



**Northern California  
Emergency Medical Services, Incorporated**

***EMS System Plan Update  
2006***

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## A. SYSTEM ORGANIZATION AND MANAGEMENT

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Agency Administration:</b>					
1.01	LEMSA Structure	X			
1.02	LEMSA Mission	X			
1.03	Public Input	X			
1.04	Medical Director	X	X		
<b>Planning Activities:</b>					
1.05	System Plan	X			
1.06	Annual Plan Update			X (a)	
1.07	Trauma Planning*	X	X		
1.08	ALS Planning*	X			
1.09	Inventory of Resources	X			
1.10	Special Populations	X	X		
1.11	System Participants	X	X		
<b>Regulatory Activities:</b>					
1.12	Review & Monitoring	X			
1.13	Coordination	X			
1.14	Policy & Procedures Manual	X			
1.15	Compliance w/Policies	X			
<b>System Finances:</b>					
1.16	Funding Mechanism	X			

(a) Developing as a regional update system. Have providers submit updates annually in a specified format for plan integration.

**SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

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

(b) Except for medical dispatch protocols

(c) None of the counties in the region have delegated this function to Nor-Cal EMS at this time.

**B. STAFFING/TRAINING**

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

**C. COMMUNICATIONS**

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

(c) None of the counties in the region have delegated this function to Nor-Cal EMS at this time.

(d) Within the region

(e) Where geographically possible

**D. RESPONSE/TRANSPORTATION**

	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<b>Universal Level:</b>					
4.01	Service Area Boundaries*	(c)	No		
4.02	Monitoring	X	X		
4.03	Classifying Medical Requests	(c)			
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			
<b>Enhanced Level: Advanced Life Support:</b>					
4.16	ALS Staffing	X			
4.17	ALS Equipment	X			

(c) None of the counties in the region have delegated this function to Nor-Cal EMS at this time.

**RESPONSE/TRANSPORTATION (continued)**

	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<b>Enhanced Level: Ambulance Regulation:</b>					
4.18 Compliance		X			
<b>Enhanced Level: Exclusive Operating Permits:</b>					
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
<b>Universal Level:</b>					
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	
<b>Enhanced Level: Advanced Life Support:</b>					
5.07 Base Hospital Designation*		X			
<b>Enhanced Level: Trauma Care System:</b>					
5.08 Trauma System Design		X			
5.09 Public Input		X			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>					
5.10 Pediatric System Design		X			
5.11 Emergency Departments		X	X		
5.12 Public Input		X			
<b>Enhanced Level: Other Specialty Care Systems:</b>					
5.13 Specialty System Design		X			
5.14 Public Input		X			

**F. DATA COLLECTION/SYSTEM EVALUATION**

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

**G. PUBLIC INFORMATION AND EDUCATION**

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

## H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
8.01	Disaster Medical Planning*		X			
8.02	Response Plans		X			
8.03	HazMat Training		X			
8.04	Incident Command System		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		
<b>Enhanced Level: Advanced Life Support:</b>						
8.17	ALS Policies		X			
<b>Enhanced Level: Specialty Care Systems:</b>						
8.18	Specialty Center Roles		X			
<b>Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:</b>						

8.19 Waiving Exclusivity		X			
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## 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, Pre-hospital Care Coordinators, Regional Advisory 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: Eric Rudnick, MD has served as agency Medical Director since July 2005. He has practiced emergency medicine since 1990 and brings to the agency several years of experience as an ED physician and medical director. For seven years, Dr. Rudnick served as the medical director of a local community hospital as well as the county EMS director.

Meets or exceeds recommended guidelines: Dr. Rudnick participates in advisory groups including from every aspect of the EMS system, including physicians, nurses, field personnel, administrators, and others.

### COORDINATION WITH OTHER EMS AGENCIES:

Dr. Rudnick is president elect of EMDAC and is currently an OES Region 3 RDHMS.

### 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 and again in 2001. 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 develop a process for completing and submitting an annual update to the EMS Plan.

### TIME FRAME FOR MEETING OBJECTIVE:

Long – range plan (More than one year)

## 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 six level IV trauma centers and four level III trauma centers. Enloe Medical Center in Chico and Mercy Medical Center in Redding have been designated as level II 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 makes 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 was conducted in FY 2005-2006.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

To include a completely updated inventory with the 05-06 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).

### CURRENT STATUS:

Nor-Cal EMS has identified these groups and continues work to meet their unique needs. A few examples of this include the provision of Spanish language safety information in Colusa County, which has a very high number of Spanish-speaking residents. The donation of Braslow Pediatric Resuscitation bags to area providers by the non-profit Emergency Services Foundation. The donation of this equipment was enhanced with pediatric education for our providers. 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, 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, Regional Advisory Committee, Pre-hospital Liaison Nurses, Emergency Medical Care Counsels 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, 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. A procedure is in place for regular review of this manual and adding updates as needed.

### 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 Pre-hospital Care Coordinators and coordinated by the agency's QA/QI Coordinator. PCC's 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. This has been incorporated in the Nor-Cal EMS Policy and Procedure manual and provider agreements

### 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:

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 MICN'S/ARNs, the Nor-Cal region has 15 base hospitals, plus one alternative base station 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. 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 level III and IV trauma centers..

### COORDINATION WITH OTHER EMS AGENCIES:

This agency has reviewed other trauma plans in the development of the 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 updated and revamped its pediatric care system to include an EMS-C Plan. Training, supplies and equipment, and administration of pediatric care in the field, ED, trauma center, and other venues have received attention with the assistance of the non-profit Emergency Services Foundation. 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 Lassen, Colusa Counties and an area of Butte County known as CSA 37. These EOS's were established thru the competitive bid process

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:

Long-term plan (Greater than one year)

## 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 Advisory Committee and Pre-hospital Care Coordinators. 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 3 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. The Mandatory Reporting of Paramedic Discipline as outlined in Division 2.5 of the Health and Safety Code has been added to the Nor-Cal EMS Policy and Procedure Manual.

### 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.

Some agencies in the region have either developed EMD capabilities or contract with other agencies to provide "pre-arrival" instruction.

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

### CURRENT STATUS:

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 the Public Safety/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 has worked successfully with the Emergency Services Foundation to improve availability of defibrillators throughout the region.

### 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. These policies are reviewed and updated during our regular policy review cycle.

### 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. All current BLS transport providers are current 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:

- 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. A number of agencies have opted to utilize satellite communication to supplement their communications.

### COORDINATION WITH OTHER EMS AGENCIES:

Radio sites are located, designed, and maintained to avoid interference with adjacent users. A major overhaul of the repeater system has taken place over the last few years with nearly all repeater sites either replaced or upgraded.

### 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, aero medical 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. Nor-Cal EMS has adopted the web based *EM Systems* as a method of tracking facility availability and diversion status. All facilities have access to this site and participation is strongly encouraged.

### 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, aero medical 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. Recently, Nor-Cal EMS licensed five VHF channels for the purpose of EMS tactical communications. Approval for use of these frequencies has been incorporated in to the Nor-Cal EMS Policy and Procedure Manual.

### 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.

### 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 system wide emergency services coordination, using standardized communications frequencies.
- The local EMS agency should develop a mechanism to ensure appropriate system wide ambulance coverage during periods of peak demand.

### CURRENT STATUS:

Dispatch systems vary between counties of the region. The system wide 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. Most counties have not chosen to establish formal areas in most of the region because no operational need has been identified. Those counties or areas with EOA's have established boundaries.

### 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. Some of our counties have adopted ambulance ordinances to place additional oversight on its EMS 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:

- 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:

Some 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. One county in the region has placed minimum levels on its 9-1-1 system to limit the number of units that can be assigned to “non-system” calls.

### 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. One county has established response areas and zones that are monitored by Nor-Cal EMS.

### 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. Nor-Cal EMS provides inspections of ALS transport units as required by agreement with individual counties.

### 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:

Our region is served by 6 different EMS aircraft vendors, each operating their own dispatch centers. Some of the vendors work cooperatively and have established dispatch protocols. Nor-Cal EMS is actively working with all of the vendors in the area to consolidate dispatching on a regional level. The current system is working well but not without difficulty.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

Long – Range (More than one year)

## 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 aero medical services operating within the EMS area.

### CURRENT STATUS:

All aero medical 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 are 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. Several agencies within the region are participating in the Ambulance Strike Team Leader/Medical Task Force Leader program.

### 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 and is incorporated into all provider agreements.

**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 100 and SEMS/NIMS 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.

### 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:

Exclusive operating area exists in Lassen and Colusa Counties and a portion of Butte County known as CSA 37. All of these EOA's were established through the competitive bid process. 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.

Nor-Cal EMS has been approached by Modoc and Plumas Counties requesting assistance in applying for EOA grandfathering.

### 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 in Lassen, Colusa and a portion of Butte Counties, 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:

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, 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:

Formal transfer agreements are in place throughout the region. Guidelines have been established for interfacility consultation and transfer for trauma patients, critical pediatric patient 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 recognizes EDs meeting EMSC guidelines. These are monitored through a variety of audits, regular meetings of special care groups, and the system wide 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 RDMHS and fulfills these responsibilities as part of that function.

### COORDINATION WITH OTHER EMS AGENCIES:

Coordinated through RDMHS 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. The Level II trauma centers are designated, their catchment areas have been established and well adhered to, trauma triage criteria are part of policy and documentation is included in the regional patient care report. Other hospitals in the region maintain Level III or IV trauma center status, 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 was developed in FY 98-99 and was found to be successful.

### COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard

### NEED(S):

None at this time

## 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. 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. Nor-Cal EMS is exploring other grant opportunities to further educate our staff and region in CQI principles.

### 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.

### 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 dispatch, inpatient or 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 pre-arrival/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 system wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients.  
It shall be based on state standards.

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

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

### CURRENT STATUS:

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 has been 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 system wide 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, PCC Committee, Regional Advisory 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. 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, First There/First Care, Northstate Prehospital Conference, Shasta County Injury Prevention Coalition, and other programs unique to the area. The agency recently took a lead role in development of a 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 OES agencies, including the LEPC, have been ongoing for a number of years. Nor-Cal EMS serves as the RDMHS 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, others operate decontamination teams, 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 RDMHS for OES Region III. 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:

Meets or exceeds the minimum standard. Nor-Cal EMS has designated CALCORD and has licensed 5 additional VHF frequencies for the sole purpose of disaster communications. All agencies that have written agreements with Nor-Cal EMS have authorization to use these frequencies.

### COORDINATION WITH OTHER EMS AGENCIES:

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

### NEED(S):

None

### OBJECTIVE:

None

### TIME FRAME FOR MEETING OBJECTIVE:

None

## 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. Due in part to available grant funding, several counties have assembled MCI or combination MCI/Hazardous Materials Response Trailers.

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 spaced resources within our region.

### 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:

Interhospital communications are achieved using the existing UHF Med Net Repeater System, cell phones, landlines and EMSsystem (web based).

### COORDINATION WITH OTHER EMS AGENCIES:

Possible thru EMSsystem.

### 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, NIMS/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:

Meets or exceeds the minimum standard

### COORDINATION WITH OTHER EMS AGENCIES:

Coordination with neighboring agencies is ongoing and supported by this agency.

### 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

**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**

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

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

Reporting Year: **CY 2006**

**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)	<b>X</b>
Designation of trauma centers/trauma care system planning	<b>X</b>
Designation/approval of pediatric facilities	<b>X</b>
Designation of other critical care centers	
Development of transfer agreements	<b>X</b>
Enforcement of local ambulance ordinance	<b>X</b>
Enforcement of ambulance service contracts	<b>X</b>
Operation of ambulance service	
Continuing education	<b>X</b>
Personnel training	<b>X</b>
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]	<b>X</b>
Other: Operation of medical communications system	<b>X</b>
Other: Ambulance and medical equipment procurement	<b>X</b>

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

**5. EMS agency budget for FY 2004-2005 –Audited Financial Statement**

**A. EXPENSES**

Salaries and benefits (all but contract personnel)	851,592.00
Contract Services (e.g. medical director)	305,930.00
Operations/Indirect Expenses (e.g. copying, postage, facilities, overhead)	189,113.00
Travel	25,851.00
Fixed assets	115,650.00
Ambulance subsidy	
Dispatch center operations (non-staff)	
Training program operations	3,955.00
Other: Medical Communication System Operation	50,857.00
<b><u>TOTAL EXPENSES</u></b>	<b>1,542,948.00</b>
<b>Net Increase in Assets for 2004-2005</b>	<b>106,256.00</b>
<b>TOTAL</b>	<b>1,649,204.00</b>

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

**B. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]	\$442,613.00
Preventive Health and Health Services (PHHS) Block Grant	
Office of Traffic Safety (OTS)	
State general fund	523,972.00
County general fund	
Other local tax funds (e.g., EMS district)	
County contracts (e.g. multi-county agencies)	271,959.00
Certification fees	63,992.00
Training program approval fees	
Programs/Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	
Base Hospital /Non-Base Hospital Provider Fee	84,883.00
Base hospital designation fees	
Trauma Center Annual Fees	80,000.00
Trauma center designation fees	
Pediatric facility approval fees	
Pediatric facility designation fees	
Other critical care center designation fees	
Ambulance service/vehicle fees	55,086.00
Contributions	
EMS Fund (SB 12/612) administration fees	20,601.00
Other grants (Federal Trauma Grant)	11,387.00
Other fees: (Communications)	
Interest	4,238.00
Miscellaneous (Other)	90,473.00
<b><u>TOTAL REVENUE</u></b>	<b><u>\$1,649,204.00</u></b>

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

**6. Fee structure for FY 2006**

First responder certification	\$ 35
EMS dispatcher certification	--
EMT-I certification	45
EMT-I recertification	28
EMT-defibrillation certification	--
EMT-defibrillation recertification	--
EMT-II certification	50
EMT-II recertification	35
EMT-P accreditation	100
MICN/ARN certification	80
MICN/ARN recertification	80
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) (b)
Trauma center application	\$37,500
Trauma center designation	\$42,500 (b)
Pediatric facility approval:	
Level II	--
Level I	--
Pediatric facility designation	--
Other critical care center application	
Emergency Department Approved for Trauma (EDAT)	--
Ambulance service license	--
Ambulance vehicle permits	--
Other: First Responder Recertification	20
Other: ALS Ambulance Application	500
Ambulance Provider Fee	\$327 - \$4,820 (a) (b)
County Contract Fee	\$12,000 - \$78,000 (a) (b)

(a) Fee based on size formula

(b) Annual CPI increase

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

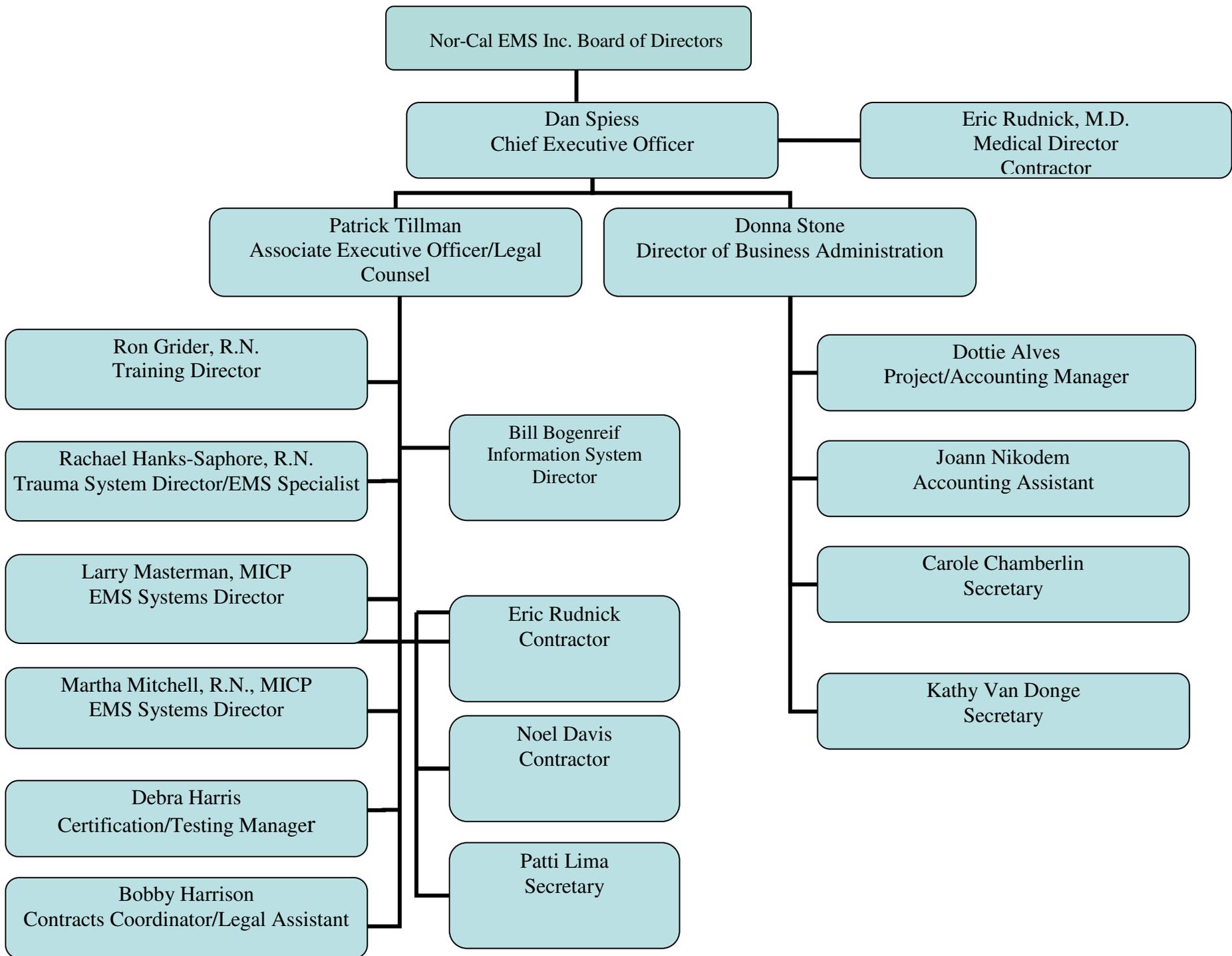
EMS System: **NOR-CAL**

Reporting Year: 2006

<b>CATEGORY</b>	<b>ACTUAL TITLE</b>	<b>FTE POSITIONS (EMS ONLY)</b>	<b>TOP SALARY BY HOURLY EQUIVALENT</b>	<b>BENEFITS (% of Salary)</b>	<b>COMMENTS</b>
EMS Admin./ Coord./Dir.	Chief Executive Officer	1.00	50.43	35	
Asst. Admin./ Admin. Asst./ Admin. Mgr.	Associate Executive Officer Director Business Administration	1.00 1.00	49.97 24.92	35 35	
ALS Coord./ Field Coord./ Trng Coord.	Training Director	1.00	35.78	35	
Program Coord./Field Liaison (Non- clinical)					
Trauma Coord.	Trauma Program Director	1.00	35.28	35	
Med. Director	Medical Director	0.30	85.00	--	Contract position
Other MD/ Med. Consult./ Trng. Med. Dir.					
Disaster Med. Planner	EMS Systems Director	.30	36.48	35	

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

<b>CATEGORY</b>	<b>ACTUAL TITLE</b>	<b>FTE POSITIONS (EMS ONLY)</b>	<b>TOP SALARY BY HOURLY EQUIVALENT</b>	<b>BENEFITS (% of Salary)</b>	<b>COMMENTS</b>
Dispatch Supervisor					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Ed. Coord.					
Ex. Secretary					
Other Clerical					
Data Entry Clerk					
Other	EMS Systems Director	.80	31.71	35	
	Certification/Testing Manager	1.00	20.27	35	
	Contracts Coordinator/Legal Assistant	1.00	17.42	35	
	Project/Accounting Manager	1.00	15.84	35	
	Secretary	1.00	15.49	35	
	Secretary	1.00	15.84	35	
	Secretary	.13	13.72	35	
	Accounting Assistant		11.00	0	



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

EMS System: **NOR-CAL**

Reporting Year: **2006**

**NOTE:** Table 3 is to be reported by agency.

	<b>EMT - Is</b>	<b>EMT - IIs</b>	<b>EMT - Ps</b>	<b>MICN</b>	<b>EMS Dispatchers</b>
Total certified	1,368	21		125	00
Number newly certified this year	482	8		57	00
Number recertified this year	886	11		68	00
Total number of accredited personnel on July 1 of the reporting year			141		
Number of certification reviews resulting in:					
a) formal investigations	0	0	0	0	0
b) probation	0	0	0	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	0	0	0	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: 2006

**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:       2006

**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?<br>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: 2006

**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                                | 0 |
| 4. | Number of designated dispatch centers for EMS Aircraft                                    | 0 |
| 5. | Do you have an operational area disaster communication system?    yes ____    no ____     |   |
|    | a. Radio primary frequency _____  |   |
|    | b. Other methods _____  |   |
|    | c. Can all medical response units communicate on the same disaster communications system? |   |
|    | yes ____    no ____   |   |
|    | d. Do you participate in OASIS?    yes ____    no ____                                    |   |
|    | e. Do you have a plan to utilize RACES as a back-up communication system?                 |   |
|    | yes ____    no ____   |   |
|    | 1) Within the operational area?    yes ____    no ____                                    |   |
|    | 2) Between the operational area and the region and/or state?    yes ____    no ____       |   |
| 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:       2006

**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: 2006

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

1. Number of primary Public Service Answering Points (PSAP) 1
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of designated dispatch centers for EMS Aircraft 0
  
5. Do you have an operational area disaster communication system? yes
  - a. Radio primary frequency 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: 2006

**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: 2006

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

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

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

EMS System: **NOR-CAL**

County: **Sierra**

Reporting Year: 2006

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

1. Number of primary Public Service Answering Points (PSAP) 1
2. Number of secondary PSAPs 0
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of designated dispatch centers for EMS Aircraft 0
5. Do you have an operational area disaster communication system?    yes XXX    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:       2006

**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: 2006

**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?<br>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: 2006

**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 2006

**TRANSPORTING AGENCIES**

1.	Number of exclusive operating areas	_____	<u>3</u>
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	_____	<u>15%</u>
3.	Total number responses	_____	<u>52700</u>
	a) Number of emergency responses	(Code 2: expedient, Code 3: lights and siren) _____	<u>Data Unavailable</u>
	b) Number non-emergency responses	(Code 1: normal) _____	<u>Data Unavailable</u>
	c) Interfacility transfers	_____	<u>Data Unavailable</u>
4.	Total number of transports	_____	<u>42,150</u>
	a) Number of emergency transports	(Code 2: expedient, Code 3: lights and siren) _____	<u>Data Unavailable</u>
	b) Number of non-emergency transports	(Code 1: normal) _____	<u>Data Unavailable</u>

**Early Defibrillation Providers**

5/6.	Number of public safety or EMT-defibrillation providers	_____	<u>135</u>
	a) Automated	_____	<u>135</u>
	b) Manual	_____	<u>0</u>

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

**Air Ambulance Services**

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

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

EMS System: \_\_\_\_\_

Reporting Year: \_\_\_\_\_

**Note:** Table 5 is to be reported by agency.

**TRANSPORTING AGENCIES**

- 1. Number of exclusive operating areas \_\_\_\_\_
- 2. Percentage of population covered by Exclusive Operating Areas (EOA) \_\_\_\_\_ %
- 3. Total number responses \_\_\_\_\_
  - a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren) \_\_\_\_\_
  - b) Number non-emergency responses (Code 1: normal) \_\_\_\_\_
- 4. Total number of transports \_\_\_\_\_
  - a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren) \_\_\_\_\_
  - b) Number of non-emergency transports (Code 1: normal) \_\_\_\_\_

**Early Defibrillation Providers**

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

**Air Ambulance Services**

- 7. Total number of responses \_\_\_\_\_
  - a) Number of emergency responses \_\_\_\_\_
  - b) Number of non-emergency responses \_\_\_\_\_
- 8. Total number of transports \_\_\_\_\_
  - a) Number of emergency (scene) responses \_\_\_\_\_
  - b) Number of non-emergency responses \_\_\_\_\_

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

**SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)**

Enter the response times in the appropriate boxes	<b>METRO/URBAN</b>	<b>SUBURBAN/RURAL</b>	<b>WILDERNESS</b>	<b>SYSTEMWIDE</b>
BLS and CPR capable first responder				
Early defibrillation responder				
Advanced life support responder				
Transport Ambulance				

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

EMS System: Northern California EMS

Reporting Year: 2006

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

**Trauma Care System**

Trauma patients:

a) Number of patients meeting trauma triage criteria _____	750
b) Number of major trauma victims transported directly to a trauma center by ambulance _____	Unavailable
c) Number of major trauma patients transferred to a trauma center _____	Unavailable
d) Number of patients meeting triage criteria who weren't treated at a trauma center _____	Unavailable

**Emergency Departments**

Total number of emergency departments _____	19
a) Number of referral emergency services _____	0
b) Number of standby emergency services _____	10
c) Number of basic emergency services _____	9
d) Number of comprehensive emergency services _____	0

**Receiving Hospitals**

1. Number of receiving hospitals with written agreements _____	19
2. Number of base hospitals with written agreements _____	15

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

EMS System: **NOR-CAL**

Reporting Year: 2006

County: **Butte**

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Fairgrounds in Chico and Gridley
  - b. How are they staffed? Red Cross/ EMS/ Volunteer / Possibly Public Health
  - c. Do you have a supply system for supporting them for 72 hours? Yes XX 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? Not Provided
  - b. For each team, are they incorporated into your local response plan? Yes
  - c. Are they available for statewide response? Yes
  - 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? 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? 3

**OPERATIONS (Cont.)**

- |  |                      |
|--|----------------------|
| 3. Have you tested your MCI Plan this year in a:   |                      |
| a. real event?   | Yes                  |
| b. exercise?   | Yes                  |
| 4. List all counties with which you have a written medical mutual aid agreement:<br>Agreements   | Nor-Cal EMS Provider |
| 5. Do you have formal agreements with hospitals in your operational area to<br>participate in disaster planning and response?  | Yes                  |
| 6. Do you have a formal agreements with community clinics in your operational<br>areas to participate in disaster planning and response?                             | No                   |
| 7. Are you part of a multi-county EMS system for disaster response?  | Yes                  |
| 8. Are you a separate department or agency?  | Department           |
| 9. If not, to whom do you report   | N/A                  |
| 10. If your agency is not in the Health Department, do you have a plan<br>to coordinate public health and environmental health issues with<br>the Health Department? | Yes                  |

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

EMS System: **NOR-CAL**

Reporting Year: 2006

County: **Colusa**

### SYSTEM RESOURCES

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

### OPERATIONS

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

**OPERATIONS (Cont.)**

- |  |                         |
|--|-------------------------|
| 3. Have you tested your MCI Plan this year in a:   |                         |
| a. real event?   | No information provided |
| b. exercise?   | No information provided |
| 4. List all counties with which you have a written medical mutual aid agreement.   | No information provided |
| 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?                                     | No information provided |
| 6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response?                          | No information provided |
| 7. Are you part of a multi-county EMS system for disaster response?  | No information provided |
| 8. Are you a separate department or agency?  | No information provided |
| 9. If not, to whom do you report   | No information provided |
| 10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? | No information provided |

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

EMS System: **NOR-CAL**

Reporting Year: 2006

County: **Glenn**

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Incident scene or Glenn Medical Center
  - b. How are they staffed? Incident sites staffed with EMS personnel. Hospital staffed by 2 RN's, 2-4 LVN's, 1-3 Medical Doctors. MOU in place with the Health Department for more staff
  - c. Do you have a supply system for supporting them for 72 hours? utilization of the regional medical reserve corp. MOU with Health Department,
  
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? 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? Level C
  - 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

### OPERATIONS (Cont.)

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1

- |  |             |
|--|-------------|
| 3. Have you tested your MCI Plan this year in a:   |             |
| a. real event?   | Yes         |
| b. exercise?   | Yes         |
| 4. List all counties with which you have a written medical mutual aid agreement.   | In progress |
| 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?                                     | Yes         |
| 6. Do you have formal agreements with community clinics in your operational area to participate in disaster planning and response?                             | No          |
| 7. Are you part of a multi-county EMS system for disaster response?  | No          |
| 8. Are you a separate department or agency?  | Department  |
| 9. If not, to whom do you report   | N/A         |
| 10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? | N/A         |

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

EMS System: **NOR-CAL**

Reporting Year: 2006

County: **Lassen**

### SYSTEM RESOURCES

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

### OPERATIONS

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

**OPERATIONS (Cont.)**

- |  |                         |
|--|-------------------------|
| 3. Have you tested your MCI Plan this year in a:   |                         |
| a. real event?   | No information provided |
| b. exercise?   | No information provided |
| 4. List all counties with which you have a written medical mutual aid agreement.   | No information provided |
| 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?                                     | No information provided |
| 6. Do you have formal agreements with community clinics in your operational area to participate in disaster planning and response?                             | No information provided |
| 7. Are you part of a multi-county EMS system for disaster response?  | No information provided |
| 8. Are you a separate department or agency?  | No information provided |
| 9. If not, to whom do you report   | No information provided |
| 10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? | No information provided |

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

EMS System: **NOR-CAL**

Reporting Year: CY 2006

County: **Modoc**

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Not identified
  - b. How are they staffed? N/A
  - c. Do you have a supply system for supporting them for 72 hours? Untested
  
2. CISD
 

Do you have a CISD provider with 24 hour capability? Defusing team CDF
  
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? 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? Yes

**OPERATIONS (Cont.)**

- |  |                            |
|--|----------------------------|
| 3. Have you tested your MCI Plan this year in a:   |                            |
| a. real event?   | Yes                        |
| b. exercise?   | Yes                        |
| 4. List all counties with which you have a written medical mutual aid agreement.   | Nor-Cal Provider agreement |
| 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?                                     | Yes                        |
| 6. Do you have formal agreements with community clinics in your operational area to participate in disaster planning and response?                             | Yes                        |
| 7. Are you part of a multi-county EMS system for disaster response?  | Yes                        |
| 8. Are you a separate department or agency?  | No                         |
| 9. If not, to whom do you report   | Modoc County               |
| 10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? | Yes                        |

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

EMS System: **NOR-CAL**

Reporting Year: 2006

County: **Plumas**

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

a. Where are your CCPs?

No information provided.

b. How are they staffed?

No information provided

Do you have a supply system for supporting them for 72 hours?

No information provided

c.

2. CISD

Do you have a CISD provider with 24 hour capability?

No information provided

3. Medical Response Team

a. Do you have any team medical response capability?

No information provided

b. For each team, are they incorporated into your local response plan?

No information provided

c. Are they available for statewide response?

No information provided

d. Are they part of a formal out-of-state response system?

No information provided

4. Hazardous Materials

a. Do you have any HazMat trained medical response teams?

No information provided

b. At what HazMat level are they trained?

c. Do you have the ability to do decontamination in an emergency room?

No information provided o

d. Do you have the ability to do decontamination in the field?

No information provided

### OPERATIONS

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

No information provided

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

No information provided

**OPERATIONS (Cont.)**

- |  |                         |
|--|-------------------------|
| 3. Have you tested your MCI Plan this year in a:   |                         |
| a. real event?   | No information provided |
| b. exercise?   | No information provided |
| 4. List all counties with which you have a written medical mutual aid agreement.   | No information provided |
| 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?                                     | No information provided |
| 6. Do you have formal agreements with community clinics in your operational area to participate in disaster planning and response?                             | No information provided |
| 7. Are you part of a multi-county EMS system for disaster response?  | No information provided |
| 8. Are you a separate department or agency?  | No information provided |
| 9. If not, to whom do you report   | No information provided |
| 10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? | No information provided |

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

EMS System: **NOR-CAL**

Reporting Year: 2006

County: **Shasta**

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? No information provided
  - b. How are they staffed? No information provided
  - c. Do you have a supply system for supporting them for 72 hours? No information provided
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? N/A
  - 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?   | Yes                  |
| b. exercise?   | Yes                  |
| 4. List all counties with which you have a written medical mutual aid agreement.   | Nor-Cal EMS Provider |
| 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?                                     | No                   |
| 6. Do you have formal agreements with community clinics in your operational area to participate in disaster planning and response?                             | No                   |
| 7. Are you part of a multi-county EMS system for disaster response?  | Yes                  |
| 8. Are you a separate department or agency?  | Agency               |
| 9. If not, to whom do you report   | EMS Agency           |
| 10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? | No                   |

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

EMS System: **NOR-CAL**

Reporting Year: CY 2006

County: **Sierra**

### SYSTEM RESOURCES

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

### OPERATIONS

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

**OPERATIONS (Cont.)**

- |  |                         |
|--|-------------------------|
| 3. Have you tested your MCI Plan this year in a:   |                         |
| a. real event?   | No information provided |
| b. exercise?   | No information provided |
| 4. List all counties with which you have a written medical mutual aid agreement.   | No information provided |
| 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?                                     | No information provided |
| 6. Do you have formal agreements with community clinics in your operational area to participate in disaster planning and response?                             | No information provided |
| 7. Are you part of a multi-county EMS system for disaster response?  | No information provided |
| 8. Are you a separate department or agency?  | No information provided |
| 9. If not, to whom do you report   | No information provided |
| 10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? | No information provided |

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

EMS System: **NOR-CAL**

Reporting Year: 2006

County: **Siskiyou**

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Unknown
  - b. How are they staffed? Unknown
  - c. Do you have a supply system for supporting them for 72 hours? Unknown/Probably
  
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? Yes
  - 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? Yes
  - b. At what HazMat level are they trained? First Responder Awareness and First Responder Operational
  - c. Do you have the ability to do decontamination in an emergency room? Yes
  - d. Do you have the ability to do decontamination in the field? Yes

### OPERATIONS

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

**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.   | No information provided |
| 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?                                     | Yes                     |
| 6. Do you have formal agreements with community clinics in your operational area to participate in disaster planning and response?                             | Yes                     |
| 7. Are you part of a multi-county EMS system for disaster response?  | Yes                     |
| 8. Are you a separate department or agency?  | Yes                     |
| 9. If not, to whom do you report   | N/A                     |
| 10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? | No information provided |

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

EMS System: **NOR-CAL**

Reporting Year: 2006

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? No information provided
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? Yes
  - c. Are they available for statewide response? No information provided
  - d. Are they part of a formal out-of-state response system? No information provided
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? No information provided
  - b. At what HazMat level are they trained? No information provided
  - c. Do you have the ability to do decontamination in an emergency room? No information provided
  - d. Do you have the ability to do decontamination in the field? No information provided

### 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?   | Yes                     |
| b. exercise?   | Yes                     |
| 4. List all counties with which you have a written medical mutual aid agreement.   | No information provided |
| 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?                                     | Yes                     |
| 6. Do you have formal agreements with community clinics in your operational area to participate in disaster planning and response?                             | Yes                     |
| 7. Are you part of a multi-county EMS system for disaster response?  | Yes                     |
| 8. Are you a separate department or agency?  | Yes                     |
| 9. If not, to whom do you report   | N/A                     |
| 10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? | Yes                     |

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

EMS System: **NOR-CAL**

Reporting Year: 2006

County: **Trinity**

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? None
  - b. How are they staffed? N/A
  - c. Do you have a supply system for supporting them for 72 hours? N/A
  
2. CISD
 

Do you have a CISD provider with 24 hour capability? Yes
  
3. Medical Response Team
  - a. Do you have any team medical response capability? 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? Yes
  - b. At what HazMat level are they trained? First Responder Operational
  - c. Do you have the ability to do decontamination in an emergency room? Yes
  - d. Do you have the ability to do decontamination in the field? Yes

### OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes
  
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? None

**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.  
Nor-Cal EMS Provider 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 formal agreements with community clinics in your operational area to participate in disaster planning and response? No
  
- 7. Are you part of a multi-county EMS system for disaster response? Yes
  
- 8. Are you a separate department or agency? Agency
  
- 9. If not, to whom do you report Trinity County
  
- 10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? Yes

## **Table 8: Providers**

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

EMS System: Northern California EMS

County: Butte

Reporting Year: 2006

<b>Name, address &amp; telephone:</b> Butte County Fire Department 176 Nelson Avenue, Oroville 95965		<b>Primary Contact:</b> Chad Porter 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

<b>Name, address &amp; telephone:</b> First Responder EMS PO Box 24, Chico 95927		<b>Primary Contact:</b> 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: 24
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: 16

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

**EMS System:** Northern California EMS

**County:** Butte

**Reporting Year:** 2006

<b>Name, address &amp; telephone:</b> Enloe Medical Center 1531 Esplanade, Chico 95926		<b>Primary Contact:</b> 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

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

**EMS System:** Northern California EMS

**County:** Colusa

**Reporting Year:** 2006

<b>Name, address &amp; telephone:</b> Enloe Medical Center 1531 Esplanade, Chico 95926		<b>Primary Contact:</b> 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: 4                    ALS: 8
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

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

**EMS System:** Northern California EMS

**County:** Glenn

**Reporting Year:** 2006

<b>Name, address &amp; telephone:</b> Enloe Medical Center 1531 Esplanade, Chico 95926		<b>Primary Contact:</b> 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

<b>Name, address &amp; telephone:</b> Westside Ambulance Association PO Box 4527, Orland 95963		<b>Primary Contact:</b> Lori Grande 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: 0                     EMT-D: 9 LALS: 0                   ALS: 8
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: 2006

<b>Name, address &amp; telephone:</b> Mountain LifeFlight PO Box 711 Susanville, CA 96130		<b>Primary Contact:</b> Dave Reger 530/251-2849			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	Number of personnel providing services: PS: 0 PS-Defib: 0 BLS: 0 EMT-D: 0 LALS: 0 ALS: 14
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: Rotor: 1 Fixed Wing: 2

<b>Name, address &amp; telephone:</b> Sierra Emergency Medical Services Alliance 1545 Paul Bunyan Road, Susanville, CA 96130		<b>Primary Contact:</b> Klark Staffan 530/257-1803			
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: 12 LALS: 0 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

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

EMS System: Northern California EMS

County: Lassen

Reporting Year: 2006

<b>Name, address &amp; telephone:</b> Westwood Fire Department PO Box 319, Westwood 96137			<b>Primary Contact:</b> Forest Duerksen 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 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: 6                     EMT-D: 0 LALS: 2                    ALS: 1
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

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

EMS System: Northern California EMS

County: Modoc

Reporting Year: 2006

<b>Name, address &amp; telephone:</b> Modoc Medical Center 228 McDowell Street, Alturas 96101		<b>Primary Contact:</b> Ralph Crnkovic 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: 11                    EMT-D: 0 LALS: 6                    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: 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

<b>Name, address &amp; telephone:</b> Surprise Valley Hospital Ambulance PO Box 246, Cedarville 96104		<b>Primary Contact:</b> Bill Bostic 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

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

EMS System: Northern California EMS

County: Plumas

Reporting Year: 2006

<b>Name, address &amp; telephone:</b> Hamilton Branch FPD 3791 Big Springs Road, Lake Almanor 96137		<b>Primary Contact:</b> Gary Pini 530/596-3458			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS: 7 PS-Defib: 0 BLS: 3 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

<b>Name, address &amp; telephone:</b> Peninsula Fire District 801 Golf Club Road, Lake Almanor 96137		<b>Primary Contact:</b> 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: MICP: 10 PS: 0 PS-Defib: 0 BLS: 0 EMT-D: 11 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: 2

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

EMS System: Northern California EMS

County: Plumas

Reporting Year: 2006

<b>Name, address &amp; telephone:</b> Eastern Plumas Health Care 500 First Avenue, Portola 96122		<b>Primary Contact:</b> Robert Stone 530/832-6586			
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: 10      EMT-D: 0 LALS: 0      ALS: 10
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: 3

<b>Name, address &amp; telephone:</b> Graeagle Fire Rescue PO Box 64, Graeagle 96103		<b>Primary Contact:</b> Steve McNamara 530/836-1340			
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: 6 BLS: 0      EMT-D: 7 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:** Plumas

**Reporting Year:** 2006

<b>Name, address &amp; telephone:</b> Plumas District Hospital Ambulance 1065 Bucks Lake Road, Quincy 95971		<b>Primary Contact:</b> 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: 8      EMT-D: 0 LALS: 1      ALS: 10
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

<b>Name, address &amp; telephone:</b> South Lassen EMS 316 Main Street, Greenville 95947		<b>Primary Contact:</b> Brian Gray 530/257-0249			
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 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: 1

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

EMS System: Northern California EMS

County: Plumas

Reporting Year: 2006

<b>Name, address &amp; telephone:</b> West Almanor Community Services District 947 Long Iron Drive, Chester 96020		<b>Primary Contact:</b> Randy Fluke 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: 2
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

<b>Name, address &amp; telephone:</b> Chester Fire Department 198 Main St. P.O. Box 177 Chester, CA 96020		<b>Primary Contact:</b> Lester Nelson 530/258-3456			
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: 8 LALS: 0 ALS: 4
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

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

**EMS System:** Northern California EMS

**County:** Shasta

**Reporting Year:** 2006

<b>Name, address &amp; telephone:</b> American Medical Response 4989 Mountain Lakes Blvd., Redding, CA 96003		<b>Primary Contact:</b> Doug Petrick 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: 0 EMT-D: 23 LALS: 0 ALS: 30
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: 10

<b>Name, address &amp; telephone:</b> Anderson Fire Department 1925 Howard Street, Anderson, CA 96007		<b>Primary Contact:</b> Andy Nichols 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: 2006

<b>Name, address &amp; telephone:</b> Burney Fire District PO Box 853, Burney 96013		<b>Primary Contact:</b> Robert C. May 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: 9 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: 2

<b>Name, address &amp; telephone:</b> Shasta County Fire/ CDF 875 Cypress Ave, Redding 96001		<b>Primary Contact:</b> Scott Holmquist 530/225-2401			
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: 3 ALS: 5
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 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: 2006

<b>Name, address &amp; telephone:</b> California Highway Patrol Air Operations 2651 Gold Street, Redding 96001		<b>Primary Contact:</b> 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: 1 EMT-D: 0 LALS: 0 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 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

<b>Name, address &amp; telephone:</b> Cottonwood Fire Protection District PO Box 618, Cottonwood 96002		<b>Primary Contact:</b> 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: 6 PS-Defib: 0 BLS: 6 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: 2006

<b>Name, address &amp; telephone:</b> Happy Valley Fire Department 17441 Palm Avenue, Anderson 96007		<b>Primary Contact:</b> 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: 13 EMT-D: 17 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

<b>Name, address &amp; telephone:</b> Mayers Memorial Hospital PO Box 459, Fall River Mills 96028		<b>Primary Contact:</b> Tom Coe 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: 5 LALS: 10 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: 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: 2006

<b>Name, address &amp; telephone:</b> Mercy Medical Center PO Box 496009, Redding 96049-6009		<b>Primary Contact:</b> Matt Moser, Manager 530/245-5829			
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 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: 15 EMT-D: 0 LALS: 0 ALS: 19
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

<b>Name, address &amp; telephone:</b> Mountain Gate Fire Department 14508 Wonderland Boulevard, Redding 96003		<b>Primary Contact:</b> Don Kerns 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: 2
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

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

EMS System: Northern California EMS

County: Shasta

Reporting Year: 2006

<b>Name, address &amp; telephone:</b> Redding Fire Department 1050 Parkview Avenue, Redding 96001		<b>Primary Contact:</b> Duane Fry 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: 38 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

<b>Name, address &amp; telephone:</b> Shasta Fire Department PO Box 520, Shasta 96087		<b>Primary Contact:</b> Mark Todd 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: 0                      PS-Defib: 19 BLS: 12                    EMT-D: 4 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: 2006

<b>Name, address &amp; telephone:</b> Shasta Lake Fire Protection District 4126 Ashby Court, Shasta Lake 96019		<b>Primary Contact:</b> Adrian Rogers 530/275-7474			
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: 15      EMT-D: 26 LALS: 3      ALS: 4
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

<b>Name, address &amp; telephone:</b> Reach/Mediplane 1524 East Street, Redding, CA 96001		<b>Primary Contact:</b> Suzie Smith, Base Manager 530/244-5192			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS: 0      PS-Defib: 0 BLS: 0      EMT-D: 0 LALS: 0      ALS: 10
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: 1

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

EMS System: Northern California EMS

County: Shasta

Reporting Year: 2006

<b>Name, address &amp; telephone:</b> PHI Air Medical 3775 Flight Ave. Redding, CA 96002		<b>Primary Contact:</b> Jason Swann, Base Manager (530) 221-0646			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	Number of personnel providing services: PS: 0                      PS-Defib: 0 BLS: 0                     EMT-D: 0 LALS: 0                   ALS: 10
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: Rotor: 1 Fixed Wing: 1

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

EMS System: Northern California EMS

County: Sierra

Reporting Year: 2006

<b>Name, address &amp; telephone:</b> Downieville FPD PO Box 25, Downieville 95936		<b>Primary Contact:</b> 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: 20 EMT-D: 0 LALS: 11 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: 4

<b>Name, address &amp; telephone:</b> Eastern Plumas Healthcare Ambulance – Loyalton Campus 500 1 <sup>st</sup> Avenue, Portola 96122		<b>Primary Contact:</b> Robert Stone 530/832-6586			
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 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	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: 2006

<b>Name, address &amp; telephone:</b> Butte Valley Ambulance Service PO Box 195, Dorris 96023		<b>Primary Contact:</b> 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

<b>Name, address &amp; telephone:</b> City of Dunsmuir Fire Department 5902 Dunsmuir Avenue #103, Dunsmuir 96025		<b>Primary Contact:</b> Dan Padilla 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: 2006

<b>Name, address &amp; telephone:</b> City of Etna Ambulance Service PO Box 460, Etna 96027		<b>Primary Contact:</b> Amy Stacher 530/467-3331			
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: 0 LALS: 0 ALS: 3
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: 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

<b>Name, address &amp; telephone:</b> Fort Jones Fire Department PO Box 597 Fort Jones 96032		<b>Primary Contact:</b> Terry Hayes 530/468-2735			
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: 11 EMT-D: 7 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 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: 2006

<b>Name, address &amp; telephone:</b> Grenada Fire Department PO Box 214, Grenada 96038		<b>Primary Contact:</b> 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: 0 BLS: 0      EMT-D: 11 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

<b>Name, address &amp; telephone:</b> Happy Camp Ambulance PO Box 596, Happy Camp 96039		<b>Primary Contact:</b> Kirk Eadie 530/493-2643			
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: 8 LALS: 2      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: 2006

<b>Name, address &amp; telephone:</b> McCloud Community Services District PO Box 640, McCloud 96057		<b>Primary Contact:</b> Steve Hitchcock 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: 6 EMT-D: 6 LALS: 1 ALS: 1
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

<b>Name, address &amp; telephone:</b> Montague Fire District PO Box 281, Montague 96064		<b>Primary Contact:</b> 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: 2006

<b>Name, address &amp; telephone:</b> Mount Shasta Ambulance PO Box 1030, Mt. Shasta 96067		<b>Primary Contact:</b> 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: 0      ALS: 6
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: 7

<b>Name, address &amp; telephone:</b> Northern Siskiyou Ambulance 553 North Main Street, Yreka 96097		<b>Primary Contact:</b> 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: 2006

<b>Name, address &amp; telephone:</b> Weed Fire Department PO Box 470, Weed 96094		<b>Primary Contact:</b> 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

<b>Name, address &amp; telephone:</b> Salmon River Volunteer Fire & Rescue (Fork of the Salmon Ambulance) PO Box 26, Forks of the Salmon, CA 96031		<b>Primary Contact:</b> Tina Bennett 530/462-4706			
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: 10 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

## TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Northern California EMS

County: Tehama

Reporting Year: 2006

<b>Name, address &amp; telephone:</b> City of Red Bluff Fire Department 555 Washington Street, Red Bluff 96080		<b>Primary Contact:</b> Gerry Gray 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

<b>Name, address &amp; telephone:</b> St. Elizabeth Hospital 2550 Sister Mary Columbia Drive, Red Bluff 96080		<b>Primary Contact:</b> 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: 13 EMT-D: 0 LALS: 1 ALS: 23
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: Tehama

Reporting Year: 2006

<b>Name, address &amp; telephone:</b> Tehama County Fire Department 604 Antelope Boulevard. Red Bluff 96080		<b>Primary Contact:</b> Gary Durden 530/528-5199			
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: 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 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: 2006

<b>Name, address &amp; telephone:</b> Coffee Creek Volunteer Fire District Route 2, Box 3951 Trinity Center 96091		<b>Primary Contact:</b> James Dahm 530/266-3955			
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: 5           EMT-D: 0 LALS: 0          ALS: 1
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

<b>Name, address &amp; telephone:</b> Hayfork Volunteer Fire Department PO Box 613, Hayfork 96041		<b>Primary Contact:</b> Bob Young 530/628-4675			
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: 0 BLS : 0           EMT-D: 10 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: 2006

<b>Name, address &amp; telephone:</b> Lewiston Volunteer Fire Department PO Box 164, Lewiston 96052		<b>Primary Contact:</b> Mel Deardorff 530/778-3307			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS: 0      PS-Defib: 0 BLS: 0      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

<b>Name, address &amp; telephone:</b> Trinity Center Volunteer Fire Department PO Box 300, Trinity Center 96091		<b>Primary Contact:</b> 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: 0      PS-Defib: 0 BLS: 4      EMT-D: 0 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: 2006

<b>Name, address &amp; telephone:</b> Trinity County Life Support PO Box 2907, Weaverville 96093		<b>Primary Contact:</b> Kathleen Ratliff 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

<b>Name, address &amp; telephone:</b> Southern Trinity Area Rescue P.O. Box 4 Mad River, CA 95552-0004		<b>Primary Contact:</b> Mike Gladding 707/574-6616 Ext 109			
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: 10      EMT-D: 0 LALS: 1      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: 2006

Training Institution Name / Address		Contact Person telephone no.
Oroville Adult School/Absolute Safety Training 2842 Lovell Ave. Chico, CA 95973		Dan Layne, MICP 530-521-6520
<b>Student Eligibility:</b>  <b>Open</b> <b>Current CPR</b>	Cost of Program  Basic  Refresher	**Program Level: EMT-1 Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date: 6-30-06  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: 2006

Training Institution Name / Address		Contact Person telephone no.
Glenn County Office of Education/Absolute Safety Training 2842 Lovell Ave. Chico , CA 95973		Dan Layne, MICP 530-521-6520
<b>Student Eligibility: *</b> Open Current CPR	<b>Cost of Program</b> Basic Refresher	**Program Level: EMT-I Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date: 6-30-09 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: 2006

Training Institution Name / Address		Contact Person telephone no.
Lassen Community College PO Box 3000 Susanville, CA 96130		Lino Callegari 530/257-6181
<b>Student Eligibility:</b> *  <b>Open</b> <b>Current CPR</b>	<b>Cost of Program</b>  Basic Refresher EMT-II:	**Program Level: EMT-I Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date: 6-30-06  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: 2006

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	Number of students completing training per year:
Current CPR	Refresher	Initial training:
		Refresher:
		Cont. Education
		Expiration Date: 6-30-06
		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: 2006

Training Institution Name / Address		Contact Person telephone no.
Feather River College PO Box 1110 Quincy, CA 95971		Pat Buckner, RN 283-0202 ext. 235
<b>Student Eligibility: *</b>  <b>Open</b> <b>Current CPR</b>	<b>Cost of Program</b>  Basic  Refresher	**Program Level: EMT-I Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date: 6-30-07  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: 2006

Training Institution Name / Address		Contact Person telephone no.
Lassen Community College PO Box 3000 Susanville, CA 96130		Lino Callegari 530/257-6181
<b>Student Eligibility: *</b>  <b>Open</b> <b>Current CPR</b>	<b>Cost of Program</b>  Basic  Refresher	**Program Level: EMT-I Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date: 6-30-07  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: 2006

Training Institution Name / Address		Contact Person telephone no.
Shasta College P.O. Box 6006 Redding, CA 96009		Art Cota 530/225-4702
<b>Student Eligibility: *</b>  Open Current CPR	<b>Cost of Program</b>  Basic  Refresher	**Program Level: EMT-I Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date: 12-31-08  Number of courses: Initial training: Refresher:  Cont. Education:

Training Institution Name / Address		Contact Person telephone no.
Mercy Medical Center PO Box 496009 Redding, CA 96049-6009		Richard Daly, RN 530/225-6295
<b>Student Eligibility: *</b>  RN 6 months critical care ACLS CPR	<b>Cost of Program</b>  MICN: \$250.00	**Program Level: MICN Number of students completing training: 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 (Continued)

Reporting Year: 2006

Training Institution Name / Address		Contact Person telephone no.
Shasta Regional Medical Center 1100 Butte Street Redding, CA 96001		Rick Caylor, RN 530/244-5170
Student Eligibility: *	Cost of Program MICN      No Charge	**Program Level:      MICN Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date:      8-1-06 Number of courses: Initial training: Refresher: Cont. Education:

Training Institution Name / Address		Contact Person telephone no.
Burney Fire District 37072 Main St. Burney, CA 96013		Bob May, Chief 530-335-2212
Student Eligibility: *	Cost of Program Basic      _____ Refresher      _____	**Program Level: EMT-II Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date:      2-28-06 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: 2006

Training Institution Name / Address		Contact Person telephone no.
College of the Siskiyous 800 College Avenue Weed, CA 96094		Dennis DeRoss 530-938-5511
Student Eligibility: *  Open Current CPR	Cost of Program	**Program Level: EMT-I Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date: 12-31-08  Number of courses: Initial training: Refresher:  Cont. Education:

Training Institution Name / Address		Contact Person telephone no.
Northern California Training Institute – College of the Siskiyous’s Campus 800 College Avenue, Weed, CA 96094		Dennis DeRoss 530-938-5511
Student Eligibility: *	Cost of Program  Basic  Refresher	**Program Level: EMT-P 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: Siskiyou (cont)

Reporting Year: 2006

Training Institution Name / Address		Contact Person telephone no.
Fairchild Medical Center 444 Bruce St. Yreka, CA 96097		Susan Tickle, RN 530-430-8582
Student Eligibility: *	Cost of Program	**Program Level: MICN Number of students completing training per year: Initial training: Refresher: Cont. Education Expiration Date: 8-31-08 Number of courses: Initial training: Refresher: Cont. Education:
RN 6 months critical care ACLS Current CPR		

\* 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: 2006

Training Institution Name / Address		Contact Person telephone no.
St. Elizabeth Hospital Sister Mary Columbia Drive Red Bluff, CA		Mike Casey 530/529-8311
<b>Student Eligibility:</b>	<b>Cost of Program</b>	<b>**Program Level:</b>
<b>Open</b>	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

\* 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: 2006

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

\* 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: 2006

<b>Name, address &amp; telephone:</b> Biggs-Gridley Hospital 240 Spruce Street Gridley, CA 95948 530/846-5671		<b>Primary Contact:</b> Michael Houser, RN 530-846-9068	
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 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 checked="" type="checkbox"/> yes If Trauma Center what Level: IV

<b>Name, address &amp; telephone:</b> Enloe Medical Center 1531 Esplanade Chico, CA 95926		<b>Primary Contact:</b> Kim Howard, RN, PCC 530-332-7123	
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: Butte

Reporting Year: 2006

<b>Name, address &amp; telephone:</b> Feather River Hospital 5974 Pentz Road Paradise, CA 95969 530/877-3325			<b>Primary Contact:</b> Wendy VanCott, MICN, RM 530-877-3325		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <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:****	

<b>Name, address &amp; telephone:</b> Oroville Hospital 2767 Olive Highway Oroville, CA 95966 530/533-8500			<b>Primary Contact:</b> Stacy Simpson, RN 530-532-8576		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <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: III	

\* 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: 2006

<b>Name, address &amp; telephone:</b> Colusa Regional Medical Center 199 East Webster Street Colusa, CA 95932		<b>Primary Contact:</b> Joan Chatell, RN 530-458-3283	
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 checked="" type="checkbox"/> yes If Trauma Center what Level:IV

\* 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: 2006

<b>Name, address &amp; telephone:</b> Glenn General Hospital 1133 W. Sycamore Street Willows, CA 95988 530/934-6461		<b>Primary Contact:</b> Lynn Sandoval 530-934-1840	
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 checked="" type="checkbox"/> yes If Trauma Center what Level:IV

\* 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: 2006

<b>Name, address &amp; telephone:</b> Banner-Lassen Community Hospital, Hospital Lane & West Street Susanville, CA 96130		<b>Primary Contact:</b> Harry Hicks, RN 530-252-2096	
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: Modoc

Reporting Year: 2006

<b>Name, address &amp; telephone:</b> Modoc Medical Center 228 McDowell Street Alturas, CA 96101		<b>Primary Contact:</b> Linda Wellemeyer, RN 530-233-7032		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes	If Trauma Center what Level:****

<b>Name, address &amp; telephone:</b> Surprise Valley Hospital P.O. Box 246 Cedarville, CA 96104 530/279-6111		<b>Primary Contact:</b> Chris Gibson, 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 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: 2006

<b>Name, address &amp; telephone:</b> Eastern Plumas District Hospital P.O. Box 1075 Portola, CA 96122 530/832832-4277		<b>Primary Contact:</b> Bob Stone, MICP 530-832-6586	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes If Trauma Center what Level:****

<b>Name, address &amp; telephone:</b> Plumas District Hospital 1065 Bucks Lake Road Quincy, CA 95971 530/283-2121		<b>Primary Contact:</b> Lori Grosse, RN, 530-283-7110	
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:****

- \* 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: 2006

<b>Name, address &amp; telephone:</b> Seneca District Hospital P.O. Box 737 Chester, CA 96029 530/258-2151		<b>Primary Contact:</b> Jan Fredrick, RN 530-258-1908		
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 checked="" type="checkbox"/> yes	If Trauma Center what Level:IV

\* 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: 2006

<b>Name, address &amp; telephone:</b> Mayers Memorial Hospital P.O. Box 459 Fall River Mills, CA 96028 530/336-5511			<b>Primary Contact:</b> Pat Baremore, 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 checked="" type="checkbox"/> yes	If Trauma Center what Level: IV

<b>Name, address &amp; telephone:</b> Mercy Medical Center Redding P.O. Box 496009 Redding, CA 96049 530/225-7246			<b>Primary Contact:</b> Richard Daly, RN 530-225-7239	
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: 2006

<b>Name, address &amp; telephone:</b> Shasta Regional Medical Center P.O. Box 496072 Redding, CA 96049 530/244-5170		<b>Primary Contact:</b> Rick Caylor, R.N. 530-244-5170	
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: III

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: 2006

<b>Name, address &amp; telephone:</b> Western Sierra Medical Clinic P.O Box 286 Downieville, CA 95936 530/289-3298		<b>Primary Contact:</b> 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: 2006

<b>Name, address &amp; telephone:</b> Mercy Medical Center Mt. Shasta 914 Pine Street Mt. Shasta, CA 96067 530/926-6111		<b>Primary Contact:</b> Janet Gordinier, RN 530-926-6111 ext 360	
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 checked="" type="checkbox"/> yes If Trauma Center what Level:III

<b>Name, address &amp; telephone:</b> Fairchild Medical Center, 444 Bruce St. Yreka, CA 96097		<b>Primary Contact:</b> Fay Smithers, RN 530-842-4121	
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:III

\* 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: 2006

<b>Name, address &amp; telephone:</b> St. Elizabeth Hospital Sister Mary Columbia Drive Red Bluff, CA 96080 530/529-8000		<b>Primary Contact:</b> Penny Costa, R.N.	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input 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:III

\* 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: 2006

<b>Name, address &amp; telephone:</b> Mountain Community Medical Services P.O. Box 1229 Weaverville, CA 96093 530/623-5541		<b>Primary Contact:</b> Diane Rieke ext 3240	
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.

## **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:

\_\_\_\_\_  
Eric Rudnick, M.D.

\_\_\_\_\_  
Date

## **Table 11: Dispatch Agencies**

## TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Northern California EMS

County: Butte

Reporting Year: 2006

<b>Name, address &amp; telephone:</b> Enloe Medical Center 1531 Esplanade, Chico 95926		<b>Primary Contact:</b> Bob Kiuttu 530-332-7300		
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      9 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: 11

<b>Name, address &amp; telephone:</b> Butte County Fire 176 Nelson Avenue, Oroville 95965		<b>Primary Contact:</b> Dick Hayes 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 checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 19 EMD Training      148 EMT-D      2 ALS 0 BLS                      0 LALS      0 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 checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" 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: 0

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

EMS System: Northern California EMS

County: Colusa

Reporting Year: 2006

<b>Name, address &amp; telephone:</b> Colusa County Sheriff 929 Bridge Street, Colusa 95932		<b>Primary Contact:</b> Lt. Doug Austin 530-458-0200		
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	If public: <input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training      0 EMT-D      7 ALS 0 BLS                      0 LALS      9 Other	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Private Vendor With Contract	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: 0

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

**EMS System:** Northern California EMS

**County:** Glenn

**Reporting Year:** 2006

<b>Name, address &amp; telephone:</b> Glenn General Hospital 1133 W. Sycamore, Willows 95988		<b>Primary Contact:</b> 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: 0

## TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Northern California EMS

County: Lassen

Reporting Year: 2006

<b>Name, address &amp; telephone:</b> Mountain Lifeflight PO Box 711, Susanville 96130		<b>Primary Contact:</b> 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: 0

<b>Name, address &amp; telephone:</b> Susanville Interagency Fire Center 697345 Highway 36, Susanville 96130		<b>Primary Contact:</b> Craig Kincaid 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: 0

## TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Northern California EMS

County: Modoc

Reporting Year: 2006

<b>Name, address &amp; telephone:</b> Modoc County Sheriff PO Drawer 460, Alturas 96101		<b>Primary Contact:</b> 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	If public: <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 checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: E.M.S.	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 Fire Department: 14 PSAP for County

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

EMS System: Northern California EMS

County: Plumas

Reporting Year: 2006

<b>Name, address &amp; telephone:</b> Eastern Plumas Healthcare District 500 First Avenue, Portola 96122		<b>Primary Contact:</b> Robert Stone 530/832-6586		
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      20 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 checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: 3

<b>Name, address &amp; telephone:</b> Plumas District Hospital 1065 Bucks Lake Road, Quincy 95971		<b>Primary Contact:</b> 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

## TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Northern California EMS

County: Shasta

Reporting Year: 2006

<b>Name, address &amp; telephone:</b> CDF/Shasta County Fire Cypress Ave., Redding 96001		<b>Primary Contact:</b> Keith White 530-225-2409	
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      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 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: 2

<b>Name, address &amp; telephone:</b> PHI Air Medical 3775 Flight Ave, Redding 96003		<b>Primary Contact:</b> Jarel Morrow 602-273-9374	
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      24 ALS 0 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: 3 Air – 5 Ground

## TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Northern California EMS

County: Shasta

Reporting Year: 2006

<b>Name, address &amp; telephone:</b> REACH 5 1524 East Street, Redding 96001		<b>Primary Contact:</b> Suzie Smith 530/244-5192		
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	If public: <input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training      0 EMT-D      12 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: 1 Air

<b>Name, address &amp; telephone:</b> SHASCOM 3101 South Street, Redding 96001		<b>Primary Contact:</b> Joy Willis 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	If public: <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              45 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 checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: EMS	If public: <input checked="" type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal Joint Powers Public Safety Agency	Number of Ambulances: 0

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

EMS System: Northern California EMS

County: Sierra

Reporting Year: 2006

<b>Name, address &amp; telephone:</b> Sierra County Sheriff PO Box 66 Downieville 95936		<b>Primary Contact:</b> 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	If public: <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

## TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Northern California EMS

County: Siskiyou

Reporting Year: 2006

<b>Name, address &amp; telephone:</b> CDF Emergency Command Center PO Box 128, Yreka 96097		<b>Primary Contact:</b> John Fitzpatrick 530/842-3516		
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	If public: <input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 13 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 checked="" type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	Number of Ambulances: 10

## TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Northern California EMS

County: Tehama

Reporting Year: 2006

<b>Name, address &amp; telephone:</b> St. Elizabeth Hospital 2550 Sister Mary Columba Drive, Red Bluff 96080		<b>Primary Contact:</b> 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	If public: <input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training      0 EMT-D      22 ALS 16 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: 6			

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

EMS System: Northern California EMS

County: Trinity

Reporting Year: 2006

<b>Name, address &amp; telephone:</b> Trinity County Sheriff PO Box 1228, Weaverville 96093		<b>Primary Contact:</b> 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: 0

## EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b> Butte County</p>
<p><b>Area or Subarea (Zone) Name or Title:</b> Zone 1</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specific area or subarea. First Responder Emergency Medical Services (since 1978) Enloe Ambulance (since 1978)</p>
<p><b>Area or Subarea (Zone) Geographic Description:</b>  The city of Chico and surrounding areas of western and northwestern Butte County, as shown on the attached map.</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b> Non-exclusive</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).  ALS</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  NA</p>

## EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b> Butte County</p>
<p><b>Area or Subarea (Zone) Name or Title:</b> Zone 2</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specific area or subarea.  First Responder Emergency Medical Services</p>
<p><b>Area or Subarea (Zone) Geographic Description:</b> The City of Paradise and surrounding areas of northeastern Butte County as shown on the attached map.</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b> Non-exclusive</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).  ALS</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  NA</p>

## EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

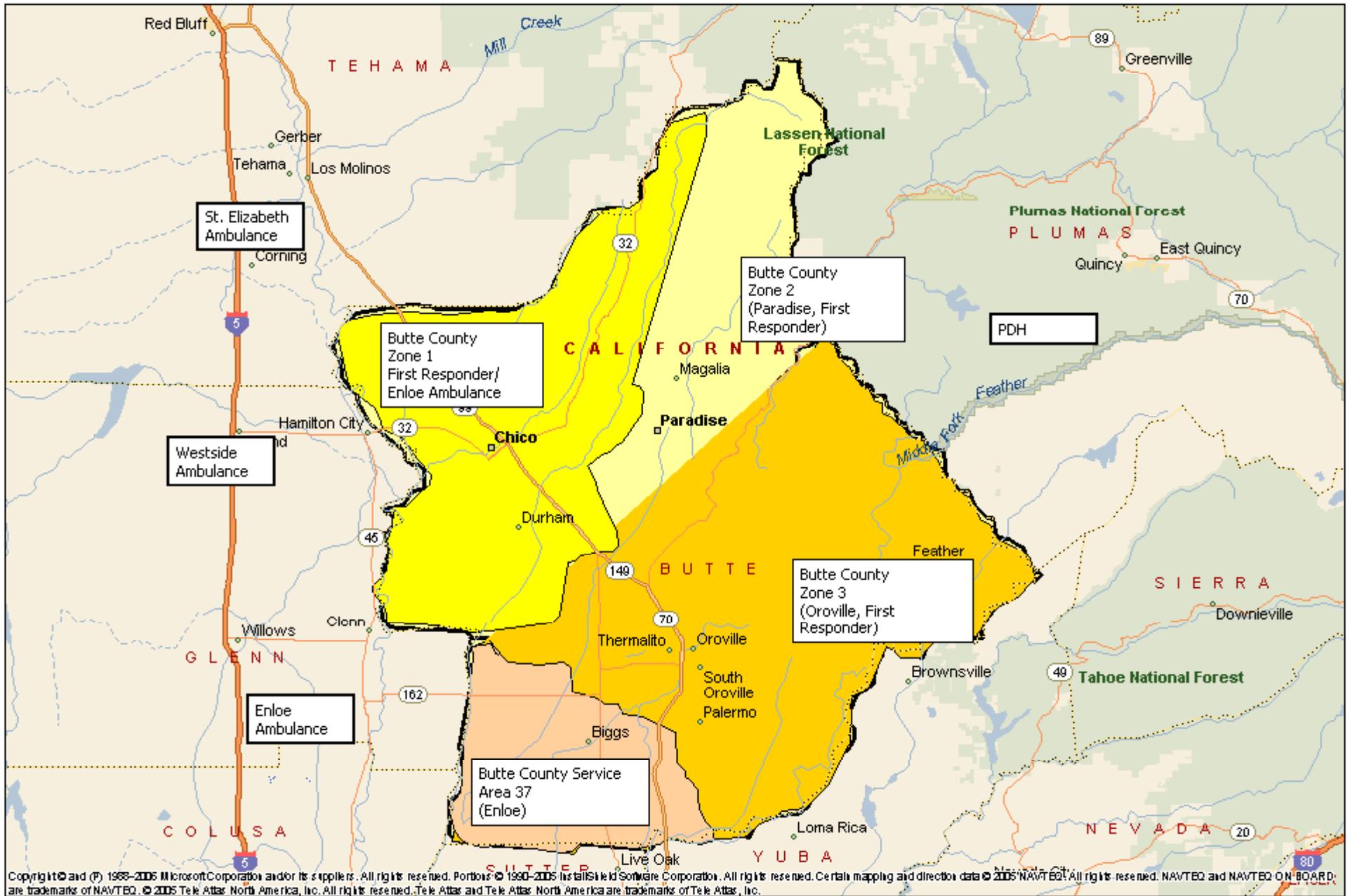
In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b> Butte County</p>
<p><b>Area or Subarea (Zone) Name or Title:</b> Zone 3</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</p> <p style="text-align: center;">Oroville Hospital since 1082 with the purchase by First Responder Emergency Medical Services in 2002.</p>
<p><b>Area or Subarea (Zone) Geographic Description:</b> The city of Oroville and surrounding areas of eastern Butte County as shown on the attached map.</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b> Non-exclusive</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</p> <p style="text-align: center;">ALS</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>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> <p style="text-align: center;">NA</p>

## EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

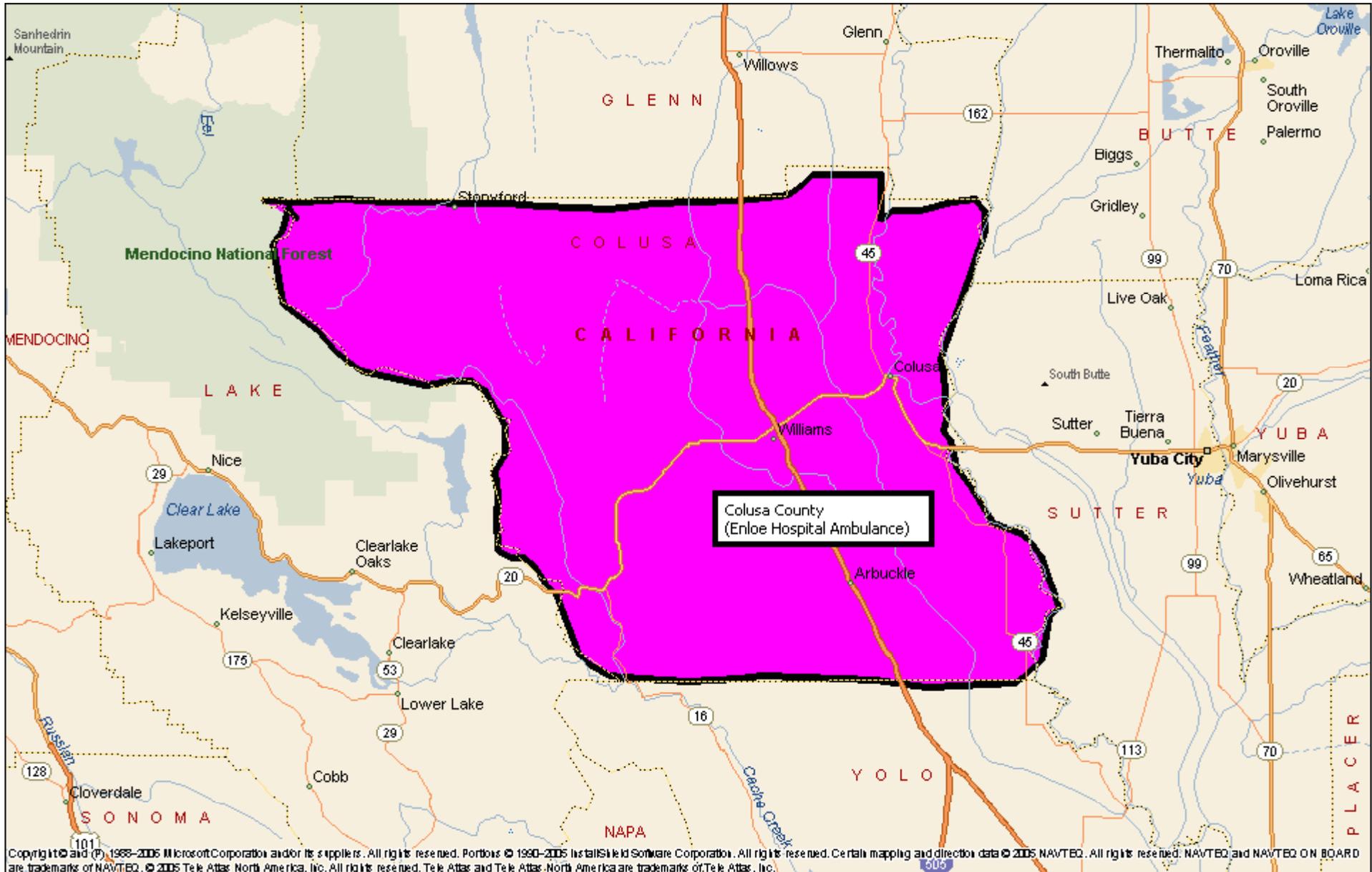
<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Butte County</p>
<p><b>Area or Subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">County Service Area 37</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Enloe Ambulance since successfully bidding on EOA in May, 1998.</p>
<p><b>Area or Subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">The city of Gridley and surrounding areas of southwestern Butte County as shown on the attached map.</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b></p> <p style="text-align: center;">Exclusive. The county Board of Supervisors acted to establish this exclusive zone to maintain service in the area.  Most recent RFP July 1, 1996.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <small>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).</small></p> <p style="text-align: center;">ALS</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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> <p style="text-align: center;">Competitively determined: Competitively by RFP process. Contract issued for four year periods with limited extensions available at the county's option.</p>



## EXCLUSIVE OPERATING AREAS EMS PLAN - ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<b>Local EMS Agency or County Name:</b>  <p style="text-align: center;">Colusa County</p>
<b>Area or subarea (Zone) Name or Title:</b>  <p style="text-align: center;">Colusa County</p>
<b>Name of Current Provider(s):</b>  <p>Enloe Hospital Ambulance Service</p>
<b>Area or subarea (Zone) Geographic Description:</b>  
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85):</b>  <p style="text-align: center;">Exclusive</p>
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <p style="text-align: center;">ALS</p>
<b>Method to achieve Exclusivity, if Applicable (HS 1797.224):</b> <p>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.</p> <p>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"> <li>▪ Competitively determined: Competition by RFP process. Contract issued for three year period with limited extension of one, one year period available at the county's option.</li> <li>▪ Initial competitive bid conducted in August of 1992.</li> <li>▪ Most recent RFP 1/1997.</li> <li>▪ Colusa County is currently in the process of creating a new RFP. Several consultants have been contacted for bids.</li> </ul>



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## EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

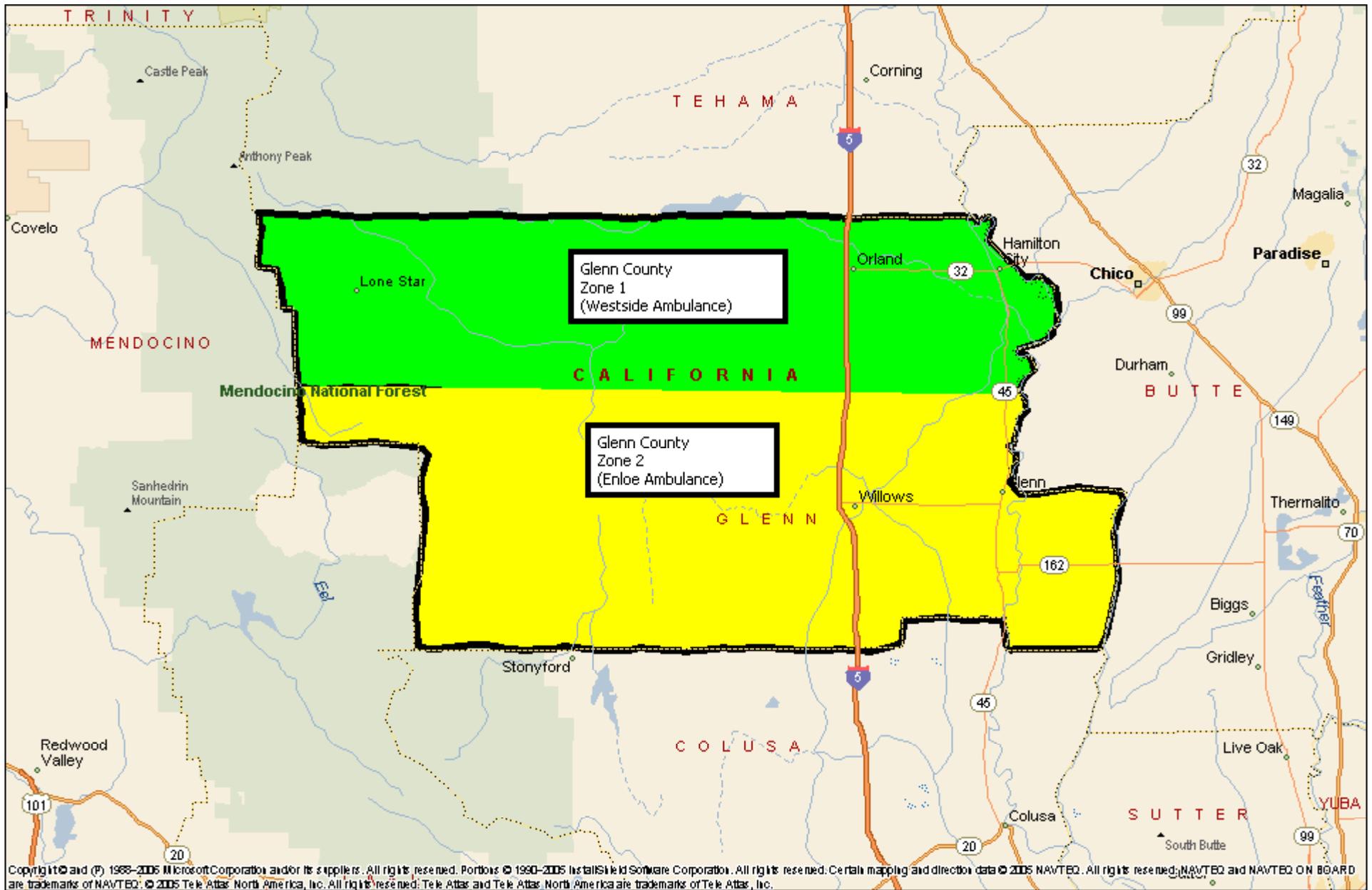
In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Northern California EMS, Inc./ Glenn County</p>
<p><b>Area or Subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Zone 1</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Westside Ambulance</p>
<p><b>Area or Subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">All of Glenn County north of County Road 33</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b></p> <p style="text-align: center;">Non-exclusive</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <small>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).</small></p> <p style="text-align: center;">N/A</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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> <p style="text-align: center;">N/A</p>

## EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Northern California EMS, Inc./ Glenn County</p>
<p><b>Area or Subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Zone 2</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Enloe Hospital Emergency Services</p>
<p><b>Area or Subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">All of Glenn County south of County Road 33</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b></p> <p style="text-align: center;">Non-exclusive</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <small>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).</small></p> <p style="text-align: center;">N/A</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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> <p style="text-align: center;">N/A</p>



## EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

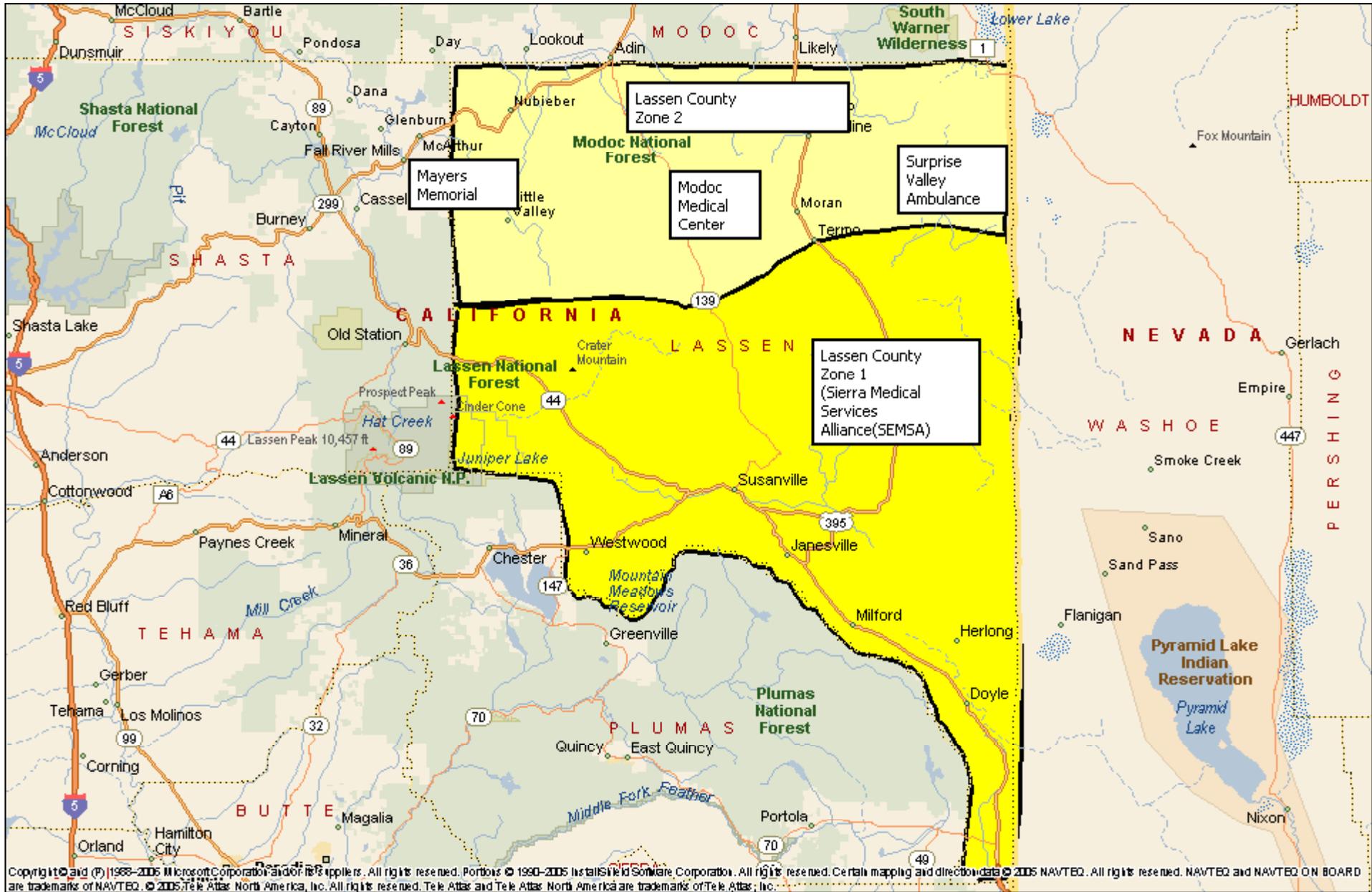
In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Northern California EMS, Inc./ Lassen County</p>
<p><b>Area or Subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Zone 1 (Central, West and East County Areas)</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</p> <p style="text-align: center;">SEMSA</p>
<p><b>Area or Subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">See attached descriptions.</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b></p> <p style="text-align: center;">Exclusive</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</p> <p style="text-align: center;">All emergencies</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>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> <p style="text-align: center;">Competitively determined by RFP process</p>

## EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Northern California EMS, Inc./ Lassen County</p>
<p><b>Area or Subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Zone 2 (North County Area)</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Mayers Memorial Hospital Ambulance (western extreme) since approximately 1974  Modoc Medical Center Ambulance since the 1940s  Surprise Valley Hospital Ambulance eastern extreme</p>
<p><b>Area or Subarea (Zone) Geographic Description:</b></p> <p>North: Lassen-Modoc County Line  East: Nevada State Line  South: Intersection of Highway 139 &amp; Termo Grasshopper Road and following Termo Grasshopper Road to intersection of Prarie Drive  West: Lassen-Shasta County Line</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b></p> <p style="text-align: center;">Non-exclusive</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <small>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).</small></p> <p style="text-align: center;">N/A</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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> <p style="text-align: center;">N/A</p>



**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

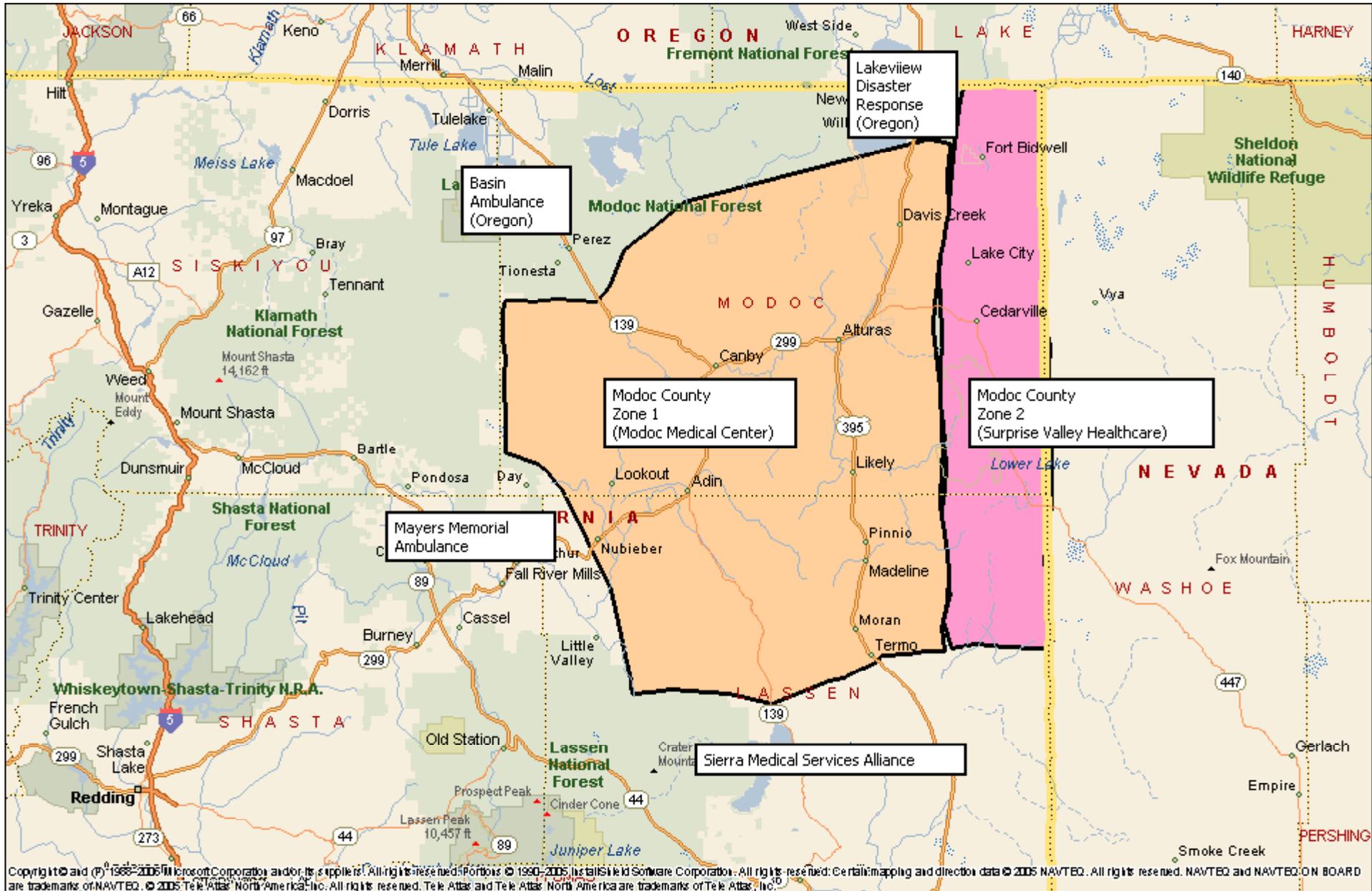
In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b> Northern California EMS/ Modoc County</p>
<p><b>Area or subarea (Zone) Name or Title:</b> Zone 1</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Modoc Medical Center</p>
<p><b>Area or subarea (Zone) Geographic Description:</b> Central area of Modoc County—see map</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Exclusive</p>
<p><b>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency ambulance</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The existing ambulance service in this zone will be granted exclusive operating rights under the grandfather clause. Modoc Medical Center has provided ambulance service based in the Adin and Alturas areas in the same scope and manner since the required date for grandfathering under 1797.224 H&amp;SC. There have been no other ambulance services operating within this area. Modoc County has provided ambulance services in this area since the late 1940s. Around 1974 the county created a separate county department. In the late 1970s Modoc County contracted for ambulance management but maintained ownership of the service.</p> <p>Prior to January 1, 1981 Modoc County discontinued the outside management arrangement and placed the ambulance service under the control of Modoc Medical Center, the county hospital. Again, ownership did not change.</p>

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b> Northern California EMS/ Modoc County</p>
<p><b>Area or subarea (Zone) Name or Title:</b> Zone 2</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Surprise Valley Healthcare</p>
<p><b>Area or subarea (Zone) Geographic Description:</b> Eastern extreme of Modoc County—see map</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Non-exclusive</p>
<p><b>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p>



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## EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Northern California EMS, Inc./ Plumas County</p>
<p><b>Area or Subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Zone 1</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</p> <p style="text-align: center;">Chester Fire Protection District</p>
<p><b>Area or Subarea (Zone) Geographic Description:</b></p> <p>North: Lassen National Park including Highway 89 to Summit Lake.  East: SR 36 to Johnson's Grade  South: SR 89 to the area of Rocky Point Campground  Southwest: SR 32 Southwest to Highway 32 at the Tehama/Butte County line  West: SR 36 to the SR 89 (north) intersection.</p> <p style="text-align: center;">And wilderness areas most accessible by ground from those corridors</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b></p> <p style="text-align: center;">Exclusive</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</p> <p style="text-align: center;">ALS</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>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> <p>Grandfathered: Seneca Healthcare Ambulance was the provider in this area of Plumas County without interruption or change of scope or manner of service since before 1980 (with the exception of a minor boundary change in Hamilton Branch for clarification. Seneca Healthcare Ambulance was purchased by the Chester Fire Protection District on July 7, 2005. A portion of the Seneca Hospital Response area is covered under agreement by Peninsula Fire Department</p>

## EXCLUSIVE OPERATING AREAS EMS PLAN - ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Plumas County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Zone 2</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Seneca Healthcare Ambulance since before 1980, service purchased by Chester Fire Protection District on July 7, 2005. This response area covered under agreement by Peninsula Fire Department</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;"><b><u>Peninsula Primary Response Area</u></b></p> <p style="text-align: center;">East on Highway 36 to the Lassen County line West on Highway 36 to the area of the New Chester Dump Road North to Lassen County line – wilderness area. South on Highway 147 to the area of Highway 89, See attached map</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85):</b></p> <p style="text-align: center;">Exclusive</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b></p> <p style="text-align: center;">ALS</p>
<p><b>Method to achieve Exclusivity, if Applicable (HS 1797.224):</b> If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>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"> <li>▪ Grandfathered: Seneca Healthcare Ambulance has been the provider in this area of Plumas County without interruption or change of scope or manner of service since before 1980 (with the exception of a minor boundary change in Hamilton Branch for clarification, see attached documents for Hamilton Branch call volume). Seneca Healthcare Ambulance was purchased by the Chester Fire Protection District on July 7, 2005 (see attached documents). A portion of the Seneca Hospital Response area is covered under agreement by Peninsula Fire Department.</li> </ul>

## EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Northern California EMS, Inc./ Plumas County</p>
<p><b>Area or Subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Zone 3</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">South Lassen EMS Ambulance</p>
<p><b>Area or Subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Greenville and areas surrounding Greenville</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b></p> <p style="text-align: center;">Non-exclusive</p>
<p><b>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</b>  <small>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).</small></p> <p style="text-align: center;">N/A</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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> <p style="text-align: center;">N/A</p>

## EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

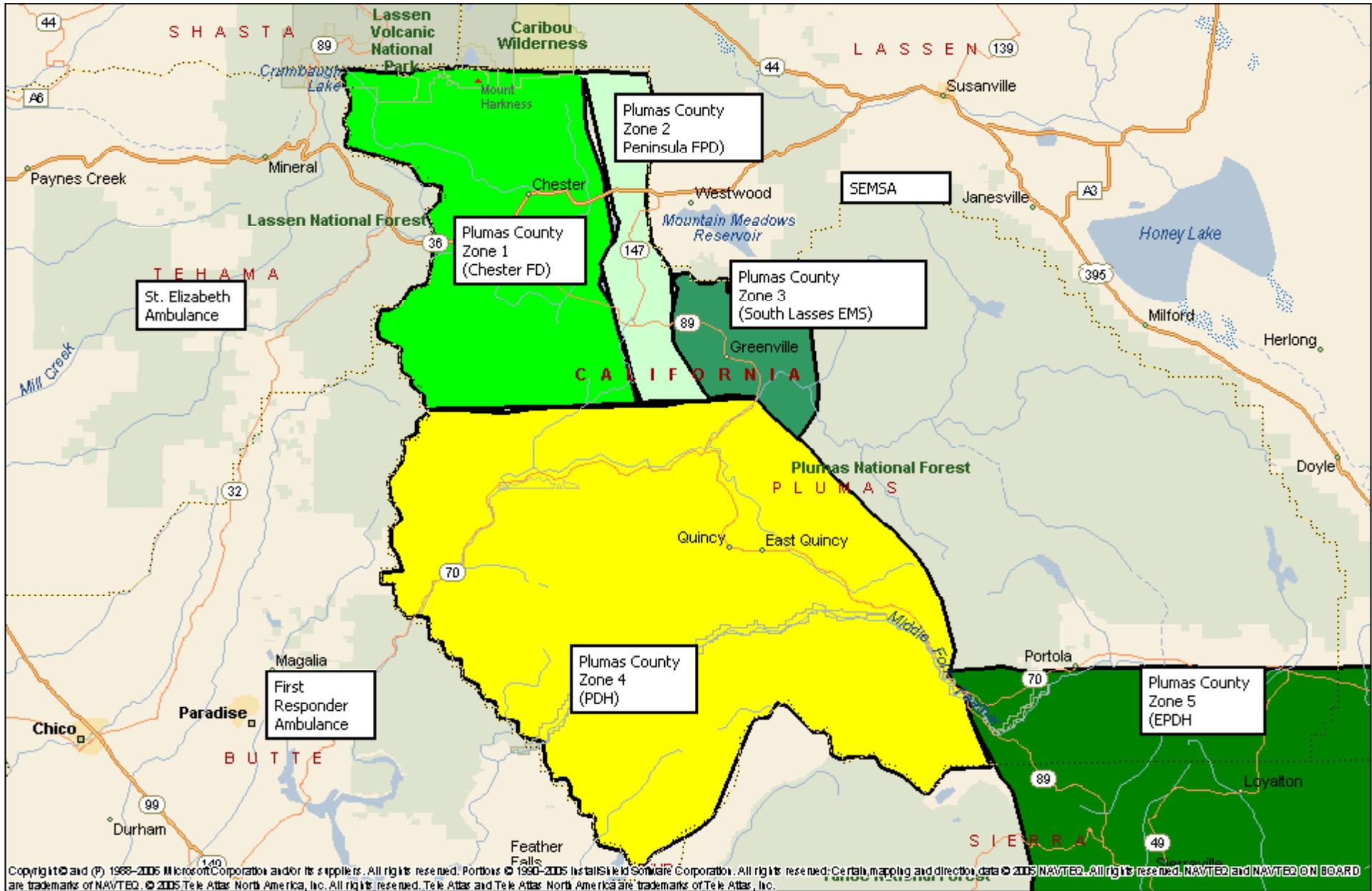
In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Northern California EMS, Inc./ Plumas County</p>
<p><b>Area or Subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Zone 4</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Plumas District Hospital Ambulance</p>
<p><b>Area or Subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">           North to the Highway 89/ 70 junction at the Greenville Wye            West on Highway 70 to the Butte County Line            East on Highway 70/ 89 to Mt. Tomba on the east end of Cromberg            West on the Quincy Oroville Highway to the Butte County Line            Southwest on La Porte Rd. to just North of Little Grass Valley (seasonal)         </p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b></p> <p style="text-align: center;">Non-exclusive</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <small>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).</small></p> <p style="text-align: center;">N/A</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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> <p style="text-align: center;">N/A</p>

## EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Northern California EMS, Inc./ Plumas County</p>
<p><b>Area or Subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Zone 5</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Eastern Plumas Health Care Ambulance</p>
<p><b>Area or Subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">           North: To the Plumas County Line west of Mount Coolbrith            East: Lassen County Line/Nevada State Line            South: Nevada County Line            West: SR 70 to the Cromberg Town Line; SR 49 to Yuba Pass             And wilderness areas most accessible by ground from those corridors         </p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b></p> <p style="text-align: center;">Non-exclusive</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <small>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).</small></p> <p style="text-align: center;">N/A</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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> <p style="text-align: center;">N/A</p>



## EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Northern California EMS, Inc./ Shasta County</p>
<p><b>Area or Subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Zone 1</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">American Medical Response ,Mercy Ground Ambulance, Shasta Regional Medical Center</p>
<p><b>Area or Subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">           North: I-5 to Pollard Flat; east along Fenders Ferry Rd to Montgomery Creek            East: SR 299E to Fenders Ferry Rd; east of Oak Run and Whitmore to Lassen Park SR 44 to Lassen Park entrance; approximately 25 miles into the park, Summit Lake, and southwest to Tehama County Line            South: I-5 to Tehama County Line, then following Cottonwood Creek            West: Western horn of Shasta County, Platina from Tehama County Line north; Western boundary of Shasta County, including SR 299 to Buckhorn Summit to the area of Dog Creek Rd. and Trinity Mountain Rd.         </p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b></p> <p style="text-align: center;">Non-exclusive</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <small>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).</small></p> <p style="text-align: center;">N/A</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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> <p style="text-align: center;">N/A</p>

## EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

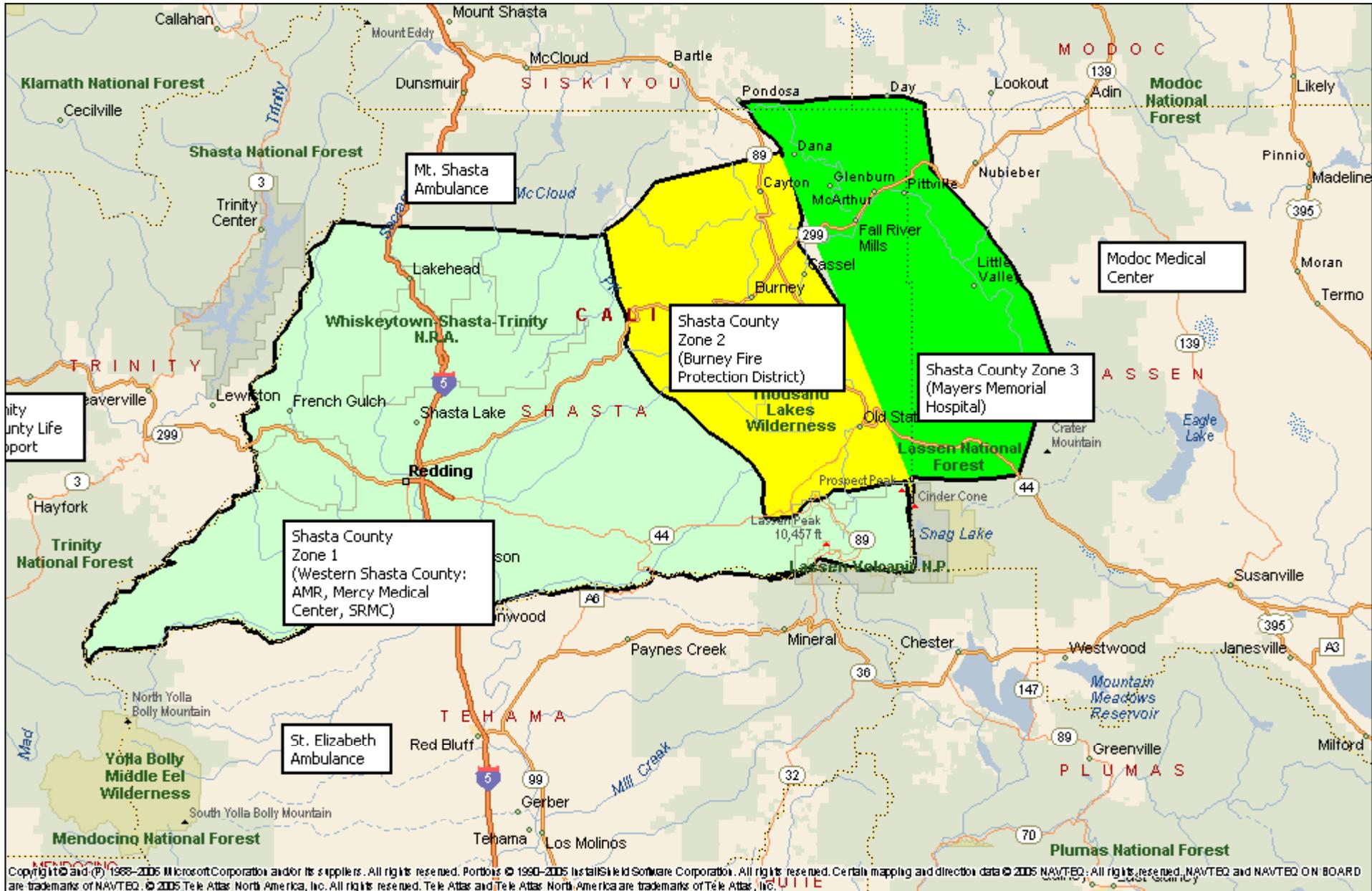
In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Northern California EMS, Inc./ Shasta County</p>
<p><b>Area or Subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Zone 2</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Burney Fire Protection District</p>
<p><b>Area or Subarea (Zone) Geographic Description:</b></p> <p style="margin-left: 40px;">             North:           Hwy 89 at Dana cutoff              East:             Hwy 299 E at the Pit River bridge              Southeast:      SR 44 at the Lassen County Line              Southwest:     Hwy 44 at the Lassen Park turnoff              West:            Hwy 299 E x Halcumb Cemetery           </p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b></p> <p style="text-align: center;">Non-exclusive</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <small>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).</small></p> <p style="text-align: center;">N/A</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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> <p style="text-align: center;">N/A</p>

## EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Northern California EMS, Inc./ Shasta County</p>
<p><b>Area or Subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Zone 3</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Mayers Memorial Hospital Ambulance</p>
<p><b>Area or Subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">From the top of Big Valley Mountain on the Fall River Valley side to the Pit River Bridge on Highway 299E to the junction of SR 89 and the county road which goes through Dana; The Day Road area, the Little Valley area and some of the back roads toward Hat Creek Rim.</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b></p> <p style="text-align: center;">Non-exclusive</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <small>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).</small></p> <p style="text-align: center;">N/A</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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> <p style="text-align: center;">N/A</p>

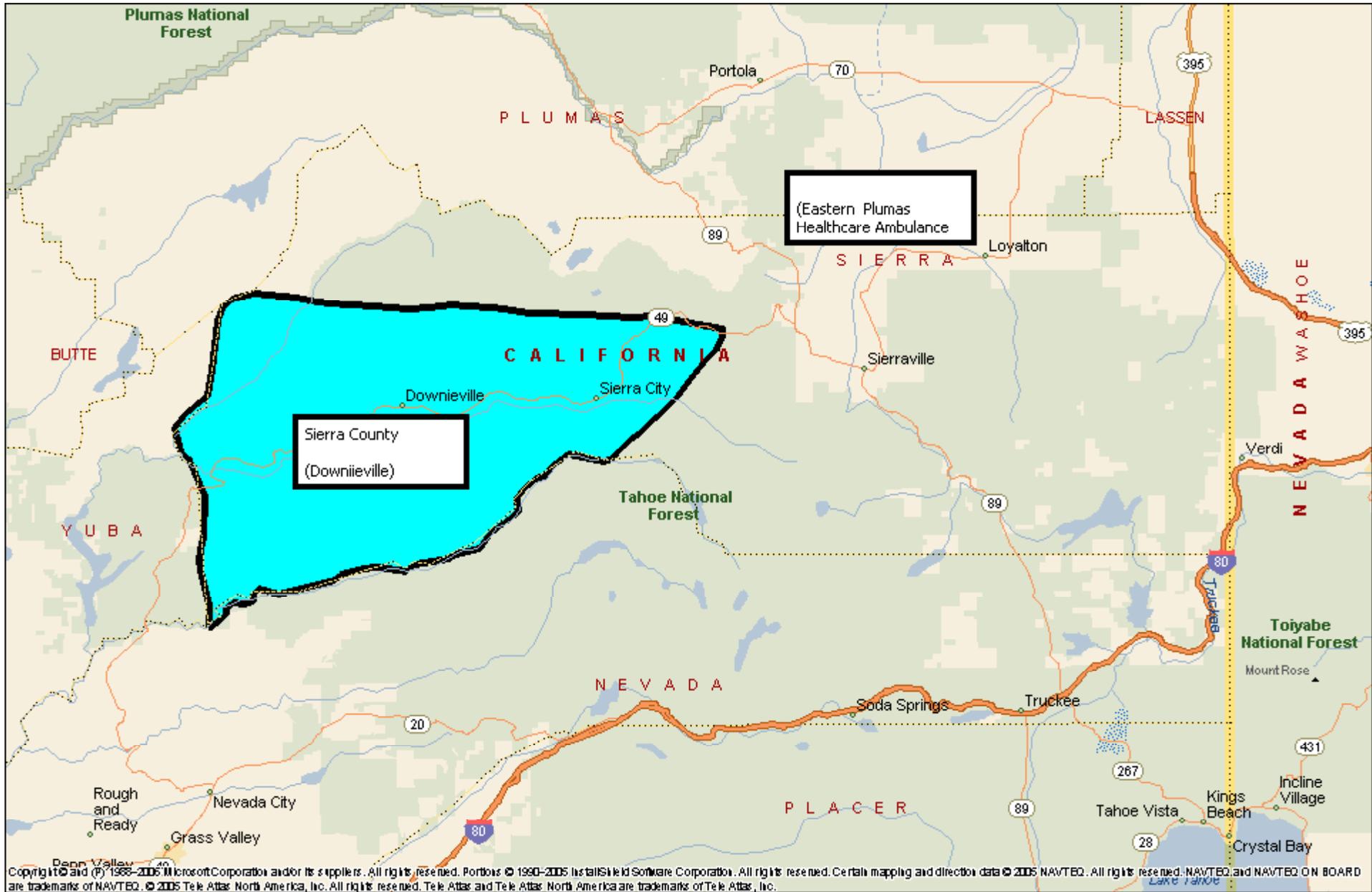


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## EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Northern California EMS, Inc./ Sierra County</p>
<p><b>Area or Subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Sierra County</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Downieville Fire Department Ambulance</p>
<p><b>Area or Subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">           North: To the Plumas County Line            East: SR 49 to Yuba Pass            South: To the Nevada County Line west of Jackson Meadows; To Bald Ridge from Jackson Meadows east to Coppins Meadow            West: To the Yuba and Plumas County Lines             And wilderness areas most accessible by ground from those corridors         </p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b></p> <p style="text-align: center;">Non-exclusive</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <small>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).</small></p> <p style="text-align: center;">N/A</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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> <p style="text-align: center;">N/A</p>



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## EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Northern California EMS, Inc./ Siskiyou County</p>
<p><b>Area or Subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Zone 1</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Happy Camp Ambulance</p>
<p><b>Area or Subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">           North: A line from the Oregon Border at the Del Norte County line to SR 96 at Horse Creek            East: Lines from Horse Creek to Scotts Bar, then southwest            South: SR 96 at Somes Bar            West: A line from the Oregon Border at the Del Norte County line, passing SSW to approximately the latitude of Somes Bar             And those wilderness areas best accessed by ground from those corridors         </p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b></p> <p style="text-align: center;">Non-exclusive</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <small>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).</small></p> <p style="text-align: center;">N/A</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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> <p style="text-align: center;">N/A</p>

## EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Northern California EMS, Inc./ Siskiyou County</p>
<p><b>Area or Subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Zone 2</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</p> <p style="text-align: center;">Northern Siskiyou Ambulance Service</p>
<p><b>Area or Subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">           North: Oregon State Line            East: West Siskiyou Mountains            South: I-5 at Parks Creek            West: SR 96 to Horse Creek; SR 3 to Fort Jones Rd.         </p> <p style="text-align: center;">And those wilderness areas best accessed by ground from those corridors</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b> <i>Exclusive. Siskiyou County Board of Supervisors recommended that Nor-Cal EMS proceed to determine the eligibility of Northern Siskiyou Ambulance to be grandfathered under 1797.224, H&amp;SC.</i></p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</p> <p style="text-align: center;">Emergency Ambulance Service, ALS</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>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> <p>Since 1980 the same ambulance company has transferred ownership six times. Under each successive ownership, ALS was continuously provided. There has been no change to the response zone and no change to the scope and manner of service.</p>

## EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Northern California EMS, Inc./ Siskiyou County</p>
<p><b>Area or Subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Zone 3</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</p> <p style="text-align: center;">Butte Valley Ambulance Service, Inc.</p>
<p><b>Area or Subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">           North: Oregon State Line            East: Approximately from the West Klamath Wildlife Refuge to toe Modoc Plateau            South: SR 97 at Grass Lake            West: Refuge Unit on Highway 161             And wilderness areas most accessible by ground from those corridors         </p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b></p> <p style="text-align: center;">Non-exclusive</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</p> <p style="text-align: center;">N/A</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">N/A</p>

## EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Northern California EMS, Inc./ Siskiyou County</p>
<p><b>Area or Subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Zone 4</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</p> <p style="text-align: center;">McCloud Community Services District</p>
<p><b>Area or Subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">           North: Military Pass Road, 1 mile south of Medicine Lake            East: SR 89 to the Modoc County Line            South: Southwest Gerard Ridge east of Sims/S. Grizzly Peak/ SE Ponderosa @ SR 89            West: Mt. Shasta peak/ Snowman Summit / SR 89 at Gerard Ridge             And those wilderness areas best accessed by ground from those corridors         </p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b></p> <p style="text-align: center;">Non-exclusive</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</p> <p style="text-align: center;">N/A</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">N/A</p>

**EXCLUSIVE OPERATING AREAS  
EMS PLAN-ZONE SUMMARY**

<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Northern California EMS, Inc./ Siskiyou County</p>
<p><b>Area or Subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Zone 5 ( Siskiyou County CSAS# 3)</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</p> <p style="text-align: center;">Mt. Shasta Ambulance</p>
<p><b>Area or Subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">North: I-5 to Parks Creek, US 97 to Grass Lake East: SR 89 to Siskiyou County Line South: I-5 at Pollard Flat West: Mt. Eddy Range And those wilderness areas best accessed by ground from those corridors</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b></p> <p style="text-align: center;"><i>Exclusive. Siskiyou County Board of Supervisors recommended that Nor-Cal EMS proceed to determine the eligibility of Mt. Shasta Ambulance to be grandfathered under 1797.224, H&amp;SC.</i></p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</p> <p style="text-align: center;">Emergency ambulance service, ALS</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>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> <p>The existing ambulance service in this zone will be granted exclusive operating rights under the grandfather clause. Mt. Shasta Ambulance Service has provided ambulance service in County Service Area 3 in the same scope and manner since the required date for grandfathering under 1797.224, H&amp;SC. There have been no other ambulance services operating within this area. Mt Shasta Ambulance became incorporated in November 1981. The corporation continues as the successor organization to the previously existing provider and has continued uninterrupted the emergency transportation service previously provided. The Castella area of Shasta County is served by Mt. Shasta Ambulance, INC. but is not a part of CSA #3 and is not part of this exclusive operating area.</p>

## EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

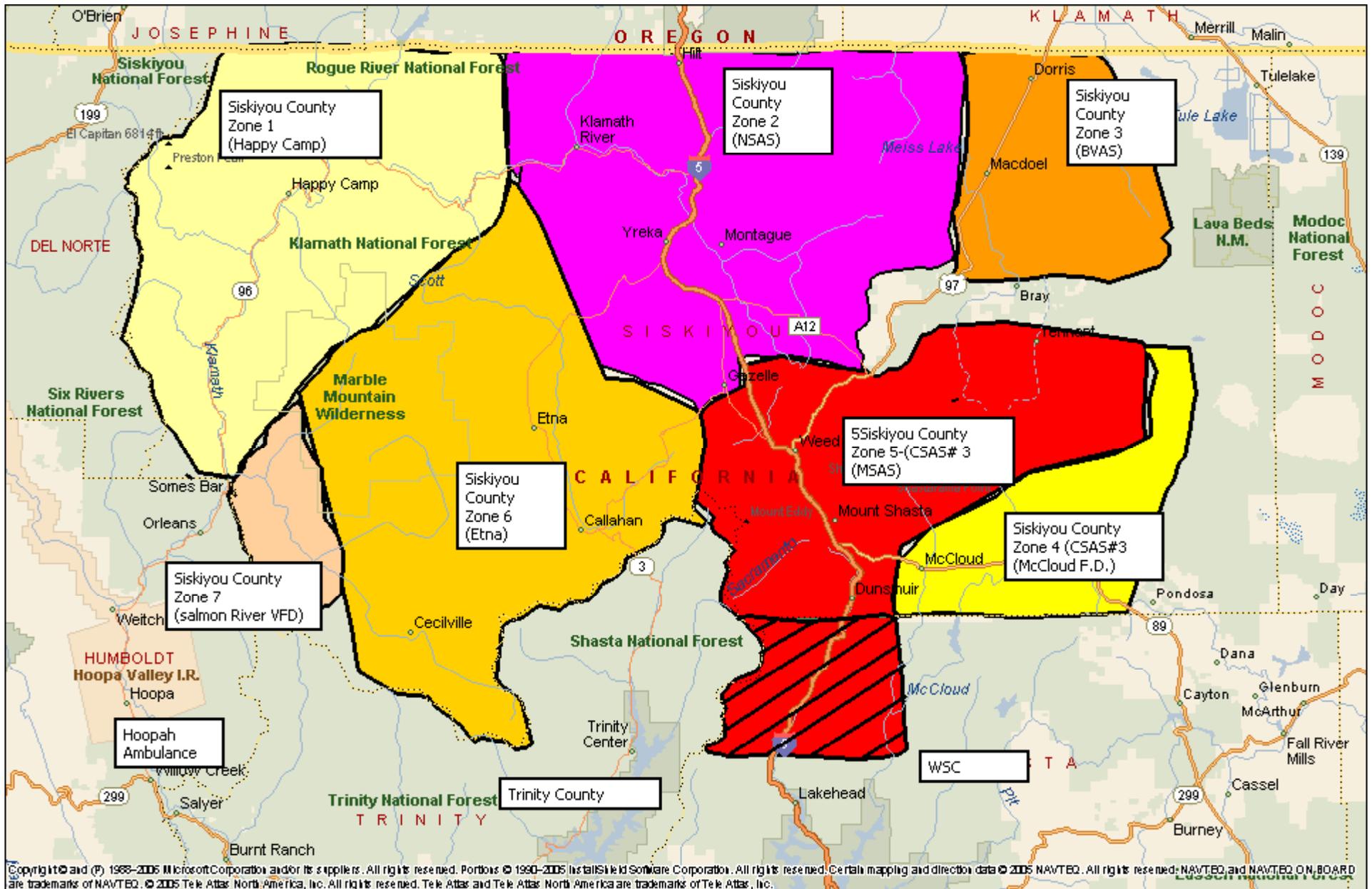
In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Northern California EMS, Inc./ Siskiyou County</p>
<p><b>Area or Subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Zone 6</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Etna Ambulance</p>
<p><b>Area or Subarea (Zone) Geographic Description:</b></p> <p style="margin-left: 40px;">           North: SR 3 to Forest Mountain Summit            East: Gazelle-Callahan Road to Gazelle Summit            South: SR 3 to Scott Mountain Summit            Southwest: Cecilville Rd. to Cecilville Summit            West: Sawyers Bar Rd. to Etna Summit            Northwest: Scott River Rd. to Thompson Creek         </p> <p style="margin-left: 40px;">And those wilderness areas best accessed by ground from those corridors</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b></p> <p style="text-align: center;">Non-exclusive</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <small>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).</small></p> <p style="text-align: center;">N/A</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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> <p style="text-align: center;">N/A</p>

## EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Northern California EMS, Inc./ Siskiyou County</p>
<p><b>Area or Subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Zone 7</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Cecilville Volunteer Fire and Hose, DBA Salmon River Volunteer Fire &amp; Rescue</p>
<p><b>Area or Subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">           Northeast: Mile Marker 23, Cow Creek            Southeast: Salmon River at 6 Mile Creek            Southwest: To SR 96             And those wilderness areas best accessed by ground from those corridors         </p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b></p> <p style="text-align: center;">Non-exclusive</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <small>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).</small></p> <p style="text-align: center;">N/A</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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> <p style="text-align: center;">N/A</p>

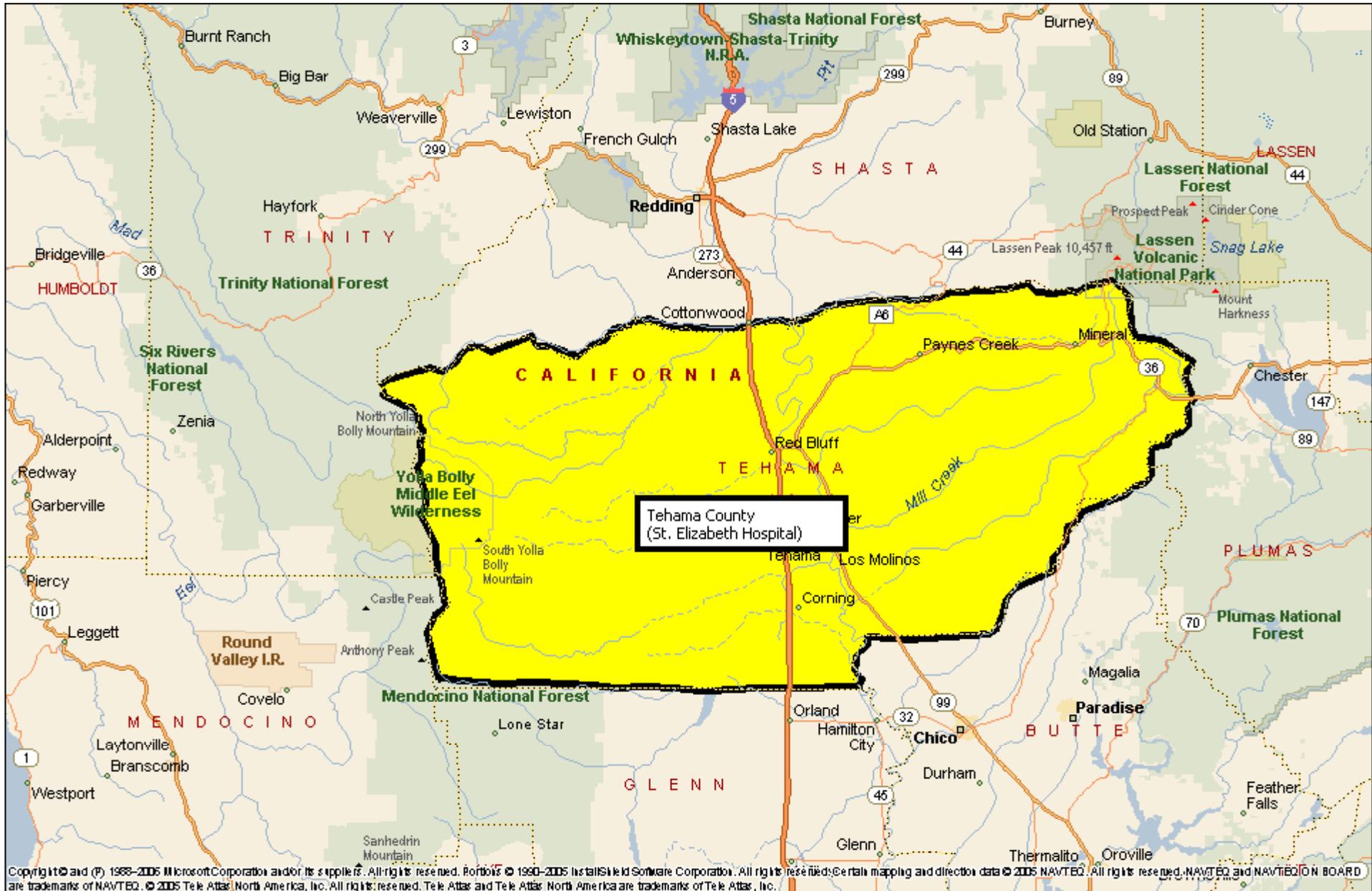


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## EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Northern California EMS, Inc./ Tehama County</p>
<p><b>Area or Subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Tehama County</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">St. Elizabeth Community Hospital Ambulance</p>
<p><b>Area or Subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">All of Tehama County</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b></p> <p style="text-align: center;">Non-exclusive</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <small>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).</small></p> <p style="text-align: center;">N/A</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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> <p style="text-align: center;">N/A</p>



## EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Northern California EMS, Inc./Trinity County</p>
<p><b>Area or Subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Zone 1</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Trinity County Life Support</p>
<p><b>Area or Subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">           North: SR 3 to Scotts Mountain Summit            East: SR 299 and SR 3 to Shasta and Siskiyou County Lines            South: SR 3 and SR 36 to the Forest Glen/South Fork area            West: SR 299 to the Cedar Flat Bridge; Hyampom Road through Hyampom             And wilderness areas most accessible by ground from those corridors         </p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b></p> <p style="text-align: center;">Non-exclusive</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <small>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).</small></p> <p style="text-align: center;">N/A</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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> <p style="text-align: center;">N/A</p>

## EXCLUSIVE OPERATING AREAS EMS PLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Northern California EMS, Inc./ Trinity County</p>
<p><b>Area or Subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Zone 2- BLS. ALS covered by TCLS</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Coffee Creek VFD Trinity Center VFD</p>
<p><b>Area or Subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">North: SR 3 to Scotts Mountain Summit          East: Shasta and Siskiyou County Lines          South: SR 3 at Cedar Stock Road          West: Ridgeline beyond Josephine</p> <p style="text-align: center;">And wilderness areas most accessible by ground from those corridors</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</b></p> <p style="text-align: center;">Non-exclusive</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <small>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).</small></p> <p style="text-align: center;">N/A</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p><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> <p style="text-align: center;">N/A</p>

