.14 Policy & Procedures Manual | | X | | | |
| 1.15 Compliance w/ Policies | | X | | | |

System Finances

| | | | | | |
|------------------------|--|---|--|--|--|
| 1.16 Funding Mechanism | | X | | | |
|------------------------|--|---|--|--|--|

Medical Direction

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

(a) Except for medical dispatch protocols

| Enhanced Level: Advanced Life Support | Does not currently meet standard | Meets minimum standard | Meets recommended guidelines | Short-range Plan | Long-range Plan |
|--|---|---------------------------------------|---|-----------------------------|----------------------------|
| 1.24 ALS Systems | | X | X | | |
| 1.25 On-Line Medical Direction | | X | X | | |

Enhanced Level: Trauma Care System

| | | | | | |
|------------------------------------|--|---|--|--|--|
| 1.26 Trauma System Plan | | X | | | |
|------------------------------------|--|---|--|--|--|

Enhanced Level: Pediatric Emergency Medical and Critical Care System

| | | | | | |
|---------------------------------------|--|---|--|--|--|
| 1.27 Pediatric System Plan | | X | | | |
|---------------------------------------|--|---|--|--|--|

Enhanced Level: Exclusive Operating Areas

| | | | | | |
|----------------------|--|-----|--|--|--|
| 1.28 EOA Plan | | (b) | | | |
|----------------------|--|-----|--|--|--|

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

B. STAFFING / TRAINING

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

Dispatchers

| | | | | | |
|------------------------|--|-----|--|--|--|
| 2.04 Dispatch Training | | (b) | | | |
|------------------------|--|-----|--|--|--|

First Responders (non-transporting)

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

Transporting Personnel

| | | | | | |
|---------------------|--|---|---|--|--|
| 2.08 EMT-I Training | | X | X | | |
|---------------------|--|---|---|--|--|

Hospital

| | | | | | |
|----------------------------|--|---|---|--|--|
| 2.09 CPR Training | | X | | | |
| 2.10 Advanced Life Support | | X | X | | |

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

C. COMMUNICATIONS

| Communications Equipment | Does not currently meet standard | Meets minimum standard | Meets recommended guidelines | Short-range Plan | Long-range Plan |
|------------------------------|----------------------------------|------------------------|------------------------------|------------------|-----------------|
| 3.01 Communication Plan* | | X | X | | |
| 3.02 Radios | | X | X | | |
| 3.03 Interfacility Transfer* | | X (c) | | | |
| 3.04 Dispatch Center | | X (d) | | | |
| 3.05 Hospitals | | X | X | | |
| 3.06 MCI/Disasters | | X | | | |

Public Access

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

Resource Management

| | | | | | |
|--------------------------|--|-----|-----|--|--|
| 3.09 Dispatch Triage | | (b) | (b) | | |
| 3.10 Integrated Dispatch | | X | X | | |

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

D. RESPONSE / TRANSPORTATION

| Universal Level | Does not currently meet standard | Meets minimum standard | Meets recommended guidelines | Short-range Plan | Long-range Plan |
|-----------------------------------|----------------------------------|------------------------|------------------------------|------------------|-----------------|
| 4.01 Service Area Boundaries* | | (b) | No | | |
| 4.02 Monitoring | | X | X | | |
| 4.03 Classifying Medical Requests | | (b) | | | |
| 4.04 Prescheduled Responses | | X | | | |
| 4.05 Response Time Standards* | | X | X | | |
| 4.06 Staffing | | X | | | |
| 4.07 First Responder Agencies | | X | | | |
| 4.08 Medical & Rescue Aircraft* | | X | | | |
| 4.09 Air Dispatch Center | | X | | | |
| 4.10 Aircraft Availability* | | X | | | |
| 4.11 Specialty Vehicles* | | X | X | | |
| 4.12 Disaster Response | | X | | | |
| 4.13 Intercounty Response* | | X | X | | |
| 4.14 Incident Command System | | X | | | |
| 4.15 MCI Plans | | X | | | |

Enhanced Level: Advanced Life Support

| | | | | | |
|--------------------|--|---|--|--|--|
| 4.16 ALS Staffing | | X | | | |
| 4.17 ALS Equipment | | X | | | |

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

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

Enhanced Level: Exclusive Operating Permits

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

E. FACILITIES / CRITICAL CARE

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

Enhanced Level: Advanced Life Support

| | | | | | |
|---------------------------------|--|---|--|--|--|
| 5.07 Base Hospital Designation* | | X | | | |
|---------------------------------|--|---|--|--|--|

Enhanced Level: Trauma Care System

| | | | | | |
|---------------------------|--|---|--|--|--|
| 5.08 Trauma System Design | | X | | | |
| 5.09 Public Input | | X | | | |

Enhanced Level: Pediatric Emergency Medical and Critical Care System

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

Enhanced Level: Other Specialty Care Systems

| | | | | | |
|------------------------------|--|---|--|--|--|
| 5.13 Specialty System Design | | X | | | |
| 5.14 Public Input | | X | | | |

F. DATA COLLECTION / SYSTEM EVALUATION

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

Enhanced Level: Advanced Life Support

| | | | | | |
|----------------|--|---|---|--|--|
| 6.09 ALS Audit | | X | X | | |
|----------------|--|---|---|--|--|

Enhanced Level: Trauma Care System

| | | | | | |
|-------------------------------|--|---|---|--|--|
| 6.10 Trauma System Evaluation | | X | | | |
| 6.11 Trauma Center Data | | X | X | | |

(f) For trauma patients only at this time

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

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

Enhanced Level:
Specialty Care Systems

| Does not currently meet standard | Meets minimum standard | Meets recommended guidelines | Short-range Plan | Long-range Plan |
|----------------------------------|------------------------|------------------------------|------------------|-----------------|
|----------------------------------|------------------------|------------------------------|------------------|-----------------|

Enhanced Level: Advanced Life Support

| | | | | |
|-------------------|--|---|--|--|
| 8.17 ALS Policies | | X | | |
|-------------------|--|---|--|--|

| | | | | |
|-----------------------------|--|---|--|--|
| 8.18 Specialty Center Roles | | X | | |
|-----------------------------|--|---|--|--|

Enhanced Level: Exclusive Operating Areas/Ambulance Regulations

| | | | | |
|--------------------------|--|---|--|--|
| 8.19 Waiving Exclusivity | | X | | |
|--------------------------|--|---|--|--|

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

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

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

CURRENT STATUS:

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

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

Short-range (One year or less)

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

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

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

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

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

Short-range (One year or less)

System Assessment Form

STANDARD:

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Cooperative trauma audit with North Coast EMS

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None

OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Policy developed in cooperation with area medical societies

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Recent protocol revisions have included cooperation with other LEMSAs

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

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

COORDINATION WITH OTHER EMS AGENCIES:

Contracts have served as models for other EMS agencies

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None

OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

Exclusive areas are currently confined to Butte County, where the Public Health Department retains authority and responsibility for establishment of exclusive areas, the installation of operators in those areas, and competitive bid processes. Butte County has five exclusive areas:

- Zone 1 (Chico)
- Zone 2 (Paradise)
- Zone 3 (Oroville)
- Zone 4 (East-South-East)
- Zone 5 (CSA 37, Gridley)

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

To develop a plan for development of EOAs

TIMEFRAME FOR OBJECTIVE:

Short-range plan (One year or less)

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

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

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

CURRENT STATUS:

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

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

Continue activities to support and encourage progress

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (One year or less)

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

- 2.10 All emergency department physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support. All emergency department physicians should be certified by the American Board of Emergency Medicine.

CURRENT STATUS:

Meets or exceeds minimum standard
Meets recommended guideline to the extent that it is geographically and economically feasible.
Adequate numbers, locations, and positions of certified physicians exist to ensure that the quality of patient care remains high.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

To establish criteria for classifying medical requests and level of response

TIME FRAME FOR MEETING OBJECTIVE:

Long-range Plan (More than one year)

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None

OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

These efforts are coordinated with adjacent agencies where desirable

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

w

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

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

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

CURRENT STATUS:

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

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

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

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

EOAs exist only in Butte County, where the EMS transportation plan includes this documentation.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Coordinated through RDMHC responsibilities

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

Does not meet minimum standard at this time

COORDINATION WITH OTHER EMS AGENCIES:

This activity should be coordinated with neighboring hospitals as necessary

NEED(S):

To develop a hospital evacuation plan

OBJECTIVE:

Objective 5.1:

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

TIME FRAME FOR MEETING OBJECTIVE:

Long-range plan (More than one year)

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEEDS:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

A plan is under development during FY 98-99

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

Completion of the regional EMS for Children Plan

System Assessment Form

STANDARD:

- 5.11 Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:
- a) staffing,
 - b) training,
 - c) equipment,
 - d) identification of patients for whom consultation with a pediatric critical care center is appropriate,
 - e) quality assurance/quality improvement, and
 - f) data reporting to the local EMS agency.
- Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

- 5.13 Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved including:
- a) the number and role of system participants,
 - b) the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
 - c) identification of patients who should be triaged or transferred to a designated center,
 - d) the role of non-designated hospitals including those outside of the primary triage area, and
 - e) a plan for monitoring and evaluation of the system.

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

Record/data linkage expanded to include all patients

OBJECTIVE:

Objective 6-1:

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

TIME FRAME FOR MEETING OBJECTIVE:

Long-range Plan (more than one year)

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

None

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

- | | |
|--|--|
| 6.11 The local EMS agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information which is required for quality assurance/quality improvement and system evaluation. | The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their quality assurance/quality improvement and system evaluation program. |
|--|--|

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

System Assessment Form

STANDARD:

- | | | |
|------|--|--|
| 7.02 | The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine. | The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness. |
|------|--|--|

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

- | | |
|--|---|
| 8.02 Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances. | The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters. |
|--|---|

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

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

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

Long-range (More than one year)

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

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

CURRENT STATUS:

Does not meet minimum standard or recommended guidelines at this time

COORDINATION WITH OTHER EMS AGENCIES:

Development in this area should include other agencies as appropriate

NEED(S):

Multiple casualty distribution procedures

OBJECTIVE:

Objective 8-1:

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

TIME FRAME FOR MEETING OBJECTIVE:

Long-range Plan (more than one year)

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

Does not meet this standard

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

Specification of a coordination frequency

OBJECTIVE:

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

TIME FRAME FOR MEETING OBJECTIVE:

Short-term (One year or less)

System Assessment Form

STANDARD:

- | | | |
|------|---|--|
| 8.08 | The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area. | The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources. |
|------|---|--|

CURRENT STATUS:

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

The intercounty cooperative agreement has been finalized in this region.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

The intercounty cooperative agreement has been finalized in this region.

COORDINATION WITH OTHER EMS AGENCIES:

Agreements will include participation of those outside of the region.

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

Does not meet minimum standard at this time

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

- 8.13 The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances. The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

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

OBJECTIVE:

Objective 8-2:

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

TIME FRAME FOR MEETING OBJECTIVE:

Long-range Plan (more than one year)

System Assessment Form

STANDARD:

- 8.14 The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s). At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and prehospital medical care agencies.

CURRENT STATUS:

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

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

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

CURRENT STATUS:

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

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

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:

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with neighboring agencies is ongoing

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

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:

Meets or exceeds the minimum standard

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

System Assessment Form

STANDARD:

- 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:

Meets or exceeds the minimum standard

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

NEED(S):

None

OBJECTIVE:

None

TIME FRAME FOR MEETING OBJECTIVE:

None

SECTION 3. SYSTEM RESOURCES AND OPERATIONS

TABLE 2: SYSTEM RESOURCES AND OPERATIONS
System Organization and Management

EMS System: **Northern California EMS, Inc.**

Reporting Year: **CY 1994**

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

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

County: **Butte**

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

County: **Colusa**

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

County: **Glenn**

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

County: **Lassen**

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

County: **Modoc**

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

Table 2 - System Organization & Management

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

County: **Plumas**

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

County: **Shasta**

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

County: **Sierra**

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

County: **Siskiyou**

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

County: **Tehama**

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

County: **Trinity**

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

Table 2 - System Organization & Management (cont.)

2. Type of agency:
(e) Private Non-profit Entity
3. The person responsible for day-to-day activities of EMS agency reports to:
(c) Board of Directors
4. Indicate the non-required functions which are performed by the agency:

| | |
|---|---|
| Implementation of exclusive operating areas (ambulance franchising) | X |
| Designation of trauma centers/trauma care system planning | X |
| Designation/approval of pediatric facilities | X |
| Designation of other critical care centers | |
| Development of transfer agreements | X |
| Enforcement of local ambulance ordinance | |
| Enforcement of ambulance service contracts | X |
| Operation of ambulance service | |
| Continuing education | X |
| Personnel training | X |
| Operation or oversight of EMS dispatch center | |
| Non-medical disaster planning | |
| Administration of critical incident stress debriefing (CISD) team | |
| Administration of disaster medical assistance team (DMAT) | |
| Administration of EMS Fund [Senate Bill (SB) 12/612] | X |
| Other: Operation of medical communications system | X |
| Other: Ambulance and medical equipment procurement | X |

Table 2 - System Organization & Management (cont.)

5. EMS agency budget for FY 1994-95

A. EXPENSES

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

Table 2 - System Organization & Management (cont.)

B. SOURCES OF REVENUE

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

Table 2 - System Organization & Management (cont.)

6. Fee structure for FY 1994-95

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

(a) Fee dependent on facility size

Table 2 - System Organization & Management (cont.)

EMS System: NOR-CAL

Reporting Year: 1994

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

Table 2 - System Organization & Management (cont.)

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

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

EMS System: **NOR-CAL**

Reporting Year: **1994**

NOTE: Table 3 is to be reported by agency.

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

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

2. Early defibrillation:

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

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

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: **NOR-CAL**

County: **Butte**

Reporting Year: 1994

Note: Table 4 is answered for each county.

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: **NOR-CAL**

County: **Colusa**

Reporting Year: 1994

Note: Table 4 is answered for each county.

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: **NOR-CAL**

County: **Glenn**

Reporting Year: 1994

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

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: **NOR-CAL**

County: **Lassen**

Reporting Year: 1994

Note: Table 4 is answered for each county.

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: **NOR-CAL**

County: **Modoc**

Reporting Year: 1994

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

1. Number of primary Public Service Answering Points (PSAP) 1
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system? yes
 - a. Radio primary frequency 42.180 (CHP) ; 154.400
 - b. Other methods _____
 - c. Can all medical response units communicate on the same disaster communications system?
yes (154.400)
 - d. Do you participate in OASIS? yes
 - e. Do you have a plan to utilize RACES as a back-up communication system? no
 - 1) Within the operational area? no
 - 2) Between the operational area and the region and/or state? no
6. Primary dispatch agency for day-to-day emergencies: Sheriff
7. Primary dispatch agency for a disaster: Sheriff

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: **NOR-CAL**

County: **Plumas**

Reporting Year: 1994

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

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: **NOR-CAL**

County: **Shasta**

Reporting Year: 1994

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

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: **NOR-CAL**

County: **Sierra**

Reporting Year: 1994

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

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: **NOR-CAL**

County: **Siskiyou**

Reporting Year: **1994**

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

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: **NOR-CAL**

County: **Tehama**

Reporting Year: 1994

Note: Table 4 is answered for each county.

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

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: **NOR-CAL**

County: **Trinity**

Reporting Year: 1994

Note: Table 4 is answered for each county.

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

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: NOR-CAL

Reporting Year: CY 2001

TRANSPORTING AGENCIES

| | | | |
|----|---|---|------------------|
| 1. | Number of exclusive operating areas | | 41 |
| 2. | Percentage of population covered by Exclusive Operating Areas (EOA) | | 33% |
| 3. | Total number responses | | 48,644 |
| | a) Number of emergency responses | (Code 2: expedient, Code 3: lights and siren) | Data Unavailable |
| | b) Number non-emergency responses | (Code 1: normal) | Data Unavailable |
| | c) Interfacility transfers | | 5,110 |
| 4. | Total number of transports | | 36,305 |
| | a) Number of emergency transports | (Code 2: expedient, Code 3: lights and siren) | Data Unavailable |
| | b) Number of non-emergency transports | (Code 1: normal) | Data Unavailable |

Early Defibrillation Providers

| | | | |
|------|---|--|----|
| 5/6. | Number of public safety or EMT-defibrillation providers | | 94 |
| | a) Automated | | 94 |
| | b) Manual | | 0 |

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

Air Ambulance Services

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

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: NOR-CAL

Reporting Year: CY 1998

TRANSPORTING AGENCIES

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

Early Defibrillation Providers

| | | | |
|------|---|-------|----|
| 5/6. | Number of public safety or EMT-defibrillation providers | _____ | 94 |
| | a) Automated | _____ | 94 |
| | b) Manual | _____ | 0 |

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

Air Ambulance Services

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

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

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

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

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

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

EMS System: Northern California EMS

Reporting Year: 1994

NOTE: Table 6 is reported by agency.

Trauma Care System

Trauma patients:

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

Emergency Departments

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

Receiving Hospitals

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: **NOR-CAL**

Reporting Year: 1994

County: **Butte**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? _____
 - b. How are they staffed? _____
 - c. Do you have a supply system for supporting them for 72 hours? yes ____ no ____

2. CISD

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

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

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

OPERATIONS

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

OPERATIONS (Cont.)

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: **NOR-CAL**

Reporting Year: 1994

County: **Colusa**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- | | |
|--|---------------------------------|
| a. Where are your CCPs located? | None designated |
| b. How are they staffed? | Any available medical personnel |
| c. Do you have a supply system for supporting them for 72 hours? | no |

2. CISD

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

3. Medical Response Team

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

4. Hazardous Materials

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

OPERATIONS

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

OPERATIONS (Cont.)

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: **NOR-CAL**

Reporting Year: 1994

County: **Glenn**

SYSTEM RESOURCES

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

OPERATIONS

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

OPERATIONS (Cont.)

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: **NOR-CAL**

Reporting Year: 1994

County: **Lassen**

SYSTEM RESOURCES

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

2. CISD

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

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

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

OPERATIONS

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

OPERATIONS (Cont.)

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

- 4. List all counties with which you have a written medical mutual aid agreement. None

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

- 6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? no

- 7. Are you part of a multi-county EMS system for disaster response? yes

- 8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: **NOR-CAL**

Reporting Year: CY 1994

County: **Modoc**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Modoc Medical Center
 - b. How are they staffed? Limited on-going medical staff
 - c. Do you have a supply system for supporting them for 72 hours? no

2. CISD

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

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

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

OPERATIONS

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

OPERATIONS (Cont.)

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: **NOR-CAL**

Reporting Year: 1994

County: **Plumas**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs?
Fairgrounds, Portola H.S., Quincy H.S., Greenville H.S., Chester H.S.
 - b. How are they staffed? Fire service
 - c. Do you have a supply system for supporting them for 72 hours? no

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

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

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

OPERATIONS

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

OPERATIONS (Cont.)

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: **NOR-CAL**

Reporting Year: 1994

County: **Shasta**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? _____
 - b. How are they staffed? _____
 - c. Do you have a supply system for supporting them for 72 hours? --

2. CISD

Do you have a CISD provider with 24 hour capability? --

3. Medical Response Team
 - a. Do you have any team medical response capability? --
 - b. For each team, are they incorporated into your local response plan? --
 - c. Are they available for statewide response? --
 - d. Are they part of a formal out-of-state response system? --

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? --
 - b. At what HazMat level are they trained? _____
 - c. Do you have the ability to do decontamination in an emergency room? --
 - d. Do you have the ability to do decontamination in the field? --

OPERATIONS

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

OPERATIONS (Cont.)

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

- 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? --
- 6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? --
- 7. Are you part of a multi-county EMS system for disaster response? --
- 8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? --

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: NOR-CAL

Reporting Year: CY 1994

County: Sierra

SYSTEM RESOURCES

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

OPERATIONS

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

OPERATIONS (Cont.)

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

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? --
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? --
7. Are you part of a multi-county EMS system for disaster response? --
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? --

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: **NOR-CAL**

Reporting Year: 1994

County: **Siskiyou**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Yreka, Mt. Shasta
 - b. How are they staffed? Deputy Coroners
 - c. Do you have a supply system for supporting them for 72 hours? yes

2. CISD
 - Do you have a CISD provider with 24 hour capability? yes

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

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

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 9

OPERATIONS (Cont.)

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: **NOR-CAL**

Reporting Year: 1994

County: **Tehama**

SYSTEM RESOURCES

- 1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? St. Elizabeth Hospital
 - b. How are they staffed? Unknown
 - c. Do you have a supply system for supporting them for 72 hours? yes

- 2. CISD
 - Do you have a CISD provider with 24 hour capability? yes

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

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

OPERATIONS

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

OPERATIONS (Cont.)

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

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

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

- 6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? no

- 7. Are you part of a multi-county EMS system for disaster response? yes

- 8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: NOR-CAL

Reporting Year: 1994

County: Trinity

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? _____
 - b. How are they staffed? _____
 - c. Do you have a supply system for supporting them for 72 hours? --

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

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

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

OPERATIONS

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

OPERATIONS (Cont.)

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

SECTION 4. RESOURCE DIRECTORIES

Table 8: Providers

74

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Butte

Reporting Year: 1994

| | | | | | |
|---|--|---|---|---|--|
| Name, address & telephone: Butte County Fire Department 176 Nelson Avenue, Oroville 95965 | | | Primary Contact: Steve Simpson 530/538-7111 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 115 PS-Defib: 20 BLS: 150 EMT-D: 30 LALS: 0 ALS: 0 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 0 |

| | | | | | |
|--|--|--|--|---|---|
| Name, address & telephone: Chico Paramedic Rescue 560 Cohasset Road, Chico 95926 | | | Primary Contact: Byron Parsons 530/896-5000 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 9 EMT-D: 0 LALS: 0 ALS: 17 |
| Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 4 |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Butte

Reporting Year: 1994

| | | | | | |
|--|---|--|---|---|---|
| Name, address & telephone: N.T. Enloe Hospital 5th Avenue & The Esplanade, Chico 95926 | | | Primary Contact: Jon Smith 530/891-7300 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 6 EMT-D: 0 LALS: 0 ALS: 38 |
| Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 4 ground 1 helicopter |

| | | | | | |
|---|--|--|--|---|---|
| Name, address & telephone: Oroville Hospital 2767 Olive Highway, Oroville 95966 | | | Primary Contact: Paul Robie 530/533-8500 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 0 EMT-D: 0 LALS: 0 ALS: 28 |
| Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 6 |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Butte

Reporting Year: 1994

| | | | | | |
|--|--|--|--|---|---|
| Name, address & telephone: Paradise Ambulance PO Box 727, Paradise 95969 | | | Primary Contact: Don Howard 530/877-8866 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 7 EMT-D: 0 LALS: 0 ALS: 11 |
| Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 5 |

| | | | | | |
|---|---|--|--|--|--|
| Name, address & telephone: | | | Primary Contact: | | |
| | | | 530/ | | |
| Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no | Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: PS-Defib: BLS: EMT-D: LALS: ALS: |
| Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Colusa

Reporting Year: 1994

| | | | | | |
|--|--|--|--|---|--|
| Name, address & telephone: Colusa Ambulance PO Box 813, Colusa 95932 | | | Primary Contact: Chuck Jerpe 530/458-7414 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 7 EMT-D: 0 LALS: 4 ALS: 8 |
| Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 3 |

| | | | | | |
|---|---|--|--|--|--|
| Name, address & telephone: | | | Primary Contact: 530/ | | |
| Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no | Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: PS-Defib: BLS: EMT-D: LALS: ALS: |
| Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Glenn

Reporting Year: 1994

| | | | | | |
|--|--|--|--|---|--|
| Name, address & telephone: Glenn Ambulance 1133 W. Sycamore #703 Willows 95988 | | | Primary Contact: Lee Sparby 530/934-3809 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 7 EMT-D: 0 LALS: 3 ALS: 9 |
| 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: 2 |

| | | | | | |
|---|--|--|--|---|---|
| Name, address & telephone: Westside Ambulance Association PO Box 4527, Orland 95963 | | | Primary Contact: Connie Hanks 530/865-3998 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 2 EMT-D: 0 LALS: 0 ALS: 17 |
| 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: 2 |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Lassen

Reporting Year: 1999

| | | | | | |
|--|---|--|---|---|---|
| Name, address & telephone: Mountain EMS, Inc. 700 Ash Street, Susanville 96130 | | | Primary Contact: Brad Reger 530/257-0249 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 9 EMT-D: 0 LALS: 2 ALS: 12 |
| Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 4 ground 2 fixed-wing |

| | | | | | |
|--|--|--|--|---|--|
| Name, address & telephone: Sierra Life Support 1540 Main St., Susanville 96130 | | | Primary Contact: Ryan Potter 530/257-53620249 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 5 EMT-D: 0 LALS: 0 ALS: 6 |
| 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: 3 ground |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Lassen

Reporting Year: 1999

| | | | | | |
|--|--|---|---|---|---|
| Name, address & telephone: Westwood Fire Department PO Box 936, Westwood 96137 | | | Primary Contact: Bob McDaniel 530/256-3589 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 6 EMT-D: 0 LALS: 2 ALS: 2 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 1 |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Butte

Reporting Year: 2000

| | | | | | |
|---|--|---|---|---|--|
| Name, address & telephone: Butte County Fire Department 176 Nelson Avenue, Oroville 95965 | | | Primary Contact: Steve Simpson 530/538-7111 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 115 PS-Defib: 20 BLS: 150 EMT-D: 30 LALS: 0 ALS: 0 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 0 |

| | | | | | |
|--|--|--|--|---|---|
| Name, address & telephone: First Responder EMS PO Box 24, Chico 95927 | | | Primary Contact: Byron Parsons 530/891-4357 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 9 EMT-D: 0 LALS: 0 ALS: 17 |
| Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 4 |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Butte

Reporting Year: 2000

| | | | | | |
|--|---|--|---|---|--|
| Name, address & telephone: Enloe Medical Center 1531 Esplanade, Chico 95926 | | | Primary Contact: Kim Howard 530/332-7418 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 6 EMT-D: 0 LALS: 0 ALS: 38 |
| Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 4 ground 1 helicopter |

| | | | | | |
|---|--|--|--|---|--|
| Name, address & telephone: Oroville Hospital 2767 Olive Highway, Oroville 95966 | | | Primary Contact: Lea Barrett 530/532-8576 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 0 EMT-D: 0 LALS: 0 ALS: 28 |
| Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 6 |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Glenn

Reporting Year: 2000

| | | | | | |
|--|--|--|--|---|--|
| Name, address & telephone: Enloe Medical Center 1531 Esplanade, Chico 95926 | | | Primary Contact: Kim Howard 530/332-7418 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 7 EMT-D: 0 LALS: 3 ALS: 9 |
| 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: 2 |

| | | | | | |
|---|--|--|--|---|---|
| Name, address & telephone: Westside Ambulance Association PO Box 4527, Orland 95963 | | | Primary Contact: Connie Hanks 530/865-3998 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 2 EMT-D: 0 LALS: 0 ALS: 17 |
| 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: 2 |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Lassen

Reporting Year: 2000

| | | | | | |
|--|---|--|---|---|---|
| Name, address & telephone: Mountain EMS, Inc. 700 Ash Street, Susanville 96130 | | | Primary Contact: Brad Reger 530/257-0249 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 9 EMT-D: 0 LALS: 2 ALS: 12 |
| Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 4 ground 2 fixed-wing 1 helicopter |

| | | | | | |
|--|--|--|--|---|--|
| Name, address & telephone: Sierra Life Support 1540 Main St., Susanville 96130 | | | Primary Contact: Ryan Potter 530/257-53620249 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 5 EMT-D: 0 LALS: 0 ALS: 6 |
| 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: 3 ground |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Lassen

Reporting Year: 2000

| | | | | | |
|--|--|---|---|---|--|
| Name, address & telephone: Westwood Fire Department PO Box 936, Westwood 96137 | | | Primary Contact: Bob Satterfield 530/256-3589 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 6 EMT-D: 0 LALS: 2 ALS: 2 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 1 |

| | | | | | |
|--|--|--|---|---|---|
| Name, address & telephone: Modoc Medical Center 228 McDowell Street, Alturas 96101 | | | Primary Contact: Linda Wellemeier 530/233-5131 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 16 EMT-D: 0 LALS: 9 ALS: 2 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Co. Hospital | 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: 4 |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Modoc

Reporting Year: 2000

| | | | | | |
|--|--|---|--|---|--|
| Name, address & telephone: Surprise Valley Hospital Ambulance PO Box 246, Cedarville 96104 | | | Primary Contact: Chris Gibson 530/279-6111 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 9 EMT-D: 0 LALS: 0 ALS: 0 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Hosp. Dist. | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 2 |

| | | | | | |
|---|--|---|--|---|--|
| Name, address & telephone: Eastern Plumas District Hospital 500 First Avenue, Portola 96122 | | | Primary Contact: Teresa Moore 530/832-4277 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 5 EMT-D: 0 LALS: 6 ALS: 8 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Hosp. Dist. | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 2 |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Modoc

Reporting Year: 2000

| | | | | | |
|--|--|---|---|---|--|
| Name, address & telephone: Graeagle Fire Rescue PO Box 64, Graeagle 96103 | | | Primary Contact: Daniel West 530/836-2117 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 3 PS-Defib: 4 BLS: 0 EMT-D: 1 LALS: 1 ALS: 1 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 0 |

| | | | | | |
|--|--|---|---|---|--|
| Name, address & telephone: Hamilton Branch FPD 3791 Big Springs Road, Lake Almanor 96137 | | | Primary Contact: Joe Turner 530/596-3458 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 7 PS-Defib: 0 BLS: 3 EMT-D: 0 LALS: 1 ALS: 5 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 0 |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Modoc

Reporting Year: 2000

| | | | | | |
|---|--|--|--|---|--|
| Name, address & telephone: Indian Valley Ambulance 174 Hot Springs Road, Greenville 95947 | | | Primary Contact: Tom Higgins 530/284-7191 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 5 EMT-D: 0 LALS: 0 ALS: 2 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Hospital Dist. | 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: 1 |

| | | | | | |
|---|--|---|---|---|--|
| Name, address & telephone: Peninsula Fire District 801 Golf Club Road, Lake Almanor 96137 | | | Primary Contact: Gary Pini 530/259-2306 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 0 EMT-D: 3 LALS: 5 ALS: 4 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 1 |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Modoc

Reporting Year: 2000

| | | | | | |
|--|--|--|--|---|--|
| Name, address & telephone: Plumas District Hospital Ambulance 1065 Bucks Lake Road, Quincy 95971 | | | Primary Contact: Steve Tolen 530/283-2121 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 5 EMT-D: 0 LALS: 4 ALS: 7 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Hospital Dist. | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 3 |

| | | | | | |
|--|--|--|--|---|--|
| Name, address & telephone: Seneca District Hospital PO Box 737, Chester 96020 | | | Primary Contact: Dave Stratford 530/258-2151 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 6 EMT-D: 0 LALS: 4 ALS: 4 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Hospital Dist. | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 3 |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Modoc

Reporting Year: 2000

| | | | | | |
|--|--|---|---|---|--|
| Name, address & telephone: West Almanor Community Services District 947 Long Iron Drive, Chester 96020 | | | Primary Contact: Joe Fording 530/259-5112 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 3 EMT-D: 4 LALS: 0 ALS: 0 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 0 |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Shasta

Reporting Year: 2000

| | | | | | |
|--|--|--|--|---|--|
| Name, address & telephone: American Medical Response 4989 Mountain Lakes Blvd. | | | Primary Contact: John Lord 530/246-9111 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 13 EMT-D: 0 LALS: 1 ALS: 18 |
| Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 6 |

| | | | | | |
|---|--|---|---|---|--|
| Name, address & telephone: Anderson Fire Department PO Box 1455, Anderson 96007 | | | Primary Contact: Don Matheson 530/378-6699 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 4 PS-Defib: 4 BLS: 7 EMT-D: 6 LALS: 0 ALS: 0 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 0 |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Shasta

Reporting Year: 2000

| | | | | | |
|--|--|---|---|---|--|
| Name, address & telephone: Burney Fire District PO Box 853, Burney 96013 | | | Primary Contact: Ron Nelson 530/335-2212 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 9 EMT-D: 1 LALS: 9 ALS: 3 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 2 |

| | | | | | |
|--|--|---|---|---|--|
| Name, address & telephone: Shasta County Fire/ CDF 1050 Parkview Avenue, Redding 96001 | | | Primary Contact: Scott Holmquist 530/225-2418 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 123 PS-Defib: 12 BLS: 24 EMT-D: 6 LALS: 0 ALS: 2 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input 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: 0 |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Shasta

Reporting Year: 2000

| | | | | | |
|---|--|---|---|---|---|
| Name, address & telephone: California Highway Patrol Air Operations 2651 Gold Street, Redding 96001 | | | Primary Contact: Sgt. Steve Youngs 530/225-2040 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input checked="" type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 4 EMT-D: 0 LALS: 1 ALS: 4 |
| 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 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 checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 1 |

| | | | | | |
|--|--|---|---|---|---|
| Name, address & telephone: Centerville Fire Department 8930 Placer Road, Redding 96001 | | | Primary Contact: Bob Lee 530/246-1168 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 10 PS-Defib: 5 BLS: 5 EMT-D: 5 LALS: 0 ALS: 0 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 0 |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Shasta

Reporting Year: 2000

| | | | | | |
|---|--|---|---|---|---|
| Name, address & telephone: Cottonwood Fire Protection District PO Box 618, Cottonwood 96002 | | | Primary Contact: Randall Armstrong 530/347-4737 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 3 PS-Defib: 0 BLS: 3 EMT-D: 4 LALS: 0 ALS: 0 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 0 |

| | | | | | |
|--|--|---|---|---|---|
| Name, address & telephone: French Gulch Fire District PO Box 220, French Gulch 96033 | | | Primary Contact: Richard Laughlin 530/359-2003 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 6 PS-Defib: 4 BLS: 6 EMT-D: 4 LALS: 0 ALS: 0 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 0 |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Shasta

Reporting Year: 2000

| | | | | | |
|---|--|---|---|---|--|
| Name, address & telephone: Happy Valley Fire Department 17441 Palm Avenue, Anderson 96007 | | | Primary Contact: Joe Vasquez 530/357-2345 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 6 PS-Defib: 1 BLS: 6 EMT-D: 12 LALS: 0 ALS: 0 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 0 |

| | | | | | |
|--|--|--|--|---|---|
| Name, address & telephone: Mayers Memorial Hospital PO Box 459, Fall River Mills 96028 | | | Primary Contact: Pat Baremore 530/336-5511 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 0 EMT-D: 0 LALS: 10 ALS: 4 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Hospital Dist. | 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: 2 |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Shasta

Reporting Year: 2000

| | | | | | |
|--|---|--|---|---|---|
| Name, address & telephone: Mercy Medical Center PO Box 496009, Redding 96049 | | | Primary Contact: Nancy George 530/225-7240 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 0 EMT-D: 0 LALS: 2 ALS: 27 |
| Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 5 ground 2 fixed wing 1 helicopter |

| | | | | | |
|---|--|---|---|---|--|
| Name, address & telephone: Montgomery Creek Fire Department PO Box 75, Montgomery Creek 96065 | | | Primary Contact: Randy Trafton 530/337-6552 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 5 PS-Defib: 2 BLS: 2 EMT-D: 1 LALS: 0 ALS: 1 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 0 |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Shasta

Reporting Year: 2000

| | | | | | |
|--|--|---|---|---|---|
| Name, address & telephone: Mountain Gate Fire Department 14508 Wonderland Boulevard, Redding 96003 | | | Primary Contact: Mike Ricketts 530/275-3003 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 1 EMT-D: 8 LALS: 0 ALS: 0 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input 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 |

| | | | | | |
|---|--|---|---|---|---|
| Name, address & telephone: Old Station Volunteer Fire Department PO Box 44, Old Station 96071 | | | Primary Contact: Charlie Olmstead 530/335-7111 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 2 PS-Defib: 2 BLS: 1 EMT-D: 0 LALS: 0 ALS: 0 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 0 |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Shasta

Reporting Year: 2000

| | | | | | |
|--|--|---|---|---|---|
| Name, address & telephone: Platina-Wildwood Fire Department PO Box 193, Wildwood 96076 | | | Primary Contact: Dave DeMars 530/628-4212 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 4 PS-Defib: 3 BLS: 2 EMT-D: 2 LALS: 0 ALS: 0 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 0 |

| | | | | | |
|--|--|---|---|---|---|
| Name, address & telephone: Redding Fire Department 1050 Parkview Avenue, Redding 96001 | | | Primary Contact: Ken Wagner 530/225-4141 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 30 BLS: 1 EMT-D: 30 LALS: 0 ALS: 0 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input 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: Northern California EMS

County: Shasta

Reporting Year: 2000

| | | | | | |
|---|---|--|---|---|---|
| Name, address & telephone: Redding Medical Center PO Box 496072, Redding 96049-6072 | | | Primary Contact: Charles Springfield 530/243-0498 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: PS-Defib: BLS: EMT-D: LALS: ALS: |
| Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | Medical Director: <input 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: 3 ground 1 fixed wing 1 helicopter |

| | | | | | |
|--|--|---|---|---|---|
| Name, address & telephone: Shasta Fire Department PO Box 520, Shasta 96087 | | | Primary Contact: 530/241-4615 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 4 PS-Defib: 0 BLS: 4 EMT-D: 6 LALS: 0 ALS: 3 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 0 |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Shasta

Reporting Year: 2000

| | | | | | |
|---|--|---|---|---|---|
| Name, address & telephone: Shasta Lake Fire Protection District 4126 Ashbury Court, Shasta Lake 96019 | | | Primary Contact: Stephen Mix 530/275-7477 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 3 PS-Defib: 0 BLS: 10 EMT-D: 0 LALS: 4 ALS: 3 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 0 |

| | | | | | |
|--|--|---|---|---|---|
| Name, address & telephone: Shingletown Fire Department PO Box 266, Shingletown 96088 | | | Primary Contact: Larry Weatherill 530/474-3914 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 4 PS-Defib: 0 BLS: 5 EMT-D: 1 LALS: 1 ALS: 0 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 1 |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Sierra

Reporting Year: 2000

| | | | | | |
|--|--|---|---|---|---|
| Name, address & telephone: Downieville FPD PO Box 25, Downieville 95936 | | | Primary Contact: Lee Brown 530/289-3333 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 15 EMT-D: 0 LALS: 0 ALS: 0 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 2 |

| | | | | | |
|---|--|---|--|---|---|
| Name, address & telephone: Sierra Valley District Hospital Ambulance PO Box 178, Loyalton 96118 | | | Primary Contact: Bruce Stone 530/993-1225 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 11 EMT-D: 0 LALS: 0 ALS: 0 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: Hospital | 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: 2 |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Siskiyou

Reporting Year: 2000

| | | | | | |
|--|--|--|--|---|---|
| Name, address & telephone: Butte Valley Ambulance Service PO Box 195, Dorris 96023 | | | Primary Contact: Shirley Kerwin 530/397-2105 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 3 PS-Defib: 0 BLS: 4 EMT-D: 5 LALS: 2 ALS: 0 |
| 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: 2 |

| | | | | | |
|---|--|---|---|---|--|
| Name, address & telephone: City of Dunsmuir Fire Department 5902 Dunsmuir Avenue #103, Dunsmuir 96025 | | | Primary Contact: Mike Cascarina 530/235-2551 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 0 EMT-D: 16 LALS: 1 ALS: 2 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input 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: Northern California EMS

County: Siskiyou

Reporting Year: 2000

| | | | | | |
|--|--|---|---|---|---|
| Name, address & telephone: City of Etna Ambulance PO Box 460, Etna 96027 | | | Primary Contact: Laurie Sweezy 530/467-3111 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 4 EMT-D: 6 LALS: 1 ALS: 0 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Amb. District | 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: 3 |

| | | | | | |
|---|--|---|---|---|---|
| Name, address & telephone: Fort Jones Fire Department PO Box 597 Fort Jones 96032 | | | Primary Contact: Mike Purdy 530/842-7141 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 4 PS-Defib: 0 BLS: 0 EMT-D: 8 LALS: 0 ALS: 0 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input 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: Northern California EMS

County: Siskiyou

Reporting Year: 2000

| | | | | | |
|--|--|---|---|---|---|
| Name, address & telephone: Grenada Fire Department PO Box 178, Grenada 96038 | | | Primary Contact: William Haars 530/436-2200 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 3 PS-Defib: 2 BLS: 0 EMT-D: 4 LALS: 0 ALS: 0 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 0 |

| | | | | | |
|--|--|--|--|---|--|
| Name, address & telephone: Happy Camp Ambulance PO Box 596, Happy Camp 96039 | | | Primary Contact: Marian Curtis 530/493-2322 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 3 EMT-D: 10 LALS: 1 ALS: 1 |
| 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: 2 |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Siskiyou

Reporting Year: 2000

| | | | | | |
|--|--|---|---|---|---|
| Name, address & telephone: McCloud Community Services District PO Box 640, McCloud 96057 | | | Primary Contact: Peter Tolosano 530/964-2017 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 2 PS-Defib: 0 BLS: 13 EMT-D: 2 LALS: 3 ALS: 0 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 1 |

| | | | | | |
|--|--|---|---|---|--|
| Name, address & telephone: Montague Fire District PO Box 281, Montague 96064 | | | Primary Contact: Roger Martin 530/459-5343 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 3 PS-Defib: 2 BLS: 3 EMT-D: 1 LALS: 0 ALS: 0 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 0 |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Siskiyou

Reporting Year: 2000

| | | | | | |
|---|--|--|--|---|---|
| Name, address & telephone: Mount Shasta Ambulance PO Box 1030, Mt. Shasta 96067 | | | Primary Contact: Angelo Banos 530/926-2665 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 17 EMT-D: 0 LALS: 5 ALS: 4 |
| Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 4 |

| | | | | | |
|---|--|--|--|---|---|
| Name, address & telephone: Northern Siskiyou Ambulance 553 North Main Street, Yreka 96097 | | | Primary Contact: Darrell Frost 530/842-3583 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 8 EMT-D: 4 LALS: 5 ALS: 2 |
| Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 3 |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Siskiyou

Reporting Year: 2000

| | | | | | |
|---|---|--|--|---|--|
| Name, address & telephone: Weed Fire Department PO Box 470, Weed 96094 | | | Primary Contact: Darin Quigley 530/938-5030 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 2 PS-Defib: 0 BLS: 8 EMT-D: 3 LALS: 3 ALS: 2 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other 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: Northern California EMS

County: Tehama

Reporting Year: 2000

| | | | | | |
|---|--|---|---|---|---|
| Name, address & telephone: City of Red Bluff Fire Department 555 Washington Street, Red Bluff 96080 | | | Primary Contact: Doug Smith 530/527-1126 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 0 EMT-D: 30 LALS: 0 ALS: 0 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 0 |

| | | | | | |
|--|--|--|--|---|--|
| Name, address & telephone: St. Elizabeth Hospital 2550 Sister Mary Columbia Drive, Red Bluff 96080 | | | Primary Contact: Penny Costa 530/529-8305 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 3 EMT-D: 0 LALS: 1 ALS: 26 |
| Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 5 |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Tehama

Reporting Year: 2000

| | | | | | |
|--|--|---|---|--|---|
| Name, address & telephone: Tehama County Fire Department 604 Antelope Boulevard. Red Bluff 96080 | | | Primary Contact: 530/529-8548 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: PS-Defib: BLS: EMT-D: LALS: 0 ALS: 0 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 0 |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Trinity

Reporting Year: 2000

| | | | | | |
|--|--|---|---|---|---|
| Name, address & telephone: Coffee Creek Volunteer Fire Department Route 2, Box 3972 Trinity Center 96091 | | | Primary Contact: Fire Chief 530/266-3516 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 5 PS-Defib: 0 BLS: 2 EMT-D: 0 LALS: 0 ALS: 1 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 1 |

| | | | | | |
|--|--|---|---|---|--|
| Name, address & telephone: Hayfork Volunteer Fire Department PO Box 613, Hayfork 96041 | | | Primary Contact: Bob Young 530/628-5336 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 4 PS-Defib: 0 BLS : 0 EMT-D: 8 LALS: 0 ALS: 0 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 0 |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Trinity

Reporting Year: 2000

| | | | | | |
|--|--|---|---|---|---|
| Name, address & telephone: Lewiston Volunteer Fire Department PO Box 113, Lewiston 96052 | | | Primary Contact: Jess Cox 530/778-3869 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: PS-Defib: BLS: EMT-D: LALS: 0 ALS: 0 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 1 |

| | | | | | |
|--|--|---|---|---|---|
| Name, address & telephone: Trinity Center Volunteer Fire Department PO Box 300, Trinity Center 96091 | | | Primary Contact: Dick Hamilton 530/266-3378 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: PS-Defib: BLS: 4 EMT-D: LALS: 2 ALS: 1 |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 1 |

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Trinity

Reporting Year: 2000

| | | | | | |
|---|--|--|--|---|--|
| Name, address & telephone: Trinity County Life Support PO Box 2907, Weaverville 96093 | | | Primary Contact: John Hall 530/623-2500 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 3 PS-Defib: 0 BLS: 3 EMT-D: 0 LALS: 2 ALS: 5 |
| Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Number of ambulances: 4 |

| | | | | | |
|---|--|--|--|---|---|
| Name, address & telephone: Southern Trinity Area Rescue P.O. Box 4 Mad River, CA 95552-0004 | | | Primary Contact: Jim Tinkelenberg 707/574-6616 | | |
| Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport | Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue | If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 5 EMT-D: 10 LALS: 2 ALS: 2 |
| 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: 2 |

Table 9: Approved Training Programs

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: NOR-CAL EMS

County: Butte

Reporting Year: 1994

| Training Institution Name / Address | | Contact Person telephone no. |
|--|-----------------|--|
| N.T. Enloe Hospital 193 Via Mission Drive Chico, CA 95928 | | Jonathan Smith, RN 530/891-7418 |
| Student Eligibility: * | Cost of Program | **Program Level: EMT-I |
| Open | Basic NA | Number of students completing training per year: |
| | Refresher NA | Initial training: 0 |
| | | Refresher: 0 |
| | | Cont. Education 300 |
| | | Expiration Date: 1/15/96 |
| | | Number of courses: 0 |
| | | Initial training: 0 |
| | | Refresher: 0 |
| | | Cont. Education: 11 |

| Training Institution Name / Address | | Contact Person telephone no. |
|---|------------------|--|
| Butte Community College 3536 Butte Campus Drive Oroville, CA 95965 | | Mike Boyd, RN 530/895-2328 |
| Student Eligibility: * | Cost of Program | **Program Level: EMT-I; EMT-P |
| EMT-I: Open | Basic 171.50 | Number of students completing training per year: |
| EMT-P: EMT-I; Prerequisite courses; | Refresher 42.00 | Initial training: |
| Competence in math, English, and reading | Paramedic 700.00 | Refresher: |
| | | Cont. Education 0 |
| | | Expiration Date: 1/15/96 |
| | | Number of courses: |
| | | Initial training: EMT-I: 6; EMT-P: 1 |
| | | Refresher: 4 |
| | | Cont. Education: |

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

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: NOR-CAL EMS

County: Colusa

Reporting Year: 1994

| Training Institution Name / Address | | Contact Person telephone no. |
|--|-----------------|--|
| Yuba College Extension 745 10th Street Colusa, CA 95932 | | Jim Lemos 530/458-4085 |
| Student Eligibility: * | Cost of Program | **Program Level: EMT-I |
| Open | Basic 71.00 | Number of students completing training per year: |
| | Refresher 19.00 | Initial training: 25 |
| | | Refresher: 18 |
| | | Cont. Education: 0 |
| | | Expiration Date: 1/15/96 |
| | | Number of courses: 2 |
| | | Initial training: 1 |
| | | Refresher: 1 |
| | | Cont. Education: 0 |

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

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

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: NOR-CAL EMS

County: Glenn

Reporting Year: 1994

| Training Institution Name / Address | | Contact Person telephone no. |
|--|-----------------|--|
| Butte College Extension Sycamore Street Willows, CA 95988 | | Corinne Enos 530/934-2144 |
| Student Eligibility: * | Cost of Program | **Program Level: EMT-I |
| Open | Basic 157.50 | Number of students completing training per year: |
| | Refresher 64.50 | Initial training: 25 |
| | | Refresher: 27 |
| | | Cont. Education: 0 |
| | | Expiration Date: 1/15/96 |
| | | Number of courses: 2 |
| | | Initial training: 1 |
| | | Refresher: 1 |
| | | Cont. Education: 0 |

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

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

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: NOR-CAL EMS

County: Lassen

Reporting Year: 1994

| Training Institution Name / Address | | Contact Person telephone no. |
|--|--|--|
| Lassen Community College PO Box 3000 Susanville, CA 96130 | | Lino Callegari 530/257-6181 |
| Student Eligibility: * | Cost of Program | **Program Level: EMT-I and II |
| Open | Basic 82.50 Refresher 13.00 EMT-II: 195.00 | Number of students completing training per year: Initial training: EMT-I: 74 II: 40 Refresher: 64 Cont. Education 0 Expiration Date: 1/15/96 |
| | | Number of courses: Initial training: 3 Refresher: 2 Cont. Education: 0 |

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

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

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: NOR-CAL EMS

County: Modoc

Reporting Year: 1994

| Training Institution Name / Address | | Contact Person telephone no. |
|--|--------------------------------|---|
| Lassen Community College PO Box 3000 Susanville, CA 96130 | | Lino Callegari 530/257-6181 |
| Student Eligibility: * | Cost of Program | **Program Level: EMT-I |
| Open | Basic 82.50 Refresher 13.00 | Number of students completing training per year: Initial training: 20 Refresher: 20 Cont. Education: 0 Expiration Date: 1/15/96 |
| | | Number of courses: Initial training: 1 Refresher: 1 Cont. Education: 0 |

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

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

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: NOR-CAL EMS

County: Plumas

Reporting Year: 1994

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

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

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

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: NOR-CAL EMS

County: Sierra

Reporting Year: 1994

| Training Institution Name / Address | | Contact Person telephone no. |
|--|-----------------|--|
| Lassen Community College PO Box 3000 Susanville, CA 96130 | | Lino Callegari 530/257-6181 |
| Student Eligibility: * | Cost of Program | **Program Level: MET-I |
| Open | Basic 82.50 | Number of students completing training per year: |
| | Refresher 13.00 | Initial training: 13 |
| | | Refresher: 13 |
| | | Cont. Education: 0 |
| | | Expiration Date: 1/15/96 |
| | | Number of courses: |
| | | Initial training: 1 |
| | | Refresher: 1 |
| | | Cont. Education: 0 |

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

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

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: NOR-CAL EMS

County: Shasta

Reporting Year: 1994

| Training Institution Name / Address | | Contact Person telephone no. | |
|---|-----------------|--|---------|
| Shasta College P.O. Box 6006 Redding, CA 96009 | | John White 530/225-4623 | |
| Student Eligibility: * | Cost of Program | **Program Level: | EMT-I |
| Open | Basic 88.00 | Number of students completing training per year: | |
| | Refresher 26.00 | Initial training: | 175 |
| | | Refresher: | 75 |
| | | Cont. Education: | 0 |
| | | Expiration Date: | 1/15/96 |
| | | Number of courses: | 10 |
| | | Initial training: | 7 |
| | | Refresher: | 3 |
| | | Cont. Education: | 0 |

| Training Institution Name / Address | | Contact Person telephone no. | |
|--|--------------------------------|---|--------------|
| Mercy Medical Center PO Box 496009 Redding, CA 96049-6009 | | Nancy George, RN 530/225-7244 | |
| Student Eligibility: * | Cost of Program | **Program Level: | EMT-II EMT-P |
| EMT-II: Qualified EMT-Is | EMT-II: \$500 | Number of students completing training: | |
| EMT-P: Qualified EMT-IIs | EMT-II to EMT-P upgrade: \$800 | Initial training: | 20 20 |
| | | Refresher: | |
| | | Cont. Education: | 0 |
| | | Expiration Date: | 1/15/96 |
| | | Number of courses: | |
| | | Initial training: | 1 1 |
| | | Refresher: | 0 0 |
| | | Cont. Education: | 0 |

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

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: NOR-CAL EMS

County: Shasta (Continued)

Reporting Year: 1994

| Training Institution Name / Address | | Contact Person telephone no. |
|---|--------------------|--|
| Redding Medical Center 1100 Butte Street Redding, CA 96001 | | Holly Felsenthal 530/244-5170 |
| Student Eligibility: * | Cost of Program | **Program Level: EMT-P; MICN |
| Paramedic: Open | Paramedic 2,300.00 | Number of students completing training per year: |
| MICN: In-house only | MICN No Charge | Initial training: EMT-P: 13; MICN: 7 |
| | | Refresher: 0 |
| | | Cont. Education 60 |
| | | Expiration Date: 1/15/96 |
| | | Number of courses: 14 |
| | | Initial training: EMT-P: 1; MICN: 1 |
| | | Refresher: 0 |
| | | Cont. Education: 12 |

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

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

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: NOR-CAL EMS

County: Siskiyou

Reporting Year: 1994

| Training Institution Name / Address | | Contact Person telephone no. |
|--|--------------------------------|---|
| College of the Siskiyou 800 College Avenue Weed, CA 96094 | | Carol Kramm 530/938-5206 |
| Student Eligibility: * | Cost of Program | **Program Level: EMT-I |
| Open | Basic 59.00 Refresher 20.00 | Number of students completing training per year: Initial training: 80 Refresher: 20 Cont. Education: 0 Expiration Date: 1/15/96 |
| | | Number of courses: Initial training: 4 Refresher: * 0* Cont. Education: 0 |
| | | * Refresher training is conducted in conjunction with full EMT-I courses |

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

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

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: NOR-CAL EMS

County: Tehama

Reporting Year: 1994

| Training Institution Name / Address | | Contact Person telephone no. |
|---|------------------------------|---|
| St. Elizabeths Hospital Sister Mary Columbia Drive Red Bluff, CA | | Mike Casey 530/529-8311 |
| Student Eligibility: | Cost of Program | **Program Level: |
| Open | Basic 5.00 Refresher 5.00 | Number of students completing training per year: Initial training: 69 Refresher: 7 Cont. Education Not Available Expiration Date: 1/15/96 |
| | | Number of courses: Initial training: 3 Refresher: 2 Cont. Education: 4 |

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

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

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

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: NOR-CAL EMS

County: Trinity

Reporting Year: 1994

| Training Institution Name / Address | | Contact Person telephone no. |
|--|-----------------|--|
| Shasta College Outreach PO Box 6006 Redding, CA 96009 | | John White 530/225-4623 |
| Student Eligibility: * | Cost of Program | **Program Level: EMT-I |
| Open | Basic 88.00 | Number of students completing training per year: |
| | Refresher 26.00 | Initial training: 20 |
| | | Refresher: 20 |
| | | Cont. Education: 0 |
| | | Expiration Date: 1/15/96 |
| | | Number of courses: 2 |
| | | Initial training: 1 |
| | | Refresher: 1 |
| | | Cont. Education: 0 |

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

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

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

Table 10: Facilities

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: NOR-CAL

County: Butte

Reporting Year: 1994

| | | | | |
|--|--|---|--|--|
| Name, address & telephone: Biggs-Gridley Hospital 240 Spruce Street Gridley, CA 95948 530/846-5671 | | | Primary Contact: Charles Norton, Administrator | |
| Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/> | | Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Trauma Center: <input type="checkbox"/> yes | If Trauma Center what Level:**** |

| | | | | |
|--|--|---|--|--|
| Name, address & telephone: Chico Community Hospital 560 Cohasset Road Chico, CA 95926 530/896-5000 | | | Primary Contact: Melissa Sloan, R.N. | |
| Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/> | | Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Trauma Center: <input type="checkbox"/> yes | If Trauma Center what Level:**** |

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

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

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

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

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: NOR-CAL

County: Butte

Reporting Year: 1994

| | | | | |
|--|--|---|--|--|
| Name, address & telephone: N.T. Enloe Hospital 5th Avenue and The Esplanade Chico, CA 95926 530/891-7418 | | | Primary Contact: Jonathan Smith, R.N. | |
| Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/> | | Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Trauma Center: <input checked="" type="checkbox"/> yes | If Trauma Center what Level: II |

| | | | | |
|---|--|---|--|--|
| Name, address & telephone: Feather River Hospital 5974 Pentz Road Paradise, CA 95969 530/877-3325 | | | Primary Contact: Kathy Halvig, R.N. | |
| Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/> | | Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Trauma Center: <input type="checkbox"/> yes | If Trauma Center what Level:**** |

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

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

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

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

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: NOR-CAL

County: Butte

Reporting Year: 1994

| | | | | |
|---|--|---|--|--|
| Name, address & telephone: Oroville Hospital 2767 Olive Highway Oroville, CA 95966 530/533-8500 | | | Primary Contact: Holly Edwards, R.N. | |
| Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/> | | Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Trauma Center: <input type="checkbox"/> yes | If Trauma Center what Level:**** |

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

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

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

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

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: NOR-CAL

County: Colusa

Reporting Year: 1994

| | | | |
|---|--|--|--|
| Name, address & telephone: Colusa Community Hospital 199 East Webster Street Colusa, CA 95932 | | Primary Contact: 530/458-5821 Jim Dunn, R.N. | |
| Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/> | Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Trauma Center: <input type="checkbox"/> yes If Trauma Center what Level:**** |

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

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

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

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

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: NOR-CAL

County: Glenn

Reporting Year: 1994

| | | | | |
|--|--|--|--|-------------------------------------|
| Name, address & telephone: Glenn General Hospital 1133 W. Sycamore Street Willows, CA 95988 530/934-6461 | | Primary Contact: | | |
| Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/> | Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | |
| EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Trauma Center: <input type="checkbox"/> yes | If Trauma Center what Level:**** |

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

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

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

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

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: NOR-CAL

County: Lassen

Reporting Year: 1994

| | | | |
|--|--|--|--|
| Name, address & telephone: Lassen Community Hospital Hospital Lane & West Street Susanville, CA 96130 530/257-5325 | | Primary Contact: Carol Wall, R.N. | |
| Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/> | Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Trauma Center: <input type="checkbox"/> yes If Trauma Center what Level:**** |

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

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

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

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

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: NOR-CAL

County: Modoc

Reporting Year: 1994

| | | | | |
|--|--|---|--|--|
| Name, address & telephone: Modoc Medical Center 228 McDowell Street Alturas, CA 96101 530/233-5131 | | | Primary Contact: Sandi Hoxsey, MICP | |
| Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/> | | Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Trauma Center: <input type="checkbox"/> yes | If Trauma Center what Level:**** |

| | | | | |
|--|--|---|--|--|
| Name, address & telephone: Surprise Valley Hospital P.O. Box 246 Cedarville, CA 96104 530/279-6111 | | | Primary Contact: Chris Gibson, R.N. | |
| Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/> | | Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Trauma Center: <input type="checkbox"/> yes | If Trauma Center what Level:**** |

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

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

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

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

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: NOR-CAL

County: Plumas

Reporting Year: 1994

| | | | | |
|---|--|--|--|----------------------------------|
| Name, address & telephone: Eastern Plumas District Hospital P.O. Box 1075 Portola, CA 96122 530/832832-4277 | | | Primary Contact: Phyllis Springer, R.N. | |
| Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/> | Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | |
| EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Trauma Center: <input type="checkbox"/> yes | If Trauma Center what Level:**** |

| | | | | |
|--|--|--|--|----------------------------------|
| Name, address & telephone: Indian Valley Hospital 174 Hot Springs Road Greenville, CA 95947 530/284-7191 | | | Primary Contact: Art Johnson, R.N. | |
| Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/> | Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | |
| EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Trauma Center: <input type="checkbox"/> yes | If Trauma Center what Level:**** |

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

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

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

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

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: NOR-CAL

County: Plumas

Reporting Year: 1994

| | | | | |
|--|--|---|--|--|
| Name, address & telephone: Plumas District Hospital 1065 Bucks Lake Road Quincy, CA 95971 530/283-2121 | | | Primary Contact: Julie Cassou, R.N. | |
| Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/> | | Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> | Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Trauma Center: <input type="checkbox"/> yes | If Trauma Center what Level:**** |

| | | | | |
|---|--|---|--|--|
| Name, address & telephone: Seneca District Hospital P.O. Box 737 Chester, CA 96029 530/258-2151 | | | Primary Contact: Debbie Kincaid, R.N. | |
| Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/> | | Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Trauma Center: <input type="checkbox"/> yes | If Trauma Center what Level:**** |

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

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

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

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

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: NOR-CAL

County: Shasta

Reporting Year: 1994

| | | | | |
|--|--|--|--|-------------------------------------|
| Name, address & telephone: Mayers Memorial Hospital P.O. Box 459 Fall River Mills, CA 96028 530/336-5511 | | | Primary Contact: Pat Brown, R.N. | |
| Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/> | Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | |
| EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Trauma Center: <input type="checkbox"/> yes | If Trauma Center what Level:**** |

| | | | | |
|--|--|--|--|------------------------------------|
| Name, address & telephone: Mercy Medical Center P.O. Box 496009 Redding, CA 96049 530/225-7246 | | | Primary Contact: Darrell Cole, R.N. | |
| Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/> | Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | |
| EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Trauma Center: <input checked="" type="checkbox"/> yes | If Trauma Center what Level: II |

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

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

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

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

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: NOR-CAL

County: Shasta

Reporting Year: 1994

| | | | |
|--|--|--|--|
| Name, address & telephone: Redding Medical Center P.O. Box 496072 Redding, CA 96049 530/244-5170 | | Primary Contact: Holly Felsenthal, R.N. | |
| Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/> | Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Trauma Center: <input type="checkbox"/> yes If Trauma Center what Level:**** |

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

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

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

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

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: NOR-CAL

County: Sierra

Reporting Year: 1999

| | | | | |
|---|--|---|--|--|
| Name, address & telephone: Sierra Valley District Hospital P.O. Box 178 Loyalton, CA 96118 530/993-1225 | | | Primary Contact: Bruce Stone | |
| Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/> | | Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Trauma Center: <input type="checkbox"/> yes | If Trauma Center what Level:**** |

| | | | | |
|--|--|---|---|--|
| Name, address & telephone: Western Sierra Medical Clinic P.O. Box 286 Downieville, CA 95936 530/289-3298 | | | Primary Contact: Frank Lang, RN | |
| 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 type="checkbox"/> Non-permit receiving facility <input checked="" type="checkbox"/> | | Base Hospital: <input type="checkbox"/> yes <input type="checkbox"/> no B.H. Extension <input checked="" type="checkbox"/> | Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Trauma Center: <input type="checkbox"/> yes | If Trauma Center what Level:**** |

Note: This facility has been specially designated as an extension of the Enloe Base Hospital and as a receiving facility under H&S Code 1798.101 Protocol is provided at the end of this directory

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

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: NOR-CAL

County: Siskiyou

Reporting Year: 1994

| | | | | |
|--|--|--|--|----------------------------------|
| Name, address & telephone: Mercy Medical Center Mt. Shasta 914 Pine Street Mt. Shasta, CA 96067 530/926-6111 | | | Primary Contact: Mary Gordon, R.N. | |
| Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/> | Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | |
| EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Trauma Center: <input type="checkbox"/> yes | If Trauma Center what Level:**** |

| | | | | |
|---|--|--|--|----------------------------------|
| Name, address & telephone: Siskiyou General Hospital 818 South Main Street Yreka, CA 96097 530/842-4121 | | | Primary Contact: Fay Powers, R.N. | |
| Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/> | Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | |
| EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Trauma Center: <input type="checkbox"/> yes | If Trauma Center what Level:**** |

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

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

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

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

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: NOR-CAL

County: Tehama

Reporting Year: 1994

| | | | | |
|---|--|---|--|--|
| Name, address & telephone: St. Elizabeth Hospital Sister Mary Columbia Drive Red Bluff, CA 96080 530/529-8000 | | | Primary Contact: Penny Costa, R.N. | |
| Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/> | | Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Trauma Center: <input type="checkbox"/> yes | If Trauma Center what Level:**** |

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

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

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

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

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: NOR-CAL

County: Trinity

Reporting Year: 1994

| | | | | |
|--|--|---|---|--|
| Name, address & telephone: Trinity Hospital P.O. Box 1229 Weaverville, CA 96093 530/623-5541 | | | Primary Contact: Cindy Merwin, R.N. | |
| Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/> | | Base Hospital: <input checked="" type="checkbox"/> yes * <input type="checkbox"/> no *Satellite Base Station | Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Trauma Center: <input type="checkbox"/> yes | If Trauma Center what Level:**** |

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

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

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

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

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: NOR-CAL

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

| | | | | |
|--|--|---|--|--|
| Name, address & telephone: Tahoe Forest Hospital P.O. Box 759 Truckee, CA 96160 530/587-6011 | | | Primary Contact: Russ Mann, R.N. | |
| Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/> | | Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Trauma Center: <input type="checkbox"/> yes | If Trauma Center what Level:**** |

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

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

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

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

Ambulance Destination Protocol: Provisional Number 98-01-07

Western Sierra Medical Clinic

Purpose:

To allow for ambulance transportation of patients to the nearest medical facility capable of providing adequate end care or interim care prior to ground or air transfer to a licensed emergency department.

Authority:

California Health and Safety Code Section 1798.101(b)(1)

Approval letter from California EMS Authority dated December 15, 1998

Background:

The area served by the Western Sierra Medical Clinic (WSMC) is exceptionally distant from licensed emergency departments which can adequately meet the needs of acutely ill or injured users of the EMS system. Ground and air ambulance response and transport times can be unacceptably long. WSMC offers services and capabilities which can provide suitable end and interim care to many patients being transported by the area's ground ambulances.

The California Emergency Medical Services Authority has approved WSMC to provide medical control as an extension of Enloe Hospital's Base Hospital contract for the prehospital provider agencies assigned to WSMC.

Protocol:

Western Sierra Medical Clinic is authorized as an ambulance receiving facility when each of the following conditions is met:

1. Equipment and services are maintained which satisfy the Nor-Cal EMS medical director, subject to inspection by the Nor-Cal EMS medical director or a designee.
2. Adequate WSMC medical staff is immediately available upon arrival of the patient.
3. Base Hospital or Extension contact has been made and medical control has determined that:
 - The patient can be adequately managed at WSMC for the existing and anticipated conditions OR;
 - The patient would benefit from stabilization/interim care at WSMC while awaiting ground and/or air transport to another facility. This care should not unduly delay the transport to an appropriate higher-level facility.
4. WSMC staff shall consult with the Base Hospital whenever necessary, and may consult whenever desirable.
5. The Base Hospital physician shall have ultimate authority to determine patient destination.

6. When WSMC provides interim care, adequate and timely reports shall be provided to the receiving facility to provide for sound continuity of care. These reports may accompany the patient or be transmitted to the receiving facility.
7. Reports specified by Nor-Cal EMS will be provided by WSMC to the Base Hospital monthly.
8. All transports to WSMC shall be reviewed by Base Hospital medical control staff

Approved:

Harold Renollet, MD

Date

Table 11: Dispatch Agencies

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Northern California EMS

County: Butte

Reporting Year: 1994

| | | | |
|--|---|--|---|
| Name, address & telephone: N.T. Enloe Hospital 193 Via Mission Drive, Chico 95928 | | Primary Contact: Bob Kiuttu 530/891-7371 | |
| Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster | Number of Personnel providing services: 7 EMD Training 0 EMT-D 1 ALS 7 BLS 0 LALS 0 Other |
| 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 Number of Ambulances: 8 |

| | | | |
|---|--|---|---|
| Name, address & telephone: Butte County Fire 176 Nelson Avenue, Oroville 95965 | | Primary Contact: Wayne Wilson 530/538-6837, EXT. 156 | |
| Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster | Number of Personnel providing services: 25 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 0 Other |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____ | If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal Number of Ambulances: 6 |

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Northern California EMS

County: Butte

Reporting Year: 1994

| | | | | |
|--|--|--|--|-------------------------|
| Name, address & telephone: Paradise Ambulance PO Box 727, Paradise 95969 | | Primary Contact: Don Howard 530/877-8866 | | |
| Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster | Number of Personnel providing services: 12 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 0 Other | |
| Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____ | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | Number of Ambulances: 4 |

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

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Northern California EMS

County: Colusa

Reporting Year: 1994

| | | | | |
|---|--|---|---|-------------------------|
| Name, address & telephone: Colusa County Sheriff 929 Bridge Street, Colusa 95932 | | Primary Contact: Scott Marshall 530/458-0200 | | |
| Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster | Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 7 Other | |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____ | If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | Number of Ambulances: 4 |

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

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Northern California EMS

County: Glenn

Reporting Year: 1994

| | | | | |
|--|--|--|--|-------------------------|
| Name, address & telephone: Glenn General Hospital 1133 W. Sycamore, Willows 95988 | | Primary Contact: Lee Sparby 530/934-3809 | | |
| Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster | Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 6 Other | |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____ | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | Number of Ambulances: 2 |

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

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Northern California EMS

County: Lassen

Reporting Year: 1994

| | | | | |
|--|--|--|--|-------------------------|
| Name, address & telephone: Mountain EMS, Inc./Lassen Communications PO Box D, Susanville 96130 | | Primary Contact: Brad Reger 530/257-0249 | | |
| Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster | Number of Personnel providing services: 1 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 3 Other | |
| Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____ | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | Number of Ambulances: 5 |

| | | | | |
|---|--|---|---|-------------------------|
| Name, address & telephone: Susanville Interagency Fire Center 697345 Highway 36, Susanville 96130 | | Primary Contact: Doug James 530/257-5575 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster | Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 3 LALS 5 Other | |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____ | If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal | Number of Ambulances: 3 |

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Northern California EMS

County: Modoc

Reporting Year: 1994

| | | | | |
|---|--|---|---|-------------------------|
| Name, address & telephone: Modoc County Sheriff PO Drawer 460, Alturas 96101 | | Primary Contact: Bruce Mix 530/233-4416 | | |
| Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster | Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 12 Other | |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____ | If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | Number of Ambulances: 6 |

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

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Northern California EMS

County: Plumas

Reporting Year: 1994

| | | | | |
|---|--|--|--|-------------------------|
| Name, address & telephone: Eastern Plumas District Hospital 500 First Avenue, Portola 96122 | | Primary Contact: Phyllis Springer 530/832-4277 | | |
| Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster | Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 20 Other | |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Hospital Dist. | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | Number of Ambulances: 2 |

| | | | | |
|---|--|--|--|-------------------------|
| Name, address & telephone: Indian Valley District Hospital 174 Hot Springs Road, Greenville 95947 | | Primary Contact: Bob Stone 530/284-7191 | | |
| Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster | Number of Personnel providing services: 0 EMD Training 0 EMT-D 3 ALS 0 BLS 0 LALS 10 Other | |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Hospital Dist. | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | Number of Ambulances: 1 |

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Northern California EMS

County: Plumas

Reporting Year: 1994

| | | | | |
|---|--|--|--|-------------------------|
| Name, address & telephone: Plumas District Hospital 1065 Bucks Lake Road, Quincy 95971 | | Primary Contact: Robbie Cassou 530/283-2121 | | |
| Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster | Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 6 Other | |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Hospital Dist. | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | Number of Ambulances: 3 |

| | | | | |
|--|--|--|--|-------------------------|
| Name, address & telephone: Seneca District Hospital PO Box 737, Chester 96020 | | Primary Contact: Dave Stratford 530/258-2151 | | |
| Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster | Number of Personnel providing services: 0 EMD Training 0 EMT-D 1 ALS 0 BLS 0 LALS 9 Other | |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Hospital Dist. | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | Number of Ambulances: 3 |

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Northern California EMS

County: Shasta

Reporting Year: 1994

| | | | | |
|---|---|--|--|--------------------------|
| Name, address & telephone: Mercy Medical Center PO Box 496009, Redding 96049 | | Primary Contact: Brenda Poulson 530/225-6290 | | |
| Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster | Number of Personnel providing services: 8 EMD Training 0 EMT-D 1 ALS 1 BLS 1 LALS 1 Other | |
| 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 | Number of Ambulances: 10 |

| | | | | |
|---|---|--|--|-------------------------|
| Name, address & telephone: Redding Medical Center PO Box 496072, Redding 96049 | | Primary Contact: Mark Eliason 530/244-5192 | | |
| Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster | Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 6 BLS 0 LALS 0 Other | |
| 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 | Number of Ambulances: 2 |

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Northern California EMS

County: Shasta

Reporting Year: 1994

| | | | | |
|--|--|---|---|-------------------------|
| Name, address & telephone: SHASCOM 3101 South Street, Redding 96001 | | Primary Contact: Debbie Davis 530/225-6500 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster | Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 21 Other | |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____ | If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | Number of Ambulances: 7 |

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

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Northern California EMS

County: Sierra

Reporting Year: 1994

| | | | | |
|---|--|---|---|-------------------------|
| Name, address & telephone: Sierra County Sheriff PO Box 66 Downieville 95936 | | Primary Contact: Lou Foxworthy 530/289-3700 | | |
| Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster | Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 9 Other | |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____ | If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | Number of Ambulances: 4 |

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

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Northern California EMS

County: Siskiyou

Reporting Year: 1994

| | | | | |
|--|--|---|--|--------------------------|
| Name, address & telephone: CDF Emergency Command Center PO Box 128, Yreka 96097 | | Primary Contact: Bill Johnson 530/842-5443 | | |
| Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster | Number of Personnel providing services: 7 EMD Training 0 EMT-D 0 ALS 1 BLS 0 LALS 0 Other | |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____ | If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal | Number of Ambulances: 17 |

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

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Northern California EMS

County: Tehama

Reporting Year: 1994

| | | | | |
|--|--|--|--|-------------------------|
| Name, address & telephone: St. Elizabeth Hospital Sister Mary Columbia Drive, Red Bluff 96080 | | Primary Contact: Penny Costa 530/529-8000 | | |
| Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster | Number of Personnel providing services: 2 EMD Training 0 EMT-D 0 ALS 2 BLS 0 LALS 2 Other | |
| 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 | Number of Ambulances: 5 |

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

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Northern California EMS

County: Trinity

Reporting Year: 1994

| | | | | |
|---|--|---|---|-------------------------|
| Name, address & telephone: Trinity County Sheriff PO Box 1228, Weaverville 96093 | | Primary Contact: Charley Downen 530/623-3740 | | |
| Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water | <input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster | Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 7 Other | |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____ | If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal | Number of Ambulances: 8 |

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

TABLE 11a: RESOURCES DIRECTORY--Disaster Medical Responders

EMS System: Northern California EMS

County: Colusa

Year: 1994

County Office of Emergency Services Coordinator:

Name: Scott Marshall
Work Telephone: 530/458-0200
Home Telephone: 530/-----
Office Pager No.: 530/523-4377
FAX No.: 530/458-4697
24-hour No.: 530/458-0200

Alternate:

Name: Jeri Lyn Peterson
Work Telephone: 530/458-0200
Home Telephone: 530/----
Office Pager No.: 530/523-4805
FAX No.: 530/458-4697
24-hour No.: 530/458-0200

County EMS Disaster Medical Services Coordinator:

Name: Karen Tait, MD
Work Telephone: 530/458-0380
Home Telephone: 530/258-2834 or 707/275-2834
Office Pager No.: 707/279-3942
FAX No.: 530/458-4136
24-hour No.: 530/458-0200

Alternate:

Name: Nancy Parriott, RN
Work Telephone: 530/458-0387
Home Telephone: 530/458-2515
Office Pager No.: None
FAX No.: 530/458-4136
24-hour No.: 530/458-2515

County Health Officer:

Name: Katen Tait, MD
Work Telephone: 530/ AS
Home Telephone: 530/ ABOVE
Office Pager No.: 530/
FAX No.: 530/
24-hour No.: 530/

Alternate:

Name: Nancy Parriott, RN
Work Telephone: 530/
Home Telephone: 530/ AS
Office Pager No.: 530/ ABOVE
FAX No.: 530/
24-hour No.: 530/

Medical/Health EOC Telephone: None
Amateur Radio Contact Name:
Regional RDMHC: Northern California EMS

Medical/Health EOC FAX: 530/458-4697
Medical/Health radio frequency used: Med Channel 2

TABLE 11a: RESOURCES DIRECTORY--Disaster Medical Responders

EMS System: Northern California EMS

County: Glenn

Year: 1994

County Office of Emergency Services Coordinator:

Name:
Work Telephone: 530/
Home Telephone: 530/
Office Pager No.: 530/
FAX No.: 530/
24-hour No.: 530/

Alternate:

Name:
Work Telephone: 530/
Home Telephone: 530/
Office Pager No.: 530/
FAX No.: 530/
24-hour No.: 530/

County EMS Disaster Medical Services Coordinator:

Name:
Work Telephone: 530/
Home Telephone: 530/
Office Pager No.: 530/
FAX No.: 530/
24-hour No.: 530/

Alternate:

Name:
Work Telephone: 530/
Home Telephone: 530/
Office Pager No.: 530/
FAX No.: 530/
24-hour No.: 530/

County Health Officer:

Name:
Work Telephone: 530/
Home Telephone: 530/
Office Pager No.: 530/
FAX No.: 530/
24-hour No.: 530/

Alternate:

Name:
Work Telephone: 530/
Home Telephone: 530/
Office Pager No.: 530/
FAX No.: 530/
24-hour No.: 530/

Medical/Health EOC Telephone: 530/

Amateur Radio Contact Name:

Regional RDMHC: Northern California EMS

Medical/Health EOC FAX: 530/

Medical/Health radio frequency used:

TABLE 11a: RESOURCES DIRECTORY--Disaster Medical Responders

EMS System: Northern California EMS

County: Lassen

Year: 1994

County Office of Emergency Services Coordinator:

Name: Chip Johnson
Work Telephone: 530/257-6121
Home Telephone: 530/----
Office Pager No.: 530/251-1967
FAX No.: 530/257-9363
24-hour No.: 530/257-6121

Alternate:

Name: Bill Freitas
Work Telephone: 530/257-6121
Home Telephone: 530/----
Office Pager No.: None
FAX No.: 530/257-9363
24-hour No.: 530/257-6121

County EMS Disaster Medical Services Coordinator:

Name: Kathy Delahunt
Work Telephone: 530/251-8183
Home Telephone: 530/257-4536
Office Pager No.: None
FAX No.: 530/257-8177
24-hour No.: 530/257-6121

Alternate:

Name: Holly Blanton
Work Telephone: 530/251-8183
Home Telephone: 530/257-7466
Office Pager No.: None
FAX No.: 530/257-8177
24-hour No.: 530/257-6121

County Health Officer:

Name: Kenneth Korver, MD
Work Telephone: 530/257-4186
Home Telephone: 530/257-4186
Office Pager No.: None
FAX No.: None
24-hour No.: 530/257-6121
Medical/Health EOC Telephone: 530/251-8301
Amateur Radio Contact Name:
Regional RDMHC: Northern California EMS

Alternate:

Name: None
Work Telephone: 530/
Home Telephone: 530/
Office Pager No.: 530/
FAX No.: 530/
24-hour No.: 530/
Medical/Health EOC FAX: 530/
Medical/Health radio frequency used:

TABLE 11a: RESOURCES DIRECTORY--Disaster Medical Responders

EMS System: Northern California EMS

County: Modoc

Year: 1994

County Office of Emergency Services Coordinator:

Name: Bruce Mix, Sheriff-Coroner
Work Telephone: 530/233-4416
Home Telephone: 530/233-3171
Office Pager No.: 530/233-4416
FAX No.: 530/233-4971
24-hour No.: 530/233-4416

Alternate:

Name: David Ivers (Undersheriff)
Work Telephone: 530/233-4416
Home Telephone: 530/233-5271
Office Pager No.: 530/233-4416
FAX No.: 530/233-4971
24-hour No.: 530/233-4416

County EMS Disaster Medical Services Coordinator:

Name: Sandra Hoxsey
Work Telephone: 530/233-5131
Home Telephone: 530/233-2639
Office Pager No.: 530/233-5131
FAX No.: 530/233-4310
24-hour No.: 530/233-5131

Alternate:

Name: Noel Sweet
Work Telephone: 530/233-5131
Home Telephone: 530/233-3023
Office Pager No.: 530/233-5131
FAX No.: 530/233-4310
24-hour No.: 530/233-5131

County Health Officer:

Name: Edward Rickert, MD
Work Telephone: 530/233-3516
Home Telephone: 530/233-3365
Office Pager No.: 530/233-5131 (Hospital Pager)
FAX No.: 530/233-4310
24-hour No.: 530/233-5131
Medical/Health EOC Telephone: 530/233-5131
Amateur Radio Contact Name: None
Regional RDMHC: Northern California EMS

Alternate:

Name: Owen Panner, MD
Work Telephone: 530/233-3516
Home Telephone: 530/233-5759
Office Pager No.: 530/233-5131
FAX No.: 530/233-4310
24-hour No.: 530/233-5131
Medical/Health EOC FAX: 530/233-4310
Medical/Health radio frequency used: 468.125

TABLE 11a: RESOURCES DIRECTORY--Disaster Medical Responders

EMS System: Northern California EMS

County: Plumas

Year: 1994

County Office of Emergency Services Coordinator:

Name: R.G. Anderson
Work Telephone: 530/283-6332
Home Telephone: 530/283-0863
Office Pager No.: None
FAX No.: 530/283-0897
24-hour No.: 530/283-6300

Alternate:

Name: Jay Newman
Work Telephone: 530/258-3456
Home Telephone: 530/258-2289
Office Pager No.: None
FAX No.: 530/283-0897
24-hour No.: 530/283-6300

County EMS Disaster Medical Services Coordinator:

Name: None
Work Telephone: 530/
Home Telephone: 530/
Office Pager No.: 530/
FAX No.: 530/
24-hour No.: 530/

Alternate:

Name: None
Work Telephone: 530/
Home Telephone: 530/
Office Pager No.: 530/
FAX No.: 530/
24-hour No.: 530/

County Health Officer:

Name: Dana Ware, MD
Work Telephone: 530/283-6330
Home Telephone: 530/258-3239
Office Pager No.: 530/258-4116
FAX No.: 530/258-3836 or 283-6425
24-hour No.: 530/258-4116 or 283-6300

Alternate:

Name: Rita Scardaci
Work Telephone: 530/283-6342
Home Telephone: 530/836-4342
Office Pager No.: None
FAX No.: 530/283-6425
24-hour No.: 530/283-6300

Medical/Health EOC Telephone: 530/283-2121
Amateur Radio Contact Name: Larry Van Bergen
Regional RDMHC: Northern California EMS

Medical/Health EOC FAX: 530/283-6425
Medical/Health radio frequency used: None

TABLE 11a: RESOURCES DIRECTORY--Disaster Medical Responders

EMS System: Northern California EMS

County: Shasta

Year: 1994

County Office of Emergency Services Coordinator:

Alternate:

| | | | |
|--------------------------|------|--------------------------|------|
| Name: | | Name: | |
| Work Telephone: | 530/ | Work Telephone: | 530/ |
| Home Telephone: | 530/ | Home Telephone: | 530/ |
| Office Pager No.: | 530/ | Office Pager No.: | 530/ |
| FAX No.: | 530/ | FAX No.: | 530/ |
| 24-hour No.: | 530/ | 24-hour No.: | 530/ |

County EMS Disaster Medical Services Coordinator:

Alternate:

| | | | |
|--------------------------|------|--------------------------|------|
| Name: | | Name: | |
| Work Telephone: | 530/ | Work Telephone: | 530/ |
| Home Telephone: | 530/ | Home Telephone: | 530/ |
| Office Pager No.: | 530/ | Office Pager No.: | 530/ |
| FAX No.: | 530/ | FAX No.: | 530/ |
| 24-hour No.: | 530/ | 24-hour No.: | 530/ |

County Health Officer:

Alternate:

| | | | |
|--------------------------|------|--------------------------|------|
| Name: | | Name: | |
| Work Telephone: | 530/ | Work Telephone: | 530/ |
| Home Telephone: | 530/ | Home Telephone: | 530/ |
| Office Pager No.: | 530/ | Office Pager No.: | 530/ |
| FAX No.: | 530/ | FAX No.: | 530/ |
| 24-hour No.: | 530/ | 24-hour No.: | 530/ |

Medical/Health EOC Telephone: 530/

Medical/Health EOC FAX: 530/

Amateur Radio Contact Name:

Medical/Health radio frequency used:

Regional RDMHC: Northern California EMS

TABLE 11a: RESOURCES DIRECTORY--Disaster Medical Responders

EMS System: Northern California EMS

County: Sierra

Year: 1994

County Office of Emergency Services Coordinator:

Name:
Work Telephone: 530/
Home Telephone: 530/
Office Pager No.: 530/
FAX No.: 530/
24-hour No.: 530/

Alternate:

Name:
Work Telephone: 530/
Home Telephone: 530/
Office Pager No.: 530/
FAX No.: 530/
24-hour No.: 530/

County EMS Disaster Medical Services Coordinator:

Name:
Work Telephone: 530/
Home Telephone: 530/
Office Pager No.: 530/
FAX No.: 530/
24-hour No.: 530/

Alternate:

Name:
Work Telephone: 530/
Home Telephone: 530/
Office Pager No.: 530/
FAX No.: 530/
24-hour No.: 530/

County Health Officer:

Name:
Work Telephone: 530/
Home Telephone: 530/
Office Pager No.: 530/
FAX No.: 530/
24-hour No.: 530/

Alternate:

Name:
Work Telephone: 530/
Home Telephone: 530/
Office Pager No.: 530/
FAX No.: 530/
24-hour No.: 530/

Medical/Health EOC Telephone: 530/

Amateur Radio Contact Name:

Regional RDMHC: Northern California EMS

Medical/Health EOC FAX: 530/

Medical/Health radio frequency used:

TABLE 11a: RESOURCES DIRECTORY--Disaster Medical Responders

EMS System: Northern California EMS

County: Siskiyou

Year: 1994

County Office of Emergency Services Coordinator:

Name: Charlie Simpson
Work Telephone: 530/842-8320
Home Telephone: 530/926-3325
Office Pager No.: 530/841-2900 (Dispatch)
FAX No.: 530/842-8378
24-hour No.: 530/841-2900

Alternate:

Name: Pam Rowe
Work Telephone: 530/842-8011
Home Telephone: 530/475-0640
Office Pager No.: None
FAX No.: 530/842-8378
24-hour No.: 530/841-2900

County EMS Disaster Medical Services Coordinator:

Name: David Herfindahl, MD
Work Telephone: 530/842-8230
Home Telephone: 530/----
Office Pager No.: None
FAX No.: 530/842-8239
24-hour No.: 530/841-2900

Alternate:

Name: Terry Barber
Work Telephone: 530/842-8230
Home Telephone: 530/----
Office Pager No.: None
FAX No.: 530/842-8239
24-hour No.: 530/841-2900

County Health Officer:

Name: David Herfindahl, MD
Work Telephone: 530/
Home Telephone: 530/ AS
Office Pager No.: 530/ ABOVE
FAX No.: 530/
24-hour No.: 530/

Alternate:

Name: None
Work Telephone: 530/
Home Telephone: 530/
Office Pager No.: 530/
FAX No.: 530/
24-hour No.: 530/

Medical/Health EOC Telephone: None
Amateur Radio Contact Name: Wayne Humbert
Regional RDMHC: Northern California EMS

Medical/Health EOC FAX: None
Medical/Health radio frequency used: None

TABLE 11a: RESOURCES DIRECTORY--Disaster Medical Responders

EMS System: Northern California EMS

County: Tehama

Year: 1994

County Office of Emergency Services Coordinator:

Name: Dennis Garton, Captain
Work Telephone: 530/529-7900
Home Telephone: 530/-----
Office Pager No.: 530/223-8920
FAX No.: 530/529-7933
24-hour No.: 530/529-7900

Alternate:

Name: Robert A. Heard, Sheriff
Work Telephone: 530/529-7900
Home Telephone: 530/-----
Office Pager No.: None
FAX No.: 530/529-7933
24-hour No.: 530/529-7900

County EMS Disaster Medical Services Coordinator:

Name: NONE
Work Telephone: 530/
Home Telephone: 530/
Office Pager No.: 530/
FAX No.: 530/
24-hour No.: 530/

Alternate:

Name: NONE
Work Telephone: 530/
Home Telephone: 530/
Office Pager No.: 530/
FAX No.: 530/
24-hour No.: 530/

County Health Officer:

Name: Richard Wickenheiser, MD
Work Telephone: 530/527-0414
Home Telephone: 530/----
Office Pager No.: 530/
FAX No.: 530/527-7090
24-hour No.: 530/527-0249

Alternate:

Name: NONE
Work Telephone: 530/
Home Telephone: 530/
Office Pager No.: 530/
FAX No.: 530/
24-hour No.: 530/

Medical/Health EOC Telephone: 530/529-7900

Amateur Radio Contact Name:

Regional RDMHC: Northern California EMS

Medical/Health EOC FAX:

530/529-7933

Medical/Health radio frequency used:

TABLE 11a: RESOURCES DIRECTORY--Disaster Medical Responders

EMS System: Northern California EMS

County: Trinity

Year: 1994

County Office of Emergency Services Coordinator:

Name: Nick Tranquilla
Work Telephone: 530/623-1227
Home Telephone: N/A-----
Office Pager No.: Call Dispatch 530/623-2611
FAX No.: 530/623-3926
24-hour No.: 530/623-2611

Alternate:

Name: Dave Laffranchini
Work Telephone: 530/623-3740
Home Telephone: N/A
Office Pager No.: Call Dispatch 623-2611
FAX No.:
24-hour No.:

County EMS Disaster Medical Services Coordinator:

Name: Dr. Donald Krouse
Work Telephone: 530/623-5011 Trinity Family Medical Group
Home Telephone: N/A
Office Pager No.: N/A
FAX No.: 530/623-3480
24-hour No.: 530/623-2611

Alternate:

Name: Mary Nixon, PHN, Director Public Health Nursing
Work Telephone: 530/623-1358
Home Telephone:
Office Pager No.:
FAX No.:
24-hour No.:

County Health Officer:

Name: Donald Krouse, MD
Work Telephone: 530/
Home Telephone: 530/
Office Pager No.: 530/
FAX No.: 530/
24-hour No.: 530/

Alternate:

Name:
Work Telephone: 530/
Home Telephone: 530/
Office Pager No.: 530/
FAX No.: 530/
24-hour No.: 530/

Medical/Health EOC Telephone: 530/

Medical/Health EOC FAX: 530/

Amateur Radio Contact Name:

Medical/Health radio frequency used:

Regional RDMHC: Northern California EMS

TABLE 11b: RESOURCES DIRECTORY--Disaster Medical Responders (cont)

OES Region: III

Counties: Butte, Colusa, Glenn, Lassen, Modoc, Plumas,
Shasta, Sierra, Siskiyou, Tehama & Trinity

Year: 1994

Note: Northern California EMS serves as the RDMHC for this OES region, including those counties not included in the EMS region.

Regional OES Coordinator:

Name: Deborah Russell
Work Telephone: 530/224-4837
Home Telephone: ----
Office Pager No.: 530/948-5085
FAX No.: 530/224-4114
24-hour No.: 530/262-1621

Alternate:

Name: Andy Coughanour
Work Telephone: 530/224-4839
Home Telephone: 530/222-0372
Office Pager No.: 530/535-3744
FAX No.: 530/224-4114
24-hour No.: 530/262-1621

Regional Disaster Coordinator:

Same as above

Alternate:

Same as above

TABLE 11b: RESOURCES DIRECTORY--Disaster Medical Responders (cont)

Regional Disaster Medical Health Coordinator:

Name: Hal Renollet, MD
Work Telephone: 530/221-7900
Home Telephone: 530/961-6536
Office Pager No.: None
FAX No.: 530/221-7544
24-hour No.: 530/245-6550

Alternate:

Name: Ron Grider
Work Telephone: 530/221-7900
Home Telephone: 530/275-3320
Office Pager: 24-hr. Cellular: 530/524-0037
FAX No.: 530/221-7544
24-hour No.: 530/245-6550

Regional Ambulance Transportation Coordinator:

Name: Brad Reger
Work Telephone: 530/257-0249
Home Telephone: 530/257-8148
Office Pager No.: 530/953-1802
FAX No.: 530/251-2998
24-hour No.: 530/257-2444

Alternate:

Name: Ed Schuyler
Work Telephone: 530/257-0249
Home Telephone: 530/257-7312
Office Pager No.: 530/257-2444
FAX No.: 530/251-2998
24-hour No.: 530/257-2444

Medical/Health EOC telephone: None
Amateur Radio Contact Name: Les Kratz

Medical/Health EOC FAX No.: None
Medical/Health radio frequencies used: UHF Med Channels

SECTION 5. PLAN DEVELOPMENT PROCESS

The 1995 EMS System Plan for the Northern California region was developed with the input of hundreds of individuals representing EMS, fire service, law enforcement, public safety communications, emergency management, education, local government, and the public. We gratefully acknowledge the participation of each of these people in the development of both the plan and the strategy for its implementation.

Adoption of this plan by the agency's Board of Directors represents additional involvement by representatives of medical societies, local government, hospitals, ambulance services, emergency medical care committees, and the public at large.

The development process entailed extensive dialogue with constituent groups and many others. Involvement by all agency staff was also sought to ensure that the assessment is accurate and the resulting plan realistic.

The Assessment and System Resources and Operations sections were completed primarily with input from agency staff and information provided by the region's counties. Resource Directories were completed almost entirely by conducting surveys and dialogue with providers, facilities, counties, allied agencies, and others in the system.

In some cases, valid and current data were unavailable. In those cases we have opted to omit the data rather than provide information which may be inaccurate and misleading. We anticipate that the 1996 update will fill those voids.

The objectives identified in these pages are based on optimums. While this agency will strive to meet each, many will be costly, and their attainment dependent on funding beyond current levels. Where appropriate, special projects may be proposed to help meet some of these.

It is our intention that this plan be dynamic, responding to the ever-changing features, circumstances, demands, and aspirations of this agency and all of its constituents. The document remains available to all interested parties for review, comment, or other participation in its ongoing development.

Resolution Adopting The Plan

NORTHERN CALIFORNIA EMERGENCY MEDICAL SERVICES, INC.

BOARD OF DIRECTORS' MEETING
GENERAL SESSION

September 28, 1995

Northern California Emergency Medical Services, Inc.
Redding, California

BOARD MEMBERS PRESENT

Shan Patterson, Chairman
George Fribance
Larry Masterman
Ivan Young
Everett Beck
Chester Ward, M.D.
Charles Willard
Eric Johnson

Member at Large
Hospital Representative
EMC Committee Representative
Supervisor Representative
Hospital Representative
Physician Representative
Sitting In for Supervisor Representative
EMC Representative

BOARD MEMBERS EXCUSED

JoAnn Landingham
William Shadish, M.D.

Supervisor Representative
Physician Representative

STAFF

Dan Spiess
Nancy Phillips
Pat Tillman
Ralph Garza

Associate Executive Officer
Regional Trauma Director
Corporate Counsel
Quality Assurance Coordinator

GUESTS

Holly Cronemiller, R.N.
Jerry Fikes, R.N.
Brad Reger

Redding Medical Center
Mercy Medical Center
Mountain EMS, Inc.

9. STATE PLAN

Larry Masterman cited the memo to the Board regarding the State Plan in Board Packet. Larry explained that the State Plan was primarily an assessment and resource directory document that must be approved by the Board of Directors. He went on to state that in lieu of sending the complete plan which is a 300+ page document, that the summary was being submitted to the Board and that the summary contained long and short range actions resulting from the Plan.

Larry Masterman referenced the Executive Summary attachment to the memorandum which outlined the background overview major issues, solutions and the application of the plan.

The Board discussed the authority of the counties and not of Nor-Cal EMS as it related to short and long range actions. The Board reiterated that the authority to establish EOA's is currently retained by counties. Further discussion occurred regarding the disaster objectives and the associated expenses of meeting those objectives.

Following the discussion, it was M/S/C by Everett Beck and Ivan Young to adopt the plan.

Section 6. Annex

1. Trauma Care System Plan

Section 6. Annex

2. AB 3153 Compliance

EXCLUSIVE OPERATING AREAS EMS PLAN - ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

| |
|---|
| Local EMS Agency or County Name: <p style="text-align: center;">Butte County</p> |
| Area or subarea (Zone) Name or Title: <p style="text-align: center;">Chico</p> |
| Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> <p style="text-align: center;">First Responder Emergency Medical Services (since 1978) Enloe Ambulance (since 1978)</p> |
| Area or subarea (Zone) Geographic Description: <p style="text-align: center;">The city of Chico and surrounding areas of western and northwestern Butte County, as shown on the map attached</p> |
| Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): <p style="text-align: center;">Exclusive (Please refer to attached documents)</p> |
| Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <p style="text-align: center;">ALS</p> |
| Method to achieve Exclusivity, if Applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> |
| <p style="margin-left: 40px;">First Responder Emergency Medical Services: Grandfathered</p> <ul style="list-style-type: none"> ▪ Service uninterrupted since 1978 ▪ Change of ownership: 1988 (service purchased from Chico Community Hospital, with no interruption or change in scope or manner of service) ▪ <u>Scope and manner of service have increased to meet changing needs in the zone</u> ? ▪ Other names: Chico Ambulance, Chico Paramedic Rescue ▪ Zone area changes: Minor realignment of boundaries in 1987 to clarify the zones <p style="margin-left: 40px;">Enloe Ambulance: Grandfathered</p> <ul style="list-style-type: none"> ▪ Service uninterrupted since 1978 ▪ Scope and manner of service have increased to meet changing needs in the zone ? ▪ Other name: Enloe Health System ▪ Zone area changes: Minor realignment of boundaries in 1987 to clarify the zones |

OK
ADDED AND
PARAMEDIC
SERVICE

EXCLUSIVE OPERATING AREAS EMS PLAN - ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

| |
|--|
| Local EMS Agency or County Name: <p style="text-align: center;">Butte County</p> |
| Area or subarea (Zone) Name or Title: <p style="text-align: center;">County Service Area 37</p> |
| Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> <p style="text-align: center;">Enloe Ambulance since 1987 Oroville Ambulance/Oroville Hospital Ambulance 1972-1987 <i>OK</i></p> |
| Area or subarea (Zone) Geographic Description: <p style="text-align: center;">The city of Gridley and surrounding areas of southwestern Butte County, as shown on the map attached</p> |
| Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): <p style="text-align: center;">Exclusive</p> |
| Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <p style="text-align: center;">ALS</p> |
| Method to achieve Exclusivity, if Applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> <ul style="list-style-type: none"> ▪ Competitively determined: Competition by RFP process. Contracts issued for four year periods with limited extensions available at the county's option. ▪ Most recent RFP attached (July 1, 1996) ▪ Name/ownership changes: Oroville Ambulance purchased by Oroville Hospital in 1982; Name changed to Oroville Hospital Ambulance |

2 ambulance agencies

OK

EXCLUSIVE OPERATING AREAS EMS PLAN - ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

| |
|--|
| Local EMS Agency or County Name: <p style="text-align: center;">Butte County</p> |
| Area or subarea (Zone) Name or Title: <p style="text-align: center;">South-east</p> |
| Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> <p style="text-align: center;">Bi-County Ambulance since before 1980</p> |
| Area or subarea (Zone) Geographic Description: <p style="text-align: center;">A remote southeastern protrusion of the county boundary as shown on the map attached</p> |
| Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): <p style="text-align: center;">Exclusive</p> |
| Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <p style="text-align: center;">ALS</p> |
| Method to achieve Exclusivity, if Applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> <ul style="list-style-type: none"> ▪ Grandfathered: Bi-County Ambulance has been the provider in this area of Butte county without interruption or change of scope or manner of service since before 1980. |

EXCLUSIVE OPERATING AREAS EMS PLAN - ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

| |
|---|
| Local EMS Agency or County Name: |
| Butte County |
| Area or subarea (Zone) Name or Title: |
| Oroville |
| Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> |
| Oroville Hospital since 1972 |
| Area or subarea (Zone) Geographic Description: |
| The city of Oroville and surrounding areas of eastern Butte county as shown on the map attached |
| Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): |
| Exclusive |
| Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): |
| ALS |
| Method to achieve Exclusivity, if Applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> |
| <ul style="list-style-type: none"> ▪ Grandfathered: Service has been provided without interruption and without changes in scope or manner of service, <u>apart from increases to meet the changing needs in the zone.</u> Upgraded to ALS in 1982 ▪ Other names: Service was operated as Oroville Ambulance from 1972 until 1982, when it was purchased by Oroville Hospital |

w/ upgrade to ALS constitute a change?

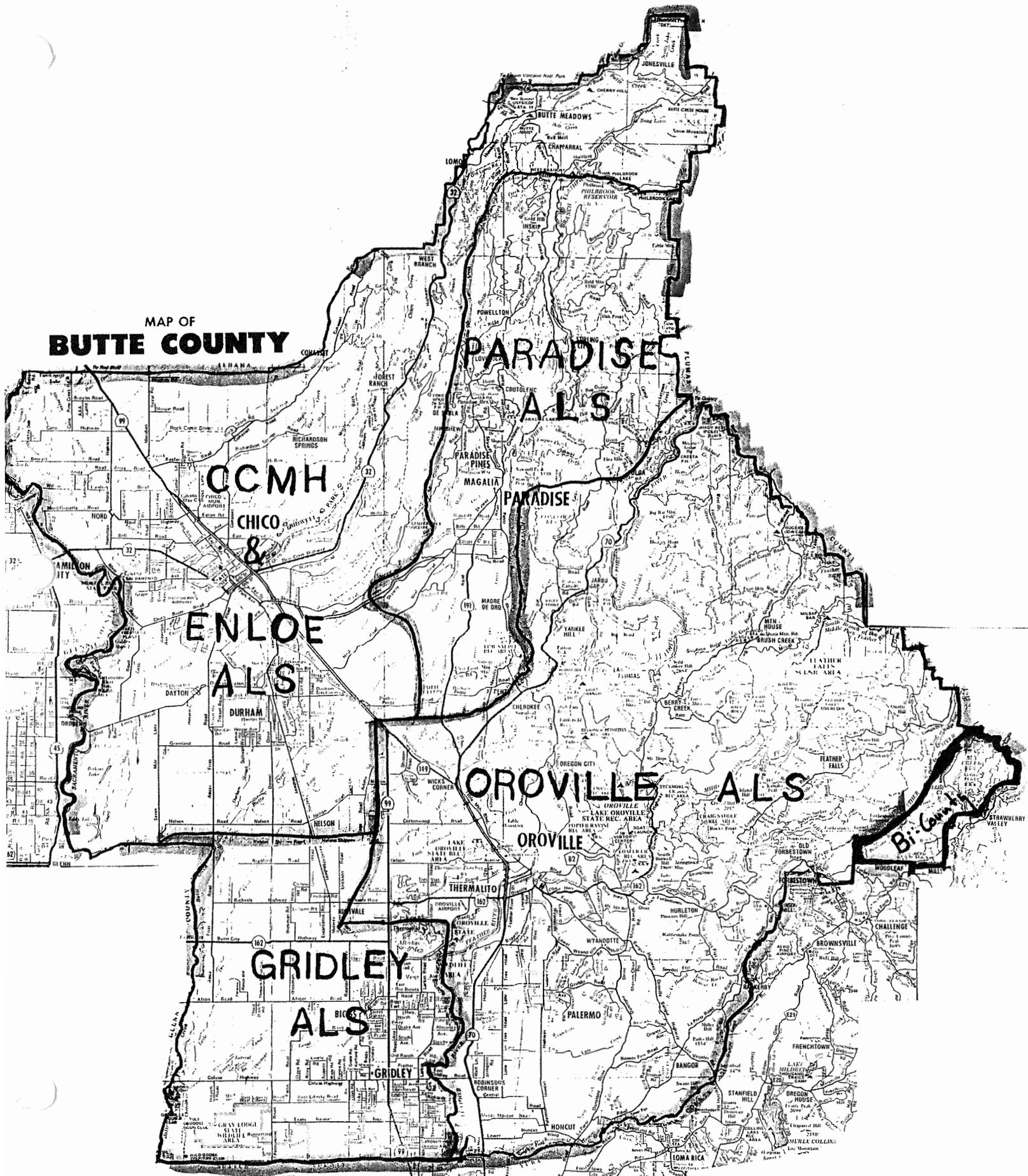
EXCLUSIVE OPERATING AREAS EMS PLAN - ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

| |
|---|
| Local EMS Agency or County Name: |
| Butte County |
| Area or subarea (Zone) Name or Title: |
| Paradise |
| Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. |
| First Responder Emergency Medical Services (and acquisitions) since 1980 |
| Area or subarea (Zone) Geographic Description: |
| The city of Paradise and surrounding areas of northeastern Butte county as shown on the map attached |
| Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): |
| Exclusive |
| Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): |
| ALS |
| Method to achieve Exclusivity, if Applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. |
| <ul style="list-style-type: none"> ▪ Grandfathered: Since July of 1980, services has been provided without interruption or change in scope or manner of service ▪ Name/ownership changes: Until 1984 the service was owned by Richard Crabtree and operated as Paradise Ambulance Service. The firm was purchased by Donald and Joselle Howard at that time, without interruption or change in service. In 1985 the company was incorporated as Pine Street Corporation DBA Paradise Ambulance Service. The service was bought by First Responder Emergency Medical Services in 1997, again without interruption or change in scope or manner of service ▪ Upgraded to paramedic service in 1987 ▪ Services entering/leaving the zone: From 1992 to 1993, Medstar Ambulance operated a Basic Life Support ambulance service in the area, however never attained ALS level and was never incorporated into emergency response or ALS service to the zone |

w/ upgrade to paramedic service in 1987
be problem w/ ALS service
w/ ALS service
w/ ALS service
w/ ALS service

MAP OF
BUTTE COUNTY



Copyright 1987 by **MapInfo**
Copyright MapInfo, Inc. 1987
MapInfo, CA 95028. All Rights Reserved.

Attachment:

Butte County Historical Documentation of Eligibility for Grandfathering

For the zones of:

**Chico
Paradise
Oroville
South-east**



P.O. BOX 24
CHICO, CA 95927
916-891-HELP
FAX 891-5854

Chester L. Ward, M.D., M.P.H.
Health Officer and Director
Department of Public Health
18-B County Center Drive
Oroville, California 95965

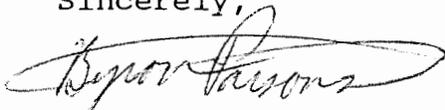
Dear Dr. Ward,

I am writing to confirm the participation of Chico Paramedic Rescue in the County's Emergency Services Plan since 1980. Chico Paramedic Rescue has been providing service to the "Chico Area" of the county plan prior to 1980 under the name of Chico Ambulance and since 1980 as Chico Paramedic Rescue. We have provided service to this area in conjunction with Enloe Ambulance, in an exclusive, non interrupted capacity since the inception of Enloe's Ambulance and the County's service areas in the mid to late 70's. These zones have remained essentially unchanged since their inception except for some minor changes in 1987 due to overlapping of service to certain areas of the map where thick lines had been drawn which left some room for dispatch interpretation. The changes were brought to committee and adopted by all agencies involved.

It is my understanding that we have been operating under section 1797.224 of the Health and Safety Code since the inception of these exclusive zones in the mid to late 70's. It is also my understanding, that under the Bronsan act, the County has full authority to uphold these zones to maintain the integrity of the County's Emergency Services Plan in order to insure public safety and quality service.

Thank you for your consideration. If you have any questions please feel free to call.

Sincerely,

A handwritten signature in cursive script, appearing to read "Byron Parsons", written over a horizontal line.

Byron Parsons
President

BUTTE CO. HEALTH
ADMINISTRATION

MAY 15 1992

OROVILLE, CA 95965



P.O. BOX 24
CHICO, CA 95927
916-891-HELP

Chester L. Ward, M.D., M.P.H.
Health Officer and Director
Department of Public Health
18-B County Center Drive
Oroville, California 95965

Dear Dr. Ward,

I am writing to confirm the participation of Chico Paramedic Rescue in the County's Emergency Services Plan since 1980. Chico Paramedic Rescue has been providing Advanced Life Support Services to the "Chico Area" of the county plan since 1978 under the name of Chico Ambulance, (which we still hold title), and since 1980 as Chico Paramedic Rescue. We have provided service to this area in conjunction with Enloe Ambulance, in an exclusive, non interrupted capacity since the inception of Enloe's ambulance and the County's service areas in 1978. We have undergone one change in ownership in 1988 when this company was purchased from Chico Community Hospital by myself and my late partner Marcus Whitacre. This change in ownership did not cause any interruption in service, change in scope, or change in geographical response areas. The exclusive operating zones have remained essentially unchanged since their inception except for some minor changes in 1987 due to overlapping of service to certain areas of the map where thick lines had been drawn which left some room for dispatch interpretation and two small remote areas were re-assigned to reduce response times. The changes were brought to committee approved and adopted by all public agencies involved and when compared with the total geographic area of Butte County and call volume generated would constitute a very minute change.

Basic And Advanced
Life Support
Services

It is my understanding that we have been operating under section 1797.224 of the Health and Safety Code since the inception of these exclusive zones in the late 70's. It is also my understanding, that under the Bronsan act, the County has full authority to uphold these zones to maintain the integrity of the County's Emergency Services Plan in order to insure public safety and quality Pre-hospital services.

Charter Service For
Specialized Medical
Transportation

Neo-Natal Critical
Care Transportation

Thank you for your consideration. If you have any questions please feel free to call.

CPR And First Aid
Classes

Sincerely,

Byron Parsons
President

Training Seminars

Ambulance
Demonstrations

First Aid Stations

Ambulance Standby





TELEPHONE
(916) 877-8867

ADVANCED LIFE SUPPORT

May 2, 1992

Chester L. Ward, M.D., M.P.H.
Director and Health Officer
Butte County Department of Public Health
18-B County Center Drive
Oroville, CA 95965

Dear Dr. Ward:

Paradise Ambulance Service has provided basic ambulance service in the same area of Butte County thru December 31, 1986. On January 1, 1987 advanced life support services were introduced and have been provided to the same area to date.

Should you need additional information please call on me at any time.

Sincerely,

Donald A. Howard

DH/mh

BUTTE CO. HEALTH
ADMINISTRATION

MAY 05 1992

OROVILLE, CA 95965



BUTTE CO. HEALTH
ADMINISTRATION

MAY 22 1992

OROVILLE, CA 95965

TELEPHONE
(916) 877-8867

ADVANCED LIFE SUPPORT

May 21, 1992

Chester L. Ward, M.D., M.P.H.
Director and Health Officer
Butte County Department of Public Health
18-B County Center Drive
Oroville, CA 95965

Dear Dr. Ward:

Paradise Ambulance Service has been the sole provider of pre-hospital care and transport to the residents of Paradise and surrounding unincorporated area for decades.

Ownership has changed on several occasions over the years making an accurate history prior to July, 1980 difficult due to the death of two previous owners. However, the history from July, 1980 to the present is verifiable.

Ownership from July, 1980 to May, 1984 was under Richard Crabtree doing business as Paradise Ambulance Service. In May, 1984 Donald A. and Joselle Howard purchased Paradise Ambulance Service. Shortly thereafter incorporating as Pine Street Corporation dba Paradise Ambulance Service, currently the only entity under that corporate name.

Paradise Ambulance Service functioned as a basic life support provider until January, 1987 at which time we upgraded to advanced life support status and have provided that level of care continuously to date.

The geographical area served by Paradise Ambulance Service has essentially been the same, the upper ridge, consisting of the Town of Paradise and surrounding communities.

Should you need additional information, in particular that prior to July of 1980 please let me know and we'll do our best to research the information.

Sincerely,

Donald A. Howard
President

DH/mh



PARAMEDIC & NON-EMERGENCY SERVICES

(916) 877-8867

August 4, 1992

**BUTTE CO. HEALTH
ADMINISTRATION**

AUG 05 1992

OROVILLE, CA 95965

Chester L. Ward, M.D., M.P.H.
Director and Health Officer
Butte County Dept. of Health
18-B County Center Dr.
Oroville, CA 95965

Dear Dr. Ward:

Paradise Ambulance Service was purchased from Richard Crabtree on May 23, 1984. To the best of my knowledge Mr. Crabtree had owned and operated this service at a basic life support level since July, 1980.

In 1985 I incorporated as Pine Street Corporation dba Paradise Ambulance Service. In 1987 we voluntarily upgraded our service from basic life support to advanced life support. As a result of this upgrade, the Butte College campus was included within our operating area, allowing for an improved response time over ambulances from the Chico area. Apparently, sometime during 1983, 1984 when the college included a "Paramedic School" in their curriculum, the instructor felt the campus should be serviced by a paramedic ambulance service, so the campus was included in the Chico response area. When Paradise Ambulance Service began providing ALS in 1987, due to our better response time to the campus and our ALS status, the campus was returned to our response area.

Additionally, the Butte Meadows area at the extreme northern portion of our response area was voluntarily assigned to the Chico response area as they have a shorter response time, in fact, responses to this area are often made by helicopter.

To the best of my knowledge, the above represents all changes within our response area since May 23, 1984. Should you need more clarification or assistance please call on me.

Sincerely,

Donald A. Howard
President

ENLOE HOSPITAL

W. 5th Avenue & The Esplanade
Chico, California 95926
(916) 891-7300

A Nonprofit Corporation

Accredited by the Joint
Commission on Accreditation of
Healthcare Organizations

June 1, 1992

JAMES P. SWEENEY
Executive Director

BOARD OF TRUSTEES

Evelyn H. Morehead
Chairman

Pietro J. Volpato
Vice Chairman

Lindy Robinson
Secretary

Michael C. Baird, M.D.

Edith Barceloux-Pucci

Don L. Deter

Carlton K. Lowen

James M. Mabry

Donald L. Mulkey

David H. Schlichting, M.D.

Ty Thresher

J. Thomas Wallace, III

J.B. Wilson

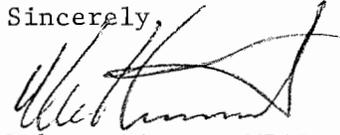
James P. Sweeney

Chester Ward, M.D.
Director and Health Officer
Butte County Department of Public Health
18-B County Center Drive
Oroville, CA 95965

Dear Dr. Ward,

This letter is to verify that Enloe Hospital has provided comprehensive advanced life support ambulance service since 1979. During this time period there has been no change in ownership or scope of service. Please contact me if you have any questions regarding this.

Sincerely,



Robert Kiuttu, MICP, MICN
Supervisor, Enloe Ambulance

ca

BUTTE CO. HEALTH
ADMINISTRATION

JUN 03 1992

OROVILLE, CA 95965

ENLOE HOSPITAL

W. 5th Avenue & The Esplanade
Chico, California 95926
(916) 891-7300

A Nonprofit Corporation

Accredited by the Joint
Commission on Accreditation of
Healthcare Organizations

July 1, 1992

JAMES P. SWEENEY
Executive Director

Chester Ward, M.D., M.P.H.
Butte County Department of Public Health
18-B County Center Drive
Oroville, CA 95965

Dear Dr. Ward,

BOARD OF TRUSTEES

Evelyn H. Morehead
Chairman

Pietro J. Volpato
Vice Chairman

Lindy Robinson
Secretary

Michael C. Baird, M.D.

Edith Barceloux-Pucci

Don L. Deter

Carlton K. Lowen

James M. Mabry

Donald L. Mulkey

David H. Schlichting, M.D.

Ty Thresher

J. Thomas Wallace, III

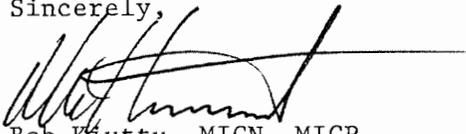
J.B. Wilson

James P. Sweeney

Enloe Hospital is a not for profit, community owned, hospital that has been providing comprehensive ALS Ambulance Service since 1978. Our ALS staff has always consisted of at least 1 MICP or field MICN on each call and depending upon staffing with the Emergency Department, a 2nd ALS person (either MICP or MICN) may respond to form a 3 person crew. We are currently upgrading out EMT I's to Paramedics and will eventually eliminate the EMT-1 position on our Emergency Response Ambulance.

Please contact me if you have any questions regarding this.

Sincerely,



Bob Kiuttu, MICN, MICP
Supervisor, Enloe Ambulance

ca



OROVILLE
HOSPITAL

May 28, 1992

Chester L. Ward
18B County Center Drive
Oroville, Ca 95965

Dear Dr. Ward,

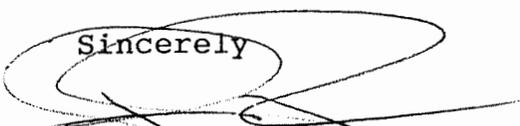
This letter is being written to verify and clarify the operating zone being used by Oroville Hospital Ambulance. Oroville Hospital Ambulance purchased the service in July of 1982. Prior to this date, the service was operated by Bill Scott under the name Oroville Ambulance since 1972. Since this time the geographical response area has remained unchanged and is as noted on the current exclusive operating area map.

The only change in response area and provider has been in the Gridley area, also know as County Service Area 37. Oroville Ambulance responded in this area from 1972-1981 and Oroville Hospital Ambulance responded in this area from 1982 to 1987. This area is currently being serviced by another ALS provider.

In 1983, the level of service was voluntarily upgraded from Basic Life Support to Advanced Life Support. The base station has remained the same, being Oroville Hospital. I hope this information is helpful in supporting Health and Safety Code Section 1797.224.

Please feel free to contact myself for any further information or questions.

Sincerely



Paul Robie
Advanced Life Support Manager

PR/ah



bi-county ambulance service, inc.

1700 Poole Boulevard • P.O. Box 3130 • Yuba City, California 95992-3130 • (916) 674-2780

Chester L. Ward
Health Officer
County of Butte
18 County Center Drive, Suite B
Oroville, Calif. 95965

August 13, 1992

Dear Dr. Ward,

This letter is to confirm our continued service to the portion of Butte County neighboring the Yuba County foothill region. This area has been served by the Yuba Sutter area since the early 1970's and exclusively by this firm since 1979.

The portion of Butte County we serve is physically closer in response time to our service than any other provider. This area and the Yuba County foothill region is in reality one community that happens to have a county line running through it.

Our firm currently serves this area from a location near Loma Rica. Many of the calls to this area are not even known to be in Butte County until responding agencies arrive due to the location descriptions given at the time of the call.

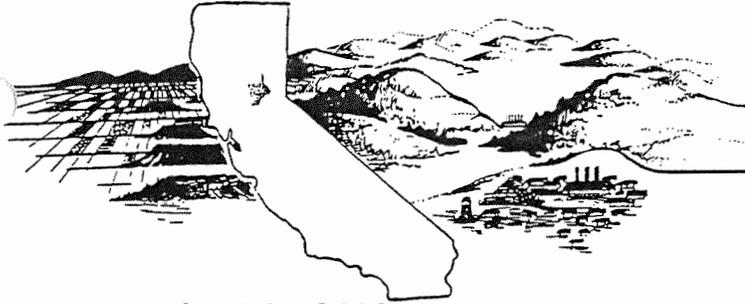
The vast majority of the residents receive their primary health care from physicians at the Brownsville Clinic in Yuba County and their hospitalization normally occurs in the Yuba City or Marysville hospitals.

The continuation of our service providing emergency care to the region makes sense from a geographical and time of response theories. The economics of the area require us to receive all the calls in this area as the transports per day are already very low and the removal of these calls from our service area could endanger the viability of the entire foothill area response location.

The economic viability to the patient and the continuity of care further indicates ambulances from our service rotating to local hospitals the majority of the time is better than an Oroville based unit having to deliver to Yuba City or return to Oroville and have a subsequent transfer to this area or a change in physician to the patient.

I will be happy to provide any additional information you may request to assist you in maintaining the quality delivery system you currently have for Butte County.

Kelly Bumpus
President



Butte County

DEPARTMENT OF PUBLIC HEALTH
CHESTER L. WARD, M.D., M.P.H.
Director and Health Officer

18-B County Center Drive - Oroville, California 95965-3317
Telephone: 916/538-7583

July 16, 1992

John C. Huntley, Program Analyst
Emergency Medical Services Authority
1930 Ninth Street, Suite 100
Sacramento, CA 95814

Dear Mr. Huntley:

You expressed concerns during our telephone conversation the afternoon of June 23rd regarding the manner and scope of operations within the Butte County exclusive operating areas for ambulance services. You noted specific doubts concerning the Paradise area because the company had changed ownership, there were some minor, relatively insignificant adjustments to clarify and facilitate responses on the zone's boundary, and the operator had voluntarily instituted Advanced Life Support service. We also noted in our conversation that although CSA-37 had been established in 1969 the service providers were periodically determined by a competitive process (ref. letter dated 06/29/92 to approve an RFP).

Request that the authority accept and approve all of the "Statement of Affirmation and Intent Concerning Local EMS Plan: Exclusive Operating Areas for Emergency Medical Services" as provided by Butte County Counsel letter dated June 5, 1992. The statements in the previously referenced document signed June 2, 1992 are consistent with the clarification of HSC Section 1797.224 you provided Steven Dargon of San Luis Obispo County on January 15, 1992. If valid documentation exists which unequivocally refutes the assertions attested to on June 2, 1992, they should be provided expeditiously. Any modifications or alternate interpretations of HSC Sec. 1797.224 should be supported by an Attorney General's opinion.

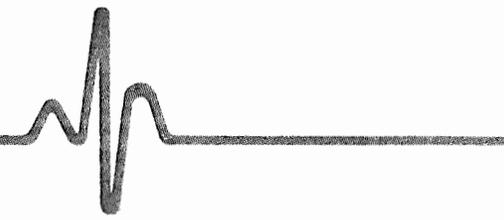
Thank you.

Sincerely,

Chester L. Ward, M.D., M.P.H.
Director & Health Officer

/js
cc EMCC - *Bill Tramontin*
Butte County Counsel - Greg Einhorn
NorCal EMS

ENCLOSURES



BOX 24
CHICO, CA 95927

July 1, 1999

Larry Masterman
NorCal Emergency Medical Services
970 Executive Way
Redding CA 96002

Dear Larry,

I am writing to update and clarify any questions pertaining to the operation of ambulance services by Paradise Ambulance and Chico Paramedic Rescue in the Paradise and Chico Service areas as defined in the Butte County Emergency Response Ordinance.

In the Chico Area nothing has changed from the original letter addressed to Dr. Ward which I have included in this package with the exception of changing from a partnership to a Sub Chapter S Corporation in 1991. We still do business as Chico Paramedic Rescue, Chico Ambulance, Chico Ambulance Service etc. Our Corporate name for the record is First Responder Emergency Medical Services, DBA Chico Paramedic Rescue, Chico Ambulance, DBA Paradise Ambulance, Paradise Advanced Life Support. The Corporate officers are essentially the same as the owners of the partnership with the exception of Marcus Whitacre who is deceased.

Ambulance Service
Emergency and
Non-Emergency

Medi-Van Service
Wheelchair and
Gurney Service

Basic and Advanced
Life Support
Services

Specialized Medical
Transportation

Local and
Long Distance

CPR and First Aid
Classes

Training Seminars

Ambulance
Demonstrations

First Aid Stations

Ambulance Standby

In the Paradise Area the only change from the original letters are that First Responder EMS Inc. purchased Paradise Ambulance from Pine Street Corporation on April 15th 1997. Please refer to the letters to and from Gary House dated April 15, 1997 and June 9, 1997 respectively to confirm that there was no change or interruption of service with this change in ownership.

I hope that the information provided will be helpful. Thank you for your consideration.

Sincerely,

Byron Parsons
President/CEO



or
CALL TOLL FREE
1-877-385-4357
(HELP)

EOA ANALYSIS SHEET

County: NorCal EMS – Butte (note – no other ambulance zones are established in NorCal other than in Butte)

| Zone | Exclusivity | Type Exclusivity | Analysis/Comment | Reviewer Comment |
|----------------|---|---------------------------|--|---|
| Chico – Zone 1 | Exclusive-grandfathered RFP | ALS (Emergency ambulance) | Two providers share zone. Both providers provided transportation service since 1978. Minor realignment boundary changes | Appears to meet grandfathering requirements.* |
| CSA Area 37 | Exclusive-competitive bid | ALS (Emergency ambulance) | Single provider established through competitive bid process. RFP included in plan. | Appears to meet requirements. |
| Southeast | Non-exclusive | ALS (Emergency ambulance) | Single provider provided transportation service prior to 1980 without change in scope or manner. | OK |
| Oroville | Exclusive-grandfathered RFP | ALS (Emergency ambulance) | Oroville provided transportation service since 1972 in same manner and scope. County indicates that the number of ambulances had been increased and an upgrade made to paramedic. Addition of ambulance does not appear to prohibit grandfathering. | Appears to meet grandfathering requirements* |
| Paradise | Exclusive-grandfathered RFP | ALS (Emergency ambulance) | First Responder Emergency Medical Services provided transportation services since 1980. Provider bought out, however, plan indicates that there was no change to scope and manner of service. Service was upgraded from EMT to Paramedic. Another company operated a BLS ambulance service in the area, but was never ALS. | Appears to meet grandfathering requirements.* 12/22/93 letter indicated intent to establish all areas as exclusive via RFP process. This is a philosophical change in the scope and manner consciously made by the Board, therefore existing providers are ineligible for grandfathering. (per Dan) |

File Review: 8/15/88 - approval of EMS plan

6/2/92 - affirmation of EOA continuing service

5/21/92 - Paradise Ambulance affirmation of continued service

5/28/92 - Oroville Hospital Ambulance affirmation of continued service

5/2/92 - Paradise changed from BLS to ALS in 1987

5/15/92 - Chico Paramedic Rescue affirmation of continued service

5/30/92 - Letter from Oroville Hospital regarding Medstar petition as additional ambulance service in Paradise.

1/15/92 - answer from EMSA to county's questions regarding establishment of EOA

| Name of Zone | Zone Description | Current Provider | Provider Type Public/Private | Exclusivity Status Exclusive vs Nonexclusive | Type of Exclusivity Ambulance, ALS or LALS | Method of Exclusivity Competitive Process vs Grandfathered | Population |
|--------------|---|--|---------------------------------|--|---|--|-----------------|
| Chico Zone 1 | Chico & surrounding area of western & north western Butte Co. | First Responder EMS Enloe Ambulance | Public | Exclusive Grandfathered | ALS only ALS emergency transport | Grandfathered | 82,210 (shared) |
| CSA 37 | Gridley & surrounding area | Enloe Ambulance Oroville Hospital Ambulance | Public | Exclusive Competitive Bid | ALS only ALS emergency transport | Competitive Process | 14,900 |
| Southeast | Remote Southeastern Portion of County | Bi County Ambulance | Public | Nonexclusive | ALS emergency transport | Grandfathered | 60,960 |
| Oroville | City of Oroville & eastern Butte | Oroville Hospital | Public | Exclusive Grandfathered | ALS (emergency transport) | Grandfathered | 47,410 |
| Paradise | Paradise & northeastern | First Responder EMS | Public | Exclusive | ALS (emergency transport) | Grandfathered | <1,000 |

CALAVERAS COUNTY

| Name of Zone | Zone Description | Current Provider | Provider Type Public/Private | Exclusivity Status Exclusive vs Nonexclusive | Type of Exclusivity Ambulance, ALS or LALS | Method of Exclusivity Competitive Process vs Grandfathered | Population |
|--------------|-----------------------------------|--------------------------|---------------------------------|--|---|--|----------------|
| Zone 1 | Valley Springs & surrounding area | Valley Springs Ambulance | Private | Nonexclusive | N/A | N/A | no data avail. |
| Zone 2 | San Andreas & surrounding area | San Andreas Ambulance | Private | Nonexclusive | N/A | N/A | no data avail. |
| Zone 3 & 4 | Eastern Half of County | AMR | Private | Nonexclusive | N/A | N/A | no data avail. |
| Zone 5 | West Point & surrounding area | Advanced Life Support | Private | Nonexclusive | N/A | N/A | no data avail. |

6/29/92 - letter from EMSA from county regarding RFP for CSA 37

7/29/92 - denial of plan amendment to establish EOAs which do not exist. References July 16, 1992 material provided to EMSA and states it may be a more complicated issue.

7/16/92 - letter from county regarding Paradise regarding change of ownership, minor boundary adjustments, increase to ALS.

4/23/93 - letter from EMSA to MedStar re: county of Butte EOAs. States EMS plan to create EOAs not completed.

4/30/93 - letter from Butte County counsel to Leonard & Lyde regarding .224 interpretation.

7/7/93 - Butte County Emergency Medical Response

8/10/93 - letter from EMSA to EMS agency regarding ordinance & EOAs. Requires them to amend EMS plan to establish EOAs. Ordinance does not confer antitrust protection.

8/20/93 - Butte counsel to EMSA regarding legality of local ordinance. Indicates Butte duly complied with law.

10/13/93 - letter from Butte to Scarano regarding public record request.

12/22/93 - to EMSA from county. New service establishment on hold for development of competitive bid. Interim measure. Competitive bid proposed for all zones.

7/7/94 - complaint regarding restoration of MedStar provider agreement.

7/8/94 - from EMS agency to EMSA re: MedStar issue.

6/17/96 - Butte County ordinance. Competitive bid process implement incrementally.

11/22/96 - approval of CSA 37 RFP

2/18/97 - Agreement for ambulance service in CSA 37.

Sandy: Suggest for letter:

According to the EMS transportation plan amendment recently provided to the EMS Authority, the county indicates that the Chico, Oroville, and Paradise Zones are exclusive via grandfathering, CSA 37 is exclusive via competitive bid, and Southeast is nonexclusive. Conversely, according to the enclosed letter dated December 22, 1993 and the county ordinance, all of these areas were to be exclusive via a competitive process. A transportation plan amendment can change an area to non-exclusive (i.e., Southeast Zone), however, after an area has been deemed exclusive via competitive process, it cannot go back and "grandfather" the providers. The December 22, 1993 letter and the county ordinance changed the scope and manner of operation, therefore, grandfathering the Chico, Oroville, and Paradise zones is not possible.

Given the above and the current plan amendment, the Chico, Oroville, and Paradise zones are non-exclusive. Although it was previously stated that the areas would be exclusive via the competitive bid process, there is no evidence that a competitive bid process was completed, therefore, the zones are nonexclusive. The EMS Plan Ambulance Zone Summary forms (copy enclosed) should be modified along with the transportation portion of the EMS plan (enclosed) to reflect that the zones are nonexclusive. If you wish to grant exclusivity to these areas, you should submit new EMS Plan Ambulance Zone Summary forms for the zones and the competitive process you will be using to the EMS Authority for review. Unless we are provided with documentation to the contrary, the department's official ambulance zone listing will reflect the stated areas as nonexclusive.

EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

| |
|---|
| Local EMS Agency or County Name: Northern California EMS, Inc./Butte County |
| Area or Subarea (Zone) Name or Title: Zone 1 (Chico) |
| Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. First Responder (also DBA Chico Paramedic Rescue and Chico Ambulance) since 1978 N.T. Enloe Hospital (DBA Enloe Emergency Services) since 1978 |
| Area or Subarea (Zone) Geographic Description: The city of Chico and surrounding areas of western and northwestern Butte County, as shown on the map attached |
| Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Include intent of local EMS agency and Board action. Exclusive (please refer attached documents) The county Board of Supervisors acted to establish this exclusive zone to maintain a coherent and effective medical transport program. |
| Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). ALS for all emergencies |
| Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, and other arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process used to select provider or providers. First Responder Emergency Medical Services (Grandfathered) <ul style="list-style-type: none"> ▪ Service uninterrupted since 1978 ▪ Change of ownership: 1988 (service purchased for change in scope or manner of service) ▪ Continuous ALS service provided ▪ Other names: Chico Ambulance, Chico Paramedic ▪ Zone area changes: Minor realignment of boundaries ▪ No other ALS services have entered or left the zone Enloe Ambulance (Grandfathered)- a hospital-based service <ul style="list-style-type: none"> ▪ Service uninterrupted since 1978 ▪ No changes in ownership ▪ Continuous ALS service provided ▪ Other name: Enloe Health System ▪ Zone area changes: Minor realignment of boundaries ▪ No other ALS services have entered or left the zone |

SANDY - file
THESE IN PLAN.
-> note comments

NON-EXCLUSIVE
(see letter)

EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

| |
|--|
| <p>Local EMS Agency or County Name: Northern California EMS, Inc./Butte County</p> |
| <p>Area or Subarea (Zone) Name or Title: County Service Area 37</p> |
| <p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. Enloe Ambulance since</p> |
| <p>Area or Subarea (Zone) Geographic Description: The city of Gridley and surrounding areas of southwestern Butte County, as shown on the map attached</p> |
| <p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Include intent of local EMS agency and Board action. Exclusive. The county Board of Supervisors acted to establish this exclusive zone to maintain service in the area.</p> |
| <p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). ALS for all emergencies</p> |
| <p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <ul style="list-style-type: none"> ▪ Competitively determined: Competition by RFP process. Contract issued for four year periods with limited extensions available at the county's option. ▪ Most recent RFP July 1, 1996 |

EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

| |
|---|
| <p>Local EMS Agency or County Name: Northern California EMS, Inc./Butte County</p> |
| <p>Area or Subarea (Zone) Name or Title: East-South-East (Zone 4)</p> |
| <p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. Bi-County Ambulance</p> |
| <p>Area or Subarea (Zone) Geographic Description: Part of the extreme eastern tip of the county, as shown on the attached map. The zone does not include any incorporated cities or significant population centers.</p> |
| <p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Include intent of local EMS agency and Board action. Non-exclusive</p> |
| <p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). None</p> |
| <p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. None</p> |

EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

| |
|---|
| Local EMS Agency or County Name: Northern California EMS, Inc./Butte County |
| Area or Subarea (Zone) Name or Title: Oroville |
| Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. Oroville Hospital, uninterrupted since 1972 |
| Area or Subarea (Zone) Geographic Description: The city of Oroville and surrounding areas of eastern Butte County as shown on the map attached |
| Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Include intent of local EMS agency and Board action. Exclusive: The county Board of Supervisors established this zone to maintain a coherent and effective medical transportation program. <div style="text-align: right; margin-top: 10px; font-family: cursive; font-size: 1.2em;">NON EXCLUSIVE (see letter)</div> |
| Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). ALS for all emergencies |
| Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. <ul style="list-style-type: none"> ▪ Grandfathered: Service has been provided without interruption or change in scope or manner of service with these exceptions: <ul style="list-style-type: none"> ▪ Increased the number of ambulances in service to reflect increasing demand ▪ Upgraded to ALS in 1982 ▪ No other services have entered or left the zone since 1972 ▪ Change of ownership: Changed from Oroville Ambulance in 1982, when purchased by Oroville Hospital ▪ Continuous ALS service provided since 1982 ▪ Zone area changes: None |

EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

| |
|---|
| Local EMS Agency or County Name: Northern California EMS, Inc./Butte County |
| Area or Subarea (Zone) Name or Title: Paradise |
| Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. First Responder Emergency Medical Services (and acquisitions) since 1980 |
| Area or Subarea (Zone) Geographic Description: The city of Paradise and surrounding areas of northeastern Butte County as shown on the map attached |
| Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Include intent of local EMS agency and Board action. Exclusive by action of the county Board of Supervisors to maintain a coherent and effective medical transportation program <div style="text-align: center; font-size: 1.2em; font-family: cursive;">NON EXCLUSIVE (see letter)</div> |
| Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). ALS for all emergencies |
| Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. <ul style="list-style-type: none"> ▪ Grandfathered: Since July of 1980, service has been provided without interruption ▪ No other ALS services have entered or left the zone since 1980. In 1992 and 1993, Medstar Ambulance provided BLS service in the area, however never attained ALS level, and was never incorporated into the county's emergency response or medical transportation plan. ▪ Changes of ownership: Until 1984 the service was operated as Paradise Ambulance Service under the ownership of Richard Crabtree. At that time it was purchased by Donald and Joselle Howard. In 1985 the company was incorporated as Pine Street Corporation DBA Paradise Ambulance Service. The service was bought in 1997 by First Responder Emergency Medical Services. ▪ The service was upgraded to full ALS in 1987 ▪ Zone area changes: Minor realignment of boundaries in 1987 to clarify zones |

EMERGENCY MEDICAL SERVICES AUTHORITY

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



July 26, 2001

Dan Spiess
 Chief Executive Officer
 Northern California EMS Agency
 43 Hilltop Drive
 Redding, CA 96003-2807

Dear Mr. Spiess:

We have completed our review of *Northern California 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*, with the exception of certain elements of Section 4.20 "Grandfathering". This section does not meet the "grandfathering" criteria.

Our reviewers, also raised some concerns regarding certain sections of the plan. I have listed those sections along with the specific comment below.

| SECTION | COMMENT |
|----------------------------------|--|
| 1.22 Reporting of Abuse | An objective for this standard has been proposed by the county, but no time frame for meeting the objective has been established. |
| 2.4 EMD Training | None of the counties in this region have delegated this function to NOR-CAL EMS. Each county has their own training. |
| 8.05 Distribution of Casualties | Need to develop a written disaster casualty distribution plan and have targeted it as a long-range plan. |
| 8.15 Interhospital Communication | Omitted appropriate text from "current status" section. To meet the minimum standard, this section must specify that there is 1) an emergency system, and 2) that there are operational procedures and protocols in place. |

These comments are for your information and may be addressed in your annual update.

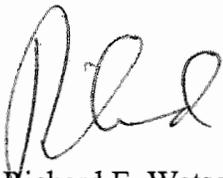
Dan Spiess
July 26, 2001
Page 2

Section 6. Annex - AB 3153 Compliance, according to the EMS transportation plan amendment recently provided to the EMS Authority, the county indicates that the Chico, Oroville, and Paradise Zones are exclusive via "grandfathering", CSA 37 is exclusive via competitive bid, and Southeast is nonexclusive. Conversely, according to the enclosed letter dated December 22, 1993, and the county ordinance, all of these areas were to be exclusive via a competitive process. A transportation plan amendment can change an area to non-exclusive (i.e., Southeast Zone), however, after an area has been deemed exclusive via competitive process, it cannot go back and "grandfather" the providers. The December 22, 1993, letter and the county ordinance changed the scope and manner of operation, therefore, "grandfathering" the Chico, Oroville, and Paradise zones is not possible.

Given the above and the current plan amendment, the Chico, Oroville, and Paradise zones are non-exclusive. Although it was previously stated that the areas would be exclusive via the competitive bid process, there is no evidence that a competitive bid process was completed, therefore, the zones are currently nonexclusive. The EMS Plan Ambulance Zone Summary forms (copy enclosed) should be modified along with the transportation portion of the EMS plan (enclosed) to reflect that the zones are nonexclusive. If you wish to grant exclusivity to these areas, you should submit new EMS Plan Ambulance Zone Summary forms for the zones and the competitive process you will be using to the EMS Authority for review. This section cannot be approved until these documents are submitted. Unless we are provided with documentation to the contrary, the department's official ambulance zone listing will reflect the stated areas as nonexclusive.

If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,



Richard E. Watson
Interim Director

REW:SS

Enclosures